

023 - HIV epidemiology and prevention

023.1 DECREASES IN HIV PREVALENCE IN PATIENTS ATTENDING AN INNER-CITY EMERGENCY DEPARTMENT OVER A DECADE CORRELATE WITH TRENDS IN HCV BUT NOT HSV-2

¹EU Patel, ¹OB Laeyendecker, ²Y-H Hsieh, ²R Rothman, ²G Kelen, ¹TC Quinn*. ¹Division of Intramural Research, NIAID, NIH, Bethesda, MD, USA; ²Department of Emergency Medicine, Johns Hopkins School of Medicine, Baltimore, MD, USA

10.1136/sextrans-2015-052270.199

Background The Johns Hopkins Hospital Emergency Department (JHHED) has served as an observational window on the HIV-epidemic. We previously reported that HIV prevalence decreased among patients attending JHHED from 11.4% in 2003 to 5.6% in 2013 and incidence decreased from 0.99% in 2003 to 0.16%. This study sought to examine the potential contribution of changes in sexual and parenteral risk behaviour during this period by examining trends in HSV-2 and HCV infection in this population.

Methods Identity unlinked-serosurveys were conducted in the adult JHHED in 2003, 2007, and 2013. Excess sera collected from 10,274 patients were tested for HSV-2 and HCV antibodies by the Focus HerpeSelect and Genedia HCV 3.0 ELISA.

Results HSV-2 seroprevalence was 55.3% in 2003, 54.4% in 2007, and 50.0% in 2013 (p-trend = 0.296) and there were no significant changes when stratified by age group. HSV-2 seroprevalence among HIV positives also remained stable at 79.8% in 2003, 79.6% in 2007, and 78.3% in 2013 (p-trend = 0.660). In contrast, HCV seroprevalence declined steadily from 22.0% in 2003 to 13.8% in 2013. This was also consistent with a decrease in HCV seroprevalence among HIV positives: 59.6% in 2003, 53.6% in 2007, and 48.1% in 2013 (p-trend = 0.011). Black men had the highest change in HIV prevalence from 20.0% in 2003 to 9.9% in 2013, which correlated with changes in HCV seroprevalence in black men from 36.7% in 2003 to 22.1% in 2013. HSV-2 seroprevalence in black men remained stable between 2003 (53.3%) and 2013 (50.6%).

Conclusions The decline of HIV prevalence and incidence in the JHHED population is not likely attributable to changes in sexual behaviour since HSV-2 age-based prevalence remained unchanged over 10 year period. Rather the declines in HIV may be due to reductions in parenteral transmission with the observed parallel declines in HCV prevalence.

Disclosure of interest statement The authors have no conflicts of interest to declare.

023.2 ACHIEVING THE GOALS OF THE US NATIONAL HIV/AIDS STRATEGY: DECLINING HIV DIAGNOSES, IMPROVING CLINICAL OUTCOMES, AND DIMINISHING RACIAL/ETHNIC DISPARITIES IN KING COUNTY, WA., USA

^{1,2,3}MR Golden*, ¹AB Bennett, ^{1,2}JC Dombrowski, ^{1,3}SE Buskin. ¹Public Health – Seattle & King County, Prevention Division, Seattle, WA, USA; ²University of Washington, Department of Medicine, Seattle, WA, USA; ³University of Washington, Epidemiology Department, Seattle, WA, USA

10.1136/sextrans-2015-052270.200

Background US national data suggest that new HIV diagnoses are now declining. However, that decline has been uneven, and

has not clearly included men who have sex with men (MSM), the group most affected by HIV in the US.

Methods We used data from the US Census, American Community Survey, and the King County, WA HIV/AIDS Reporting System (NHSS) 2004–2013 to assess trends in the rates of new HIV diagnoses, AIDS diagnoses and age- and reporting lag-adjusted HIV-associated mortality rates among King County residents. Trends in viral suppression, defined as the proportion of individuals with a last reported plasma viral load (VL) result of <200 copies, and CD4 counts were evaluated between 2006 and 2013, the period during which all VL and CD4 results were reportable in WA State. We assessed trends using Chi-square testing.

Results Between 2004 and 2013, the rate of new HIV diagnoses decreased from 18.4 to 13.2 per 100,000 residents (decline of 28%); AIDS diagnosis rates declined 42% from 12.3 to 7.2 per 100,000; and death rates decreased from 27 to 15 per 1,000 persons living with HIV/AIDS (PLWHA) (decline of 44%; p < 0.001 for all three trends). The rate of new HIV diagnoses declined 19% among MSM (p = 0.01), with the largest absolute decline occurring in Black MSM (44%). Among 8,679 individuals with laboratory results reported to NHSS 2006 through 2013, viral suppression increased from 45% to 86% (p < 0.001).

Conclusions The rates of new HIV diagnosis, AIDS diagnoses and mortality in PLWHA in King County, WA have significantly declined over the last decade. These changes have occurred concurrent with a dramatic increase in HIV viral suppression, and have affected diverse populations, including MSM and African American MSM.

023.3 HIV AND INJECTING DRUG USE AMONG OUT OF SCHOOL YOUTHS: EXPERIENCE FROM NIGERIA

¹A Adeyemi*, ²O Fakunle, ³S Adebayo. ¹Center for Infectious Diseases Research and Evaluation Abuja Nigeria; ²Public Health Department FCT Abuja Nigeria; ³National Agency for Food and Drug Administration and Control Abuja Nigeria

10.1136/sextrans-2015-052270.201

Introduction Out of school youths are often prone to high risk behaviours as a result of limited public health interventions including prevention outreach and education efforts. Little is known about injecting drug use among them. Information on drug use is needed to design harm reduction strategies to reduce out of school youths' exposure to HIV through injection. This study assessed factors associated with their injecting drug use.

Methods Secondary analysis of data collected among out of school youths in November 2013 in North Central Nigeria. The data collected socio-demographic, sexual, behavioural and biological information among 1600 participants aged 15–24 years. Multiple logistic regression models were used to assess factors that influence their injecting drug use.

Results Their average age was 20.6 ± 2.7 years, participants from urban areas were 769 (48.1%) and rural area was 831 (51.9%). Male participants were 1023 (63.9%) and age category 20–24 years was 67.6%. Mean age at sexual debut was 16.2 ± 2.8 years; mean age at first alcohol use was 16.2 ± 3.8 years; mean age at first cigarette smoking was 15.1 ± 5.8 years; current smokers was 17.5%; alcohol intake was 53.1%; cocaine intake was 3.9%; heroine intake was 3.3%; sex in the past 12 months was 79.1% and sex in the last 3 months was 30.2%. HIV prevalence was 5.2%; and proportion injecting drug was 5.5% with rural 5.3% and urban 5.8%. Factors associated with

injecting drug use were age group 20–24 years OR = 3.4 95% CI 1.5–8.3, smoking status OR = 2.1 95% CI 1.2–4.5, daily alcohol intake OR = 3.1 95% CI 2.0–7.7 and rural area OR = 0.6 95% CI 0.5–0.8.

Conclusion Harm reduction approaches need to be instituted among out of school youths. Programming among them to reduce injecting drug use is important. Their HIV prevalence of 5.2% is above the national youth average of 3.0%. Multi-pronged strategies including motivational programs to reduce drug use and HIV risk are urgently needed. This will involve age-specific targeted interventions to effectively improve their health.

Disclosure of interest statement This is a self-funded research and no pharmaceutical grant was received to conduct this study.

Young Investigators Oral Presentations

Y1 - Surviving and thriving in STI research: research tools for young investigators

Y1.1 WHAT IS THE NEW EDITOR OF SