

Conclusion Not using a condom in serving customers in women indirect sex workers be risk factors for STIs. Need an effort to monitor the prevalence of sexually transmitted infections continued cooperation and support of stakeholder in pressing the prevalence of STIs

P3.237 AN ASSESSMENT OF STD SCREENING PRACTICES IN NEW PATIENTS ATTENDING AN HIV PRIMARY CARE CLINIC

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Background Since 2003, national guidelines recommend that all new HIV patients undergo screening for sexually transmitted diseases (STD) during their initial visit. We evaluated STD screening practises in new patients attending an HIV Primary Care Clinic in North Carolina.

Methods This retrospective cohort study included HIV-infected patients greater than 18 years of age enrolled in the clinic between January 1, 2008 and December 31, 2010. Data on rapid plasma reagin (RPR) testing for syphilis and *Neisseria gonorrhoeae* (GC) and *Chlamydia trachomatis* (CT) testing by site of exposure, within 1 year of the new patient visit, were extracted via chart review to examine comprehensiveness of STD screening practises.

Results Between 2008 and 2010, 693 (68% male and 32% female) new patients entered care, most of whom were screened for syphilis within one year of the new patient visit (94.5% in 2008, 96.6% in 2009, 96.9% in 2010, $p = 0.41$). In contrast, only 21.3% were tested for GC and CT within one year of the first visit in 2008, 34.3% in 2009, and 54.3% in 2010 ($p < 0.0001$). Of those screened, the prevalence of past/current syphilis ranged from 8.4–10.1% ($p = 0.81$) while positive testing for either GC or CT ranged from 2.3–9.1% ($p = 0.20$). In 2008, 1 rectal and 1 pharyngeal GC and CT test was performed versus 9 rectal and 8 pharyngeal tests in 2009 and 20 rectal and 14 pharyngeal tests in 2010. Of these, 13.3% of rectal tests and 8.7% of pharyngeal tests were positive, in contrast to 3.7% of genital tests.

Conclusion While screening practises improved from 2008 to 2010, new HIV patients continue to be under-screened for gonorrhoea and chlamydia, particularly at extra-genital sites. This deficiency is particularly important as, of those screened, prevalence was higher in extra-genital compared to genital sites. Efforts should be made to increase routine extra-genital screening.

P3.238 GENERATING EVIDENCE THROUGH SEROSURVEILLANCE; HELPING IN PROGRAMME DESIGNING TO MITIGATE SEXUALLY TRANSMITTED INFECTIONS (STIS) AMONG FEMALE SEX WORKERS (FSWs) IN BANGLADESH

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Background The overall prevalence of HIV and active syphilis are 0.7% and 3% respectively revealed in 9th serosurveillance among most at risk population. High active syphilis rates suggest practise of unsafe sex and a surrogate marker of unsafe sex is active syphilis. STIs and HIV are linked as they share the same risk behaviour, STIs facilitate acquisition and transmission of HIV, and some STI pathogens become more virulent in presence of HIV-related immunodeficiency. Under Global Fund support and initiative Save the Children stepped in (2008) with essential service (primly STI management, Condom distribution, BCC session through DICs and outreach) for FSWs nationwide in 51 districts which includes all serosurveillance sampling sites for FSWs.

Methods 8th round serosurveillance was conducted between July and December 2007 where total 4797 FSWs in 15 cities were sampled. 9th serosurveillance was conducted between December 2010 to June 2011 where total 3568 FSWs were sampled from 13 cities of Bangladesh. Same sampling methodology followed in both the rounds. Sero-surveillance sampling site were under implementation coverage.

Results In 8th sero-surveillance, > 5% active syphilis was detected in five sites namely street FSWs of Chittagong, Rangpur, Dhaka, hotels FSWs of Sylhet (8.3%) and casual FSWs in Chandpur. In 9th serosurveillance, > 5% active syphilis was detected in three sites, street FSWs of Hili, Chittagong and hotel FSWs of Sylhet. Active Syphilis rate decreased in all the 5 sites except hotel FSWs in Sylhet (9.3%). Moreover, there is decreasing trends of active syphilis among FSWs in several sites in 9th round comparing to 8th.

Conclusion High active syphilis rate highlight the need for ongoing programme intensification to decline STI trend. Evidence with good programmatic implication extrapolated and translated through serosurveillance could tailor-made the ongoing intervention and also designing the future programme.

P3.239 HIV AND SYPHILIS INFECTION AND RISK BEHAVIOURS AMONG FEMALE SEX WORKERS IN PARAGUAY IN 2012

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Introduction Syphilis is an important public health problem in Paraguay. A 2006 study found high levels of syphilis (19.0%) infection and unprotected sex with most recent client (also 19.0%) and moderate level of HIV infection (1.8%) in female sex workers (FSW). Several HIV and STI prevention interventions have been put in place since then. A recent study sought to assess current infection and risk behaviours.

Methods 432 FSW were recruited from sex work locations in the greater metropolitan area of Asuncion using time-location sampling between January and May, 2012. A face-to-face survey and rapid and confirmatory biological tests in accordance with national algorithms assessed risk behaviours and syphilis and HIV infections. Weighted statistical analysis accounted for the sampling strategy and adjusted for clustering by recruitment venue. Adjusted 95% confidence intervals (CI's) for the 2006 and 2012 studies were compared to identify significant trends.

Results Median age of participants was 25 years (interquartile range (IQR), 21–32). Median age of first sex work was 20 years (IQR 18–24). Differences in VIH prevalence among 2006 (1.8%) and 2012 (2.5%) studies weren't significant ($P = 0.4$). Prevalence syphilis (25.3%, IC 21.3%–29.8%) were higher than 2006 estimates ($P < 0.05$). Median number of clients during the past week was 15 (IQR 8–25). 40.5% (CI 35.8–45.3) reported drinking at last sex with a client. Condom use with last client was 98.1% (IC 96.2%–99.1%), increased over 2006 ($P < 0.05$). Among 59.3% who had a stable partner, 77.3% (IC 71.4–82.0) had not used a condom at last sex with a stable partner.

Conclusion Increasing levels of syphilis infection suggest a need to reevaluate and intensify STI prevention and control interventions, with greater emphasis on diagnosis and treatment, reducing drinking with clients as well as providing alternatives to sex work for FSW.

P3.240 DOES THE PREVALENCE OF SEXUALLY TRANSMITTED DISEASES ADEQUATELY REFLECT SEXUAL TRANSMISSION OF HEPATITIS C IN THE HIV-INFECTED POPULATION?

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