

The prevalence of rectal gonorrhoea (2.8% vs 3.5%, $p = 0.472$), rectal chlamydia (5.9% vs 6.8%, $p = 0.496$) and early syphilis (1.5% vs 2.2%, $p = 0.346$) were similar in the two age groups. More teenage MSM had pharyngeal gonorrhoea (4.8% vs 2.0%, $p < 0.001$) but more older MSM were diagnosed for urethral chlamydia (0.7% vs 3.3%, $p = 0.004$) and HIV (0.3% vs 1.8%, $p = 0.021$).

Conclusion A high level of sexual risk was seen among teenage MSM together with a high prevalence of STIs. More innovative and age-specific measures should be adopted to promote sexual health messages to younger gay men.

P3.161 TRIPLE-DIP: EXPANDED EXTRAGENITAL TESTING FOR NEISSERIA GONORRHOAE AND CHLAMYDIA TRACHOMATIS IDENTIFIES HIGH RATES OF ASYMPTOMATIC INFECTION IN PERSONS LIVING WITH HIV

doi:10.1136/sextrans-2013-051184.0619

M Sabo, H E L Reno, R Presti, B P Stoner. *Washington University School of Medicine, Saint Louis, MO, United States*

Background US guidelines now call for expanded extragenital testing for *Neisseria gonorrhoeae* (GC) and *Chlamydia trachomatis* (Ct) in HIV infected individuals. In January 2012, we instituted a new policy to promote routine three-site testing (genital, oropharyngeal, rectal) for GC/Ct among HIV-infected persons in our clinic population. The purpose of this study is to assess implementation of the "triple-dip" programme, as well as the prevalence and incidence of STI at each site.

Methods We conducted a retrospective chart review of HIV-infected patients seen in our clinic before (Jan.-Dec. 2011) and after (Jan.-Dec. 2012) implementation of a routine three-site testing policy, to compare GC/Ct prevalence during these two time periods. Self-reported behavioural data were also evaluated.

Results For the three months after the transitioning from symptom-triggered testing to routine three-site screening for GC/Ct, the number of oropharyngeal tests performed increased from 38 to 325, and the number of rectal tests increased from 32 to 290, an 8 to 9 fold increase in testing. Although the rate of infection at most sites decreased with increased screening, the rate of rectal GC/Ct remained unchanged (13% pre-expanded testing verses 12% after initiating broader testing, $p = n.s.$). This suggests that the prevalence of asymptomatic rectal infections in patients living with HIV in our clinic is high. Preliminary analyses indicate that rectal infections are more common in our tested patient population (12%) than at other sites of testing (4.5% oropharyngeal tests were positive, 1.5% genital tests were positive).

Conclusion Although extragenital testing increased with expanded testing, not all patients at risk were screened. Given the higher percentage of positive rectal tests, enhanced testing should focus on increasing awareness of rectal infection, treatment intervention, and risk counselling.

P3.162 AN ESTIMATE OF THE PROPORTION OF GONOCOCCAL, CHLAMYDIAL AND NON-GONOCOCCAL NON-CHLAMYDIAL URETHRITIS (NGNCU) ATTRIBUTABLE TO ORAL SEX AMONG MEN WHO HAVE SEX WITH MEN (MSM)

doi:10.1136/sextrans-2013-051184.0620

L A Barbee, J C Dombrowski, L E Manhart, M R Golden. *University of Washington, Seattle, WA, United States*

Background The proportion of infectious urethritis associated with oral sex is unknown.

Methods We conducted a retrospective study of MSM diagnosed with symptomatic urethritis attending an STD Clinic between 2001–2010. We categorised men according to their urethral

exposures in the previous 60 days: (1) only insertive oral sex and no insertive anal sex (IOS); (2) only protected insertive anal intercourse and insertive oral sex (PIAI); (3) unprotected insertive anal intercourse with or without oral sex (UIAI); (4) no insertive sex (oral or anal). We calculated the proportion of urethritis cases by groups as a minimum estimate of the proportion of cases attributable to oral sex.

Results Between 2001–2010, 4,091 MSM were diagnosed with urethritis, had complete records for categorization, and were included in this analysis. Men reported the following urethral exposures: 13% IOS, 21% PIAI, 65% UIAI, and < 1% no urethral exposure. Among 1,506 cases of gonococcal urethritis, 72% occurred among men reporting UIAI and 27.8% (95% CI 25.5% - 30.1%) occurred in MSM reporting oral sex as their only urethral exposure (9.4% IOS and 18.4% PIAI) in the last 60 days. Of the 787 cases of chlamydia urethritis, 71% were in men reporting UIAI, 8.8% IOS and 19.6% PIAI, making 28.3% (95% CI 25.2% - 31.6%) of chlamydial urethritis cases attributable to oral exposure in the prior 60 days. Among 1,999 cases of NGNCU, UIAI accounted for 59% of cases; oral sex accounted for 43.1% (95% CI 40.9% - 45.3%). 17% and 24% of NGNCU cases occurred in men reporting IOS and PIAI, respectively.

