

type 2 (HSV-2). Additional genital specimens collected were tested for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Trichomonas vaginalis* (TV), and *Mycoplasma genitalium* (MG) using polymerase chain reaction (PCR). Proportions, medians and interquartile ranges (IQR) were calculated using STATA 9.0.

**Results** A total of 130 MSM were enrolled. Of these, 64.7% self-identified as gay/homosexual, 32.3% as bisexual, and 2.9% as transvestite/transgender. Median age was 26 years old (IQR 22–31.5). Overall, 37.6% reported sex with a woman in the last 12 months. Consistent condom use with occasional, client, and commercial male partners in last 12 months was reported by 64.4%, 75.0% and 50.0%, respectively. HIV prevalence among MSM was 13.8%, HSV-2 was 27.9%, followed by genital CT 6.9%, anal CT 4.3%, NG anal 2.9%, MG genital 2.8%, and syphilis and active syphilis < 1%.

**Conclusions** Our findings show high prevalence of HIV in MSM in Belize. Despite the low STI prevalence observed, we found high rates of risky sexual behaviour. Development of strategies for HIV and STI prevention in sexual health services, focusing on improved condom access and promotion are urgently needed.

**P3.148 HIGH BURDEN OF EXTRA-GENITAL NEISSERIA GONORRHOAE, CHLAMYDIA TRACHOMATIS AND MYCOPLASMA GENITALIUM INFECTIONS IN MEN WHO HAVE SEX, ESPECIALLY IN HIV-POSITIVE**

doi:10.1136/sextrans-2013-051184.0607

<sup>1</sup>H Moi, <sup>1</sup>S Ringvik, <sup>2</sup>A Moghaddam, <sup>2</sup>N Reinton, <sup>1</sup>A O Olsen. <sup>1</sup>Institute of Clinical Medicine, University of Oslo, Oslo, Norway; <sup>2</sup>Først Medical Laboratory, Oslo, Norway

**Background** Since June 2009 we have routinely tested MSM in the drop-in clinic for *Mycoplasma genitalium* (MG), *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) infections using nucleic acid amplification tests (NAAT) in both first void urine (FVU) and an anal swab from the same patient. In addition, a throat sample was tested for NG. The prevalence and sites of infection of these pathogens was determined in a retrospective study.

**Methods** We included 2408 MSM who have been registered for 4314 new visits from June 2009 to December 2012, of whom 188 (7.8%) patients representing 589 visits were HIV-positive. Two third were asymptomatic and asked for a self-taken anal swab, in addition to a throat sample taken by a nurse. One third was examined by a physician, who performed the sampling. A FVU was collected.

**Results** 372/4265 (8.7%) were positive for *N. gonorrhoeae* using a targeted NAAT (porA gene), 428/4314 (9.9%) were positive for *C. trachomatis* using COBAS® TaqMan® CT Test, v2.0 (Roche), and 223/4222 (5.3%) were positive for *M. genitalium* using an in-house real-time PCR.

The prevalence of any positive test in HIV-negative and HIV-positive patients was 19% and 34%, respectively.

Out of all positive samples in HIV-positive, FVU identified only 16% (13/82) CT, 19% (13/67) MG and 19% (13/67) NG. In HIV-negative, FVU identified 36% (122/335) CT, 34% (52/153) MG and 32% (94/293) NG.

**Conclusion** Our results supports that the MSM population carry a high burden of extra-genital STIs and that testing the ano-rectum and oro-pharynx, especially in HIV-positive, will identify a significantly higher percentage of infected patients than testing FVU alone. In addition to *N. gonorrhoeae* and *C. trachomatis*, anal *M. genitalium* may be a risk factor for HIV transmission.

**P3.149 HIGH-RISK DRUG PRACTISES ASSOCIATED WITH SHIGELLA FLEXNERI SEROTYPE 3A INFECTIONS AMONGST MEN WHO HAVE SEX WITH MEN (MSM) IN ENGLAND**

doi:10.1136/sextrans-2013-051184.0608

<sup>1</sup>V L Gilbert, <sup>1</sup>I Simms, <sup>2</sup>M Gobin, <sup>3</sup>C Jenkins, <sup>2</sup>I Oliver, <sup>1</sup>G Hughes. <sup>1</sup>HIV & STI Dept., Health Protection Agency, London, UK; <sup>2</sup>Health Protection Agency, South West Region, Bristol, UK; <sup>3</sup>Reference Microbiology Services, Health Protection Agency, London, UK

**Background** Sexual transmission of *Shigella flexneri* serotype 3a infection amongst MSM has emerged as a health concern. Control has been challenging as risk factors associated with transmission have not been determined. Interviews were undertaken to explore and understand the lifestyle and sexual behaviour of MSM diagnosed with *S. flexneri* between October 2012 and February 2013 and inform intervention strategies.

**Methods** All males ≥ 18 years diagnosed with *S. flexneri* 3a were asked to participate in enhanced surveillance. Those who consented were invited to take part in semi-structured face-to-face interviews.

**Results** Of 35 men diagnosed with *S. flexneri*, 27 were interviewed, of whom 21 were sexually active MSM (4 heterosexuals and 2 MSM without recent sexual activity were excluded from the analysis). High numbers of sexual partners were reported (median = 40) in the previous year; most were casual encounters met through internet sites (13/21) or saunas (7/21). Mephedrone, ketamine, crystal methamphetamine and GBL had been used by 62% (13/21) during sexual encounters and appeared linked to disinhibiting behaviour. A third (9/21) had attended sex parties and 3 reported 'slamming' (injecting recreational drugs) at these events. All reported oral-anal contact, fisting was common (10/21), scat play less so (4/21). Over half (11/21) were HIV-positive and actively sought positive partners. Condom use was rare. Many had had gonorrhoea (13/21) and chlamydia (10/21). Syphilis, lymphogranuloma venereum and hepatitis C infections were also reported.

**Conclusions** Recreational drug use appears strongly associated with sexual risk taking and transmission of *S. flexneri*. The potential for further infectious disease outbreaks and HIV transmission is clear. MSM whether HIV positive or negative need to be aware of the adverse impact of certain recreational drugs on their sexual health. HIV and sexual health clinicians should discuss recreational drug use with their patients and refer them to appropriate treatment services where indicated.

**P3.150 ALTERNATIVE SEXUAL PRACTISES AND PREVALENT STI/HIV AMONG STD CARE-SEEKING MEN WHO HAVE SEX WITH MEN**

doi:10.1136/sextrans-2013-051184.0609

<sup>1</sup>C E Rice, <sup>2</sup>K S Fields, <sup>2</sup>M Ervin, <sup>1</sup>A H Norris, <sup>3</sup>C Lynch, <sup>4</sup>J A Davis, <sup>4</sup>A Norris Turner. <sup>1</sup>Division of Epidemiology, Ohio State University, Columbus, OH, United States; <sup>2</sup>Sexual Health Clinic, Columbus Public Health, Columbus, OH, United States; <sup>3</sup>Department of Obstetrics and Gynecology, Ohio State University, Columbus, OH, United States; <sup>4</sup>Division of Infectious Diseases, Ohio State University, Columbus, OH, United States

**Background** STI/HIV prevention messages targeting men who have sex with men (MSM) include recommendations to avoid unprotected anal intercourse. Beyond anal intercourse, MSM may engage in a range of alternative sexual practises, yet associations between these practises and STI/HIV have not been carefully examined.

**Methods** We are currently conducting a cross-sectional study of MSM who present to an urban, public STD clinic in the midwestern United States. Using a tablet computer, all participants self-administer a confidential survey capturing sexual behaviour data. Results of STI/HIV testing are abstracted from medical records after the visit.

**Results** Results are preliminary because data collection will continue through May 2013. To date 132 men have enrolled. Participants' median age is 26 years. Most are white (70%) or black (30%), and 80% identify as gay. The median number of lifetime sex partners is 20. The majority (85%) report lifetime experience with