

Results one thousand three hundred twenty two indigenous participants were surveyed, sixty three % were female, fifty five 55% less than thirty five 35 years old. Syphilis prevalence was 9.7% (IC95%: 8.2 – 11.5) and that of HIV 0.4% (IC95%: 0.40 – 1.0). There was a difference between those diagnosed with HIV < 25 years old: 0.6% (IC 0.5 – 1.2) and > 25 years old: 0.3% (IC 0.3 – 0.8). Differences in syphilis prevalence among men (10.1%) and women (9.7%) weren't significant ($p = 0.83$). Seventy five 75% of the population initiated sexual relations < fifteen 15 years old. Condom use was 5.9%. twenty one 21.2% reported having more than two sexual partners in the past year; in indigenous population < 25 twenty five years old: 6.3% and > 25 years old: 7.2% identified correctly the ways of preventing HIV infection and rejected erroneous ideas on the transmission of the virus.

Conclusions Syphilis prevalence is higher in natives than that of the general population of Paraguay; however, the HIV prevalence is similar. The low percentage of use of condom and knowledge of the syphilis and HIV are related factors that indicate the need of an urgent intervention from the national authorities to break the chain of transmission of STI in this population.

P3.180 KNOWLEDGE ATTITUDE PRACTISES ABOUT SEXUALLY TRANSMITTED DISEASE AMONG THE COMMERCIAL SEX WORKERS

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Objective To assess the knowledge, attitude and practises regarding STDs/RTI among the commercial sex workers.

Material and Methods It was a cross sectional study conducted among 204 commercial sex workers, residing in different places of Dhaka metropolitan city. Data were collected by questionnaire.

Results It was found that the mean age of commercial sex workers was 17.8 years. Regarding educational status, 57% of the respondents were illiterate, 30% primary level and 13% were secondary level of education. It was found that 40% of the respondents were unmarried followed by 50% abandoned. Majority of the respondents 93% heard about STDs/RTI, but knowledge regarding STDs/RTI among the respondents was not adequate. Majority of the respondents 74% had fair knowledge followed by poor knowledge 17%. Only 19% of the respondents had good knowledge. Regarding attitude, more than half of the respondents 57% agreed that STDs/RTI are harmful disease and need proper treatment followed by strongly agreed 3.6%. About three fourth of the respondents 70% agreed that condom should be used during every sexual act followed by strongly agreed 23% and only 3% of the respondents disagreed. It was also found that 73% of the respondents needed more knowledge about STDs/RTI. Nature of the sexual practise among the commercial sex workers was per vaginal 94%, only 6% of the respondents reported oral sex either forceful or taking high money.

Conclusion The magnitude of the problems of STDs/RTI is an increasing public health concern in Bangladesh. It was evident that preventive measures among them were inadequate. It was clear that most of the commercial sex workers having STDs did not seek medical treatment. Provision of appropriate health information with focus on health education improves their knowledge about STDs/RTI with its symptoms, prevention and hygienic practise.

P3.181 THE ASSOCIATION BETWEEN ALCOHOL USE AND SEXUALLY TRANSMITTED INFECTION (STI) INCIDENCE AMONG KENYAN WOMEN ENGAGED IN TRANSACTIONAL SEX

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Background Few prospective studies have examined the association between alcohol use and sexually transmitted infections (STI) among African women. We evaluated whether alcohol use was associated with increased risk of STI in a cohort of Kenyan women.

Methods We analysed data from a prospective study of women who report transactional sex in Mombasa. Women 18 and older who enrolled between 2006 and 2011 were included. Participants could contribute up to two years of follow-up. Baseline alcohol use was categorised as none, 1–7, or ≥ 8 drinks/week. STIs (gonorrhoea, Chlamydia, and Trichomonas) and sexual risk behaviours were assessed monthly. The association between alcohol use and any STI was evaluated by logistic regression using generalised estimating equations.