Conclusion While usually considered a safer sexual practise, our findings suggest that a large proportion of all cases of urethritis are attributable to insertive oral sex. These findings highlight the importance of screening the oropharynx and counselling MSM about the risks of oral sex.

P3.163 HEPATITIS B AND HEPATITIS C VIRUS PREVALENCE AMONG SEXUALLY TRANSMITTED DISEASE PATIENTS IN FARWANIA REGION OF KUWAIT

doi:10.1136/sextrans-2013-051184.0621

B S N Al-Mutairi. *Farwania Hospital, Kuwait, Ardiya, Kuwait*

Background HBV and HCV share similar modes of transmission including the sexual route. This study was conducted to determine the prevalence of HBV and HCV infections among STD patients in Farwaniya region of Kuwait.

Methods 1298 patients (1240 M, 58 F) presenting with history and/or signs and symptoms suggestive of an STD, seen over a period of one-year (January 2012 to December 2012) presenting to Farwania hospital dermatology department were included. Serology for HBV, HCV, HIV, and syphilis were done in all patients. HBV and HCV serology were performed in 1148 age and sex matched controls also, attending the same clinic with non-STD dermatological conditions.

Results Mean age + SD of patients was 33.91+9.70 years (Age range: 19–58 years). Majority of the patients were heterosexual (99.6%). No history of blood transfusion, surgery, hospitalisation, parenteral drug use or traditional healing practises was found in any of the patients. Urethral discharge was the most common diagnosis (584), followed by genital warts (306), genital herpes (175), mollusca contagiosa (69) and syphilis (8). History of sexual encounter with concern/suspicion for an STD was reported by 166 patients. Most of the patients were expats. H/o recent travel was present in 159 patients. HCV was detected in 12/1298 patients (0.92%) and 6/1148 controls (0.52%). Serology for HBV and HIV were negative in all patients as well as controls.

Discussion Sexual transmission of HCV is low and controversial especially among monogamous heterosexuals. It is being recognised as an emerging STD among HIV positive homosexuals. Detection of HCV among more number of STD patients (0.92%) without other risk factors, compared to non-STD dermatology patients (0.52%) in Farwania, Kuwait emphasises that sexual transmission of HCV is possible.

Conclusion Patients with STDs are at risk for HCV infection and should be tested for HCV serology during their work-up.

P3.164 HIGH RISK SEX BEHAVIOURS AMONG DRUG-USING REFUGEES: IMPLICATIONS FOR TREATMENT

doi:10.1136/sextans-2013-051184.0622

Z Alam Mehrjerdi, ²A Hosseinzadeh, ³N Mansoori, ²A Deylamizadeh. ¹*Iranian National Center for Addiction Studies (INCAS), Tehran University of Medical Sciences, Tehran, Iran;* ²*Division of Research on Drug Use and Dependence, Rebirth Society (NGO), Tehran, Iran;* ³*Family Research Institute, Shahid Beheshti University, Tehran, Iran*

Background Iran has been hosting Afghan refugees since the late 1970s. Yet, little is known about drug use and its relationships with high risk sex behaviours among this group. The present study describes the implemented harm reduction services and the correlates of high risk sex behaviours among the clients.

Methods In 2009, a four-month drug-related harm reduction programme was launched by Rebirth Society (NGO) with collaboration of UNHCR to implement harm reduction services for socially marginalised drug-using Afghan refugees in two Afghan-populated areas in Tehran. A drop in centre and a shelter were allocated to the project. A group of 10 doctors, psychologists and social workers were well trained to implement the services. Before starting the project, 6 Afghan outreach street workers informed resident Afghans in the areas about the services for 2 months with collaborations of some organisations and individuals such as the municipality, and Afghan volunteers.

Results From 1 September to 31 December 2009, 122 clients (121 men and 1 woman) with mean age 30.5 (SD = 8.) years referred for receiving treatment. 98.4% were opioid users. 21 clients received methadone maintenance therapy. 14 clients received needle and syringe services. 21 received methadone detoxification. 50 clients received VCT counselling and serologic testing for viral infections. 41% had recently practised high risk sex behaviours. Recent high risk sex behaviours were associated with lack of current access to condom (OR 1.8, 95% CI 1.1–7.6), low level of knowledge on safe sex (OR 1.8, 95% CI 0.75–2.6), opioid use before sex (OR 1.1, 95% CI 0.23–2.6) and duration of more than 5 years of dependence on drug use (or 1.28, 95% CI 1–2.3).

Conclusion Providing free condoms and training in safe sex could decrease the rate of practising high risk behaviours among socially marginalised drug-using groups such as Afghans. Further studies are suggested.

P3.165 ESTABLISHING SECOND GENERATION HIV/STI-SURVEILLANCE FOR MIGRANTS FROM SUB-SAHARAN AFRICA IN GERMANY - A PARTICIPATORY PROCESS

doi:10.1136/sextans-2013-051184.0623

¹C Santos-Hövenner, ¹O Hamouda, ¹C Koschollek, ¹T Charles, ²T Gangarova, ¹U Marcus. ¹*Robert Koch-Institute, Berlin, Germany;* ²*Deutsche AIDS-Hilfe, Berlin, Germany*

Background Migrants from sub-Saharan Africa (MisSA) are a relevant sub-group for HIV-transmission in Germany. 10–15% of all newly diagnosed cases are MisSA, and approximately one third acquired HIV in Germany. Diagnosis is often at a late clinical stage of HIV-infection, potentially due to barriers to HIV-testing or health care in general. There is limited information on prevalence of STIs and on knowledge, attitudes, behaviours and practises (KABP) regarding sexual health. To gain a deeper understanding of MisSA's HIV/STI-prevention needs a research process was initiated.

Methods An expert meeting took place to define specific research needs as well as a research approach. Experts were defined as persons working in HIV/STI-prevention with MisSA, key-persons from MisSA-communities and HIV/STI-researchers. A working

group was established to draught a potential study design for a KABP-survey with MisSA. Recommendations of the working group were appraised by four focus groups with MisSA in different cities.

Results The following guidelines for the research process were established:

- The research process will be participatory and MisSA have to be involved in all stages.
- All decisions will be evaluated by community members and an advisory board.
- The MisSA-community should benefit from the research.

The suggested study design was a multi-centre KABP-study on sexual health. Participants will be recruited by trained peer researchers. Optional HIV/STI-testing will be offered to participants. Questionnaires will be developed in a participatory approach and be available in multiple languages depending on the respective population of MisSA. Focus group results generally supported the suggested research design. A detailed analysis of focus group discussions is still ongoing.

Conclusion To conduct HIV/STI-research that is meaningful to MisSA, it is crucial to involve community partners in the research process. This will help to address the specific needs of MisSA and also assure a better reception of the study within the community.

P3.166 LABOUR MIGRATION AND THE RISK OF INFECTION WITH STIS AND HIV AMONG WOMEN - WIVES OF MIGRANTS FROM TAJIKISTAN

doi:10.1136/sextans-2013-051184.0624

D A Karobekova. *Tajik State Medical University, Душанбе, Tajikistan*

It is proved that labour migration contributes to the spread of STIs and HIV in the migrants' original places of residence. Due to geographical mobility and separation from their intimate partners for long period, migrants are at high risk of infection with variety of sexually transmitted infections (STIs), including HIV/AIDS.

Purpose The relationship between migration of men and the risk of infection with STIs and HIV among wives of migrants stayed back home.

Methods In order to process the data 1264 women of childbearing age from 18 to 45 years old were questioned in Dushanbe and DRS using multivariate statistic methods. Moreover, among the total number of women participating in survey, the number of female migrants was approximately equal to the number of wives of men who are not migrants. For modelling of static models both personal complaints about STI symptoms and reported cases of infection were used.

Results It was found out that under the same conditions, the wives of migrants complained of symptoms of STIs more often (67.3%) than wives of non-migrants (31.3). In addition, there were more cases of HIV infection in this group. Risk factors as cervical ectopy (target cells facilitates survival of HIV in mucosa) is more commonly met with wives of migrants than wives of non-migrants.

Conclusion These results illustrate not only the increased risk of STIs and HIV associated with labour migration, but also show the seriousness of the situation of migrants' wives who stay home with their children. Studies have shown that women should be better informed, to have possibility to resist development of epidemic.

P3.167 YOUNG COMMERCIAL SEX WORKERS ARE AT HIGHER RISK OF SEXUALLY TRANSMITTED INFECTIONS, THE NETHERLANDS, 2006–2011

doi:10.1136/sextans-2013-051184.0625

^{1,2}N Fournet, ¹F D H Koedijk, ³A P van Leeuwen, ³M S van Rooijen, ¹S J Hahné, ^{1,4}M A B van der Sande, ³M G van Veen, ⁵On behalf of the Dutch STI clinics. ¹*National Institute of Public Health and the Environment, Bilthoven, The Netherlands;* ²*European Programme for Intervention Epidemiology Training (EPIET), European Centre for Disease*