1/1/2012 – 31/12/2012). Details of country of birth and nationality were collected for each attendee. Data was compared for each time period and grouped according to geography, and for Europe, according to traditional East - West borders.

Results Data was available for 211 men in 2002 and 230 in 2012. Country/region of birth (shown as % 2002, % 2012) was UK (37%, 43%), Western Europe (21%, 12%), Eastern Europe (6%, 6%), Latin and South America (15%, 31%), SE Asia (3%, 4%), Middle East and North Africa (3%, 0.4%), Sub-Saharan Africa (6%, 2%), USA and Canada (1%, 0.4%), Australia and New Zealand (4%, 0.4%), Other (3%, 1.3%).

Conclusions Nationalities of MSW attending the dedicated clinic in London have changed dramatically over the past decade. Though the majority remain UK born (37% in 2002, 43% in 2012), MSW attending from Western Europe (excluding UK) have fallen markedly (21% to 12%). The most notable increase in this period has been the number of MSW from Latin and South America (15% to 31%), the largest proportion being Brazilian (13% of total attendees in 2002, and 27% of 2012). Brazilians now account for over a quarter of MSW clinic attendees and MSW services need to adapt to support this cohort.

P3.309 EXPLORATION OF MIGRANTS' KNOWLEDGE AND ATTITUDES TOWARDS HIV/AIDS WAYS OF TRANSMISSION

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Background The incidence of HIV/AIDS in Greece along of the migrants' influx, challenges policy makers and NGOs working in the field to plan prevention efforts in mobile populations.

Methods A total of 149 participants (81.21% men and 18.79% women) with mean age 29.0 ± 7.66 years old, have completed an anonymous and self report questionnaire in order to explore migrants' knowledge and their attitude towards HIV/AIDS transmission. Migrants have been recruited in the MDM offices and cultural mediators were used in order to complete the questionnaire. An informed consent was obtained.

Results More than half of the participants (72.99%) believed that having sex with a permanent sexual partner who has no other sexual contacts, protects against HIV transmission, while 49.30% thought that mosquitoes bites can transmit HIV infection, whereas 74.29% considered the use of condoms in each sexual contact, protective against HIV. Surprisingly 40.14% answered sharing meals with HIV positive persons could transmit HIV. The majority (84.35%) answered that they did not know where to have an HIV diagnostic test. Only 24.49% have performed HIV testing once in their life. More men (79.13%) than women (52%) believed in the use of condoms in every contact. A great proportion of men (41.38%) stressed that HIV could be transmitted by sharing meals while men (55.65%) and women (58.33%) agreed that HIV infected persons may appear perfectly healthy. The majority of the respondents never got the HIV test (75.51%).

Conclusions There is a need to develop skill based education programmes to elucidate misconceptions on HIV transmission and to promote behavioural surveillance systems to evaluate the progression of these programmes targeting migrants in Greece

P3.310 CAN MSM ATTENDEES OF A MUNICIPAL STD CLINIC SERVE AS A REPRESENTATIVE SAMPLE FOR BEHAVIOURAL SURVEILLANCE OF HIV PRACTISES AND RISKS?

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Background The US National HIV Behavioral Surveillance (NHBS) system conducts venue-based sampling every three years of men who ever had a male sexual partner (i.e., men who have sex with men–MSM). In San Francisco, MSM attendees of the

Abstract P3.310 Table 1

	NHBS* N	NHBS* % (95% CI)	SFCC* N % (95% CI)
TOTAL	510	100.0%	100.0%
AGE			
29 OR YOUNGER	146	28.6% (24.7–32.8)	31.9% (29.7–34.1)
30–39	134	26.3% (22.5–30.3)	31.7% (29.6–33.9)
40–49	120	23.5% (19.9–27.5)	24.1% (22.2–26.2)
50 OR OLDER	110	21.6% (18.1–25.4)	12.3% (10.8–13.9)
RACE/ETHNICITY			
WHITE	300	59.1% (54.6–63.4)	51.1% (48.7–53.4)
HISPANIC	99	19.5% (16.1–23.2)	22.5% (20.6–24.5)
AFRICAN AMERICAN	31	6.1% (4.2–8.6)	12.6% (11.1–14.2)
ASIAN	37	7.3% (5.2–9.9)	10.7% (9.3–12.2)
MULTIPLE	26	5.1% (3.4–7.4)	2.0% (1.4–2.8)
NATIVE AMERICAN	9	1.8% (0.8–3.3)	0.4% (0.1–0.9)
PACIFIC ISLANDER	6	1.2% (0.4–2.6)	0.3% (0.09–0.6)
OTHER	0	-	0.4% (0.2–0.9)
INSURED (Aug 1 through Dec 19)			
NO	110	24.1% (20.3–28.3)	57.1% (54.5–59.6)
YES	346	75.9% (71.7–79.7)	42.9% (40.4–45.5)
NON-INJECTION METH USE (PAST YEAR)			
NO	446	88.0% (84.8–90.7)	91.5% (90.0–92.8)
YES	61	12.0% (9.3–15.2)	8.5% (7.2–10.0)
NON-INJECTION CRACK USE (PAST YEAR)			
NO	487	96.1% (94.0–97.6)	98.9% (98.2–99.3)
YES	20	3.9% (2.4–6.0)	1.1% (0.7–1.8)
NON-INJECTION COCAINE USE (PAST YEAR)			
NO	381	75.1% (71.1–78.9)	90.3% (88.7–91.7)
YES	126	24.9% (21.1–28.9)	9.7% (8.3–11.3)
NON-INJECTION POPPERS USE (PAST YEAR)			
NO	381	75.1% (71.1–78.9)	88.9% (87.2–90.5)
YES	126	24.9% (21.1–28.9)	11.1% (9.5–12.8)
NON-INJECTION ERECTILE DYSFUNCTION DRUG USE (PAST YEAR)			
NO	393	77.5% (73.6–81.1)	91.9% (90.4–93.2)
YES	114	22.5% (18.9–26.4)	8.1% (6.8–9.6)
NUMBER OF MALE SEX PARTNERS (PAST YEAR)			
0	40	7.8% (5.7–10.5)	23.7% (21.5–26.0)
1	80	15.7% (12.6–19.1)	6.7% (5.4–8.1)
2–5	162	31.8% (27.7–36.0)	26.4% (24.1–28.8)
>=6	228	44.7% (40.3–49.1)	43.3% (40.7–45.9)
EVER TESTED FOR HIV			
NO	14	2.8% (1.5–4.6)	4.6% (3.7–5.7)
YES	493	97.2% (95.4–98.5)	95.4% (94.3–96.3)
HIV POSITIVE PRIOR TO NHBS/SFCC VISIT			
NO	373	77.2% (73.2–80.9)	81.6% (79.8–83.4)
YES	110	22.8% (19.1–26.8)	18.4% (16.6–20.2)
AMONG HIV POSITIVES: CURRENTLY ON HAART			
NO	12	11.0% (5.8–18.4)	17.0% (11.7–23.4)
YES	97	89.0% (81.6–94.2)	83.0% (76.6–88.3)
AMONG HIV NEGATIVES: PEP USE (PAST YEAR)			
NO	359	96.2% (93.8, 97.9)	96.3% (95.2–97.2)
YES	14	3.8% (2.1–6.2)	3.7% (2.8–4.8)
AMONG HIV NEGATIVES: HIV TEST (PAST 6 MONTHS)			
NO	176	47.2% (42.0–52.4)	39.3% (36.5–42.2)
YES	197	52.8% (47.6–58.0)	60.7% (57.8–63.5)

(*Continued*)

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