Results Overall, 622 women contributed 368 person-years of observation. Of these, 161 (25.8%) were HIV-positive. Among HIV-positive women, 88 (54.7%) reported 1–7 drinks/week and 31 (19.3%) reported ≥ 8 drinks/week. Among HIV-negative women, 248 (53.8%) reported 1–7 drinks/week and 100 (21.7%) reported ≥ 8 drinks/week. The association between alcohol use and STI risk was significantly different in HIV-positive compared to HIV-negative women ($p = 0.05$). Alcohol use was associated with STI acquisition only in HIV-positive women. Compared to non-drinkers, women who drank 1–7 drinks (odds ratio [OR] = 2.3 [1.0–5.5]) and ≥ 8 drinks/week (OR = 3.2 [1.0–10.6]) had increased risk of STI. These associations were similar though no longer statistically significant after adjusting for age, workplace and marijuana use (1–7 drinks OR = 2.3 [1.0, 5.3]; ≥ 8 drinks OR = 2.0 [0.7, 6.1]).

Conclusion In this prospective analysis, baseline alcohol use was associated with an increased risk of STI among HIV-positive women. Addressing alcohol use problems in HIV care settings may offer additional benefits of reducing the burden of STIs among high-risk African women. Future research with time-varying measures of alcohol use will be important to further characterising the relationships between alcohol and STI risk in this population.

P3.182 SEXUALLY TRANSMITTED INFECTION SCREENING AMONG HIV-NEGATIVE MEN AND WOMEN SEEKING HIV-TESTING ONLY: MISSED OPPORTUNITY FOR HIV PREVENTION?

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Background Sexually transmitted infections (STIs) increase the risk of HIV infection; however concurrent HIV and STI testing may not be available in all clinical settings. In previous work, we showed a high concordance of self vs. provider STI testing. In this study, we evaluated the implementation of STI self-testing among HIV-negative, asymptomatic adults.

Methods Self collected urine, throat and/or rectal swabs for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC), without physical examination, were completed by 514 HIV-negative (rapid HIV test performed on same day), asymptomatic adults at a walk-in clinic in Washington, DC. Sociodemographic and sexual risk behaviour data were collected, and a post-testing satisfaction survey was completed by each individual.

Results The sample included: 413 (80.4%) men and 101 (19.6%) women. The median age was 30 (range 15–72) years. Among the men: 135 (32.7%) African-American; 211 (51.1%) White; 262

(63.4%) men who have sex with men only; 34 (8.2%) men who have sex with both men and women. Among the women: 74 (73.3%) African-American; 18 (17.8%) White; 6 (5.9%) women who have sex with women only; 8 (7.9%) women who have sex with women and men. Among men, the prevalence of CT was 10.7% (2.7% throat, 5.8% rectal and 3.4% urine); for GC 8.5% (6.5% throat, 3.4% rectal and 1.2% urine). Among women, the prevalence of CT 12.9% (4.9% throat, 8.9% rectal and 8.9% urine); GC 3.0% (1.0% throat, 3.0% rectal and 1.0% urine). 95.9% of the individuals reported high acceptance of self-testing with 97.6% willing to do repeat testing and 96.7% to recommend self-testing to someone else.

Conclusion HIV-negative, asymptomatic adults testing for HIV are infected with other STIs. Self-testing for CT and GC was implemented successfully among men and women. Self-testing can mitigate HIV infection by increasing detection and treatment of STIs amongst those seeking HIV testing only.

P3.183 BORDERNETWORK: BRIDGING GAPS IN BIOBEHAVIOURAL STI SURVEILLANCE IN EUROPE

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Background Within the BORDERNETwork-project a biobehavioural sentinel surveillance was established in Austria, Bulgaria, Romania and Slovakia in 2010–12. The objectives were to record lab-confirmed STI (chlamydia, gonorrhoea, syphilis, HIV) in clinical settings and merge them with demographic and behavioural data to assess migration aspects, vulnerable groups and risk factors and recognise necessity for targeted interventions.

Methods On a monthly base, physicians reported aggregated STI testing data. Individual data was provided for each positive patient including demographics, re- and co-infections and assumed risk behaviour. Via patient questionnaires, information on socio-demographics, way of transmission and sexual behaviour was collected. All questionnaires were sent via regional to coordinating partners for merging and analysis.

Results Overall, 467797 tests were performed in 45 sentinel sites (Austria 13, Slovakia 14, Romania 13, Bulgaria 5). The countries varied in the number of STI tests (range: 6071 – 298645), positivity rate (range: 2–13%), patient characteristics and sexual behaviour. 75% of all women with an STI in Austria were sexworkers, compared to 5% and 8% in Bulgaria and Romania. 34% of all men with an STI in Slovakia had sex with men, compared to 4% in Romania. STI patients, especially women had a migration background in 79% in Austria, but less than 7% in the other three countries. Casual partners were the presumed cause of infection in the majority of MSM in all countries, whereas condom use in the last 6 months with these partners varied significantly between the 4 countries.

Conclusions Although not representative, sentinel surveillance gathers useful information on groups most at risk and can be compared between countries when using the same instruments. Legal and social issues can hinder disclosure of sexual preferences and practises and hamper targeted prevention. Enhancement of condom use with casual partners in MSM seems to be crucial, particularly in the East.

P3.184* SEXUALLY TRANSMITTED INFECTIONS AND PREGNANCY OUTCOMES, FLORIDA 2008–2010

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Background A prior population based study found the odds of low birth weight for women with inadequate weight and history of Chlamydia trachomatis (Ct) infection during the pregnancy was nearly twice that of women without Ct infection (AOR 1.98, $p < 0.02$). A stronger association was observed with pre-term low birth weight (AOR 2.34, $p < 0.01$). Subsequently, 2005–2006 ratified state laws and regulations required Ct screening during pregnancy.

Objectives To examine associations between Ct infections during pregnancy and birth outcomes among women who gave birth in Florida after implementation of mandated Ct testing.

Methods Logistic Regression analysis of Florida birth records (548,407) linked to records for women who tested positive for Ct (12,334), were treated and gave birth from 01/01/2008 to 12/31/2010.

Results Among 18–35 years old, with singleton births, 2.7% were reported with chlamydia during pregnancy and 6.5% experienced low birth weight (LBW) outcome, less than 2500 grammes. After controlling for smoking, prenatal care, race, education, marital status, inadequate weight gain and nine other covariates, Ct infection treatment in gestation weeks 17 through 28 was associated with increased odds of delivering a moderately LBW infant (1500 to 2499 grammes) (AOR 1.29, 95% CI 1.12 to 1.49). No association was found for very LBW infants (< 1500 grammes) or for Ct infections treated before 17 weeks gestation. The increased odds for moderately LBW were observed for preterm (< 37 weeks gestation) moderately LBW infants (AOR 1.28, 95% CI 1.07 to 1.53) and term (≥ 37 weeks gestation) moderately LBW infants (AOR 1.27, 95% CI 1.03 to 1.57).

Conclusions Proactive public health policies for chlamydia screening during pregnancy and intensified treatment timeliness may have contributed to improved pregnancy outcomes, but Ct infection continues to be associated with increased odds of moderately LBW. Prospective examination of treatment dosage and timeliness may prove informative.

P3.185 CHLAMYDIA TRACHOMATIS IN THE GENITAL TRACT OF HIV-INFECTED WOMEN, PREGNANT AND NON-PREGNANT, FOLLOWED IN A REFERENCE CENTRE IN BAHIA, NORTHEAST BRAZIL

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Background Genital tract infection by *Chlamydia trachomatis*(CT) is associated with complications such as pelvic pain, infertility and ectopic pregnancy, besides increased risk of HIV sexual transmission. Its occurrence during gestation worsens perinatal morbidity and mortality. In HIV-infected pregnant women also increases the risk of HIV mother-to-child transmission despite the use of HAART. In Brazil, there are few data on the prevalence of HIV/CT co-infection and associated risk factors.

Methods Cross-sectional study of HIV-infected women attending in a reference outpatient clinic for gynaecology and prenatal care between October 2010 and September 2011 was conducted, evaluating laboratory and clinical data. The search of CT was performed using Hybrid Capture II collected from endocervix, and clinical data were obtained from standard questionnaire and survey data in medical records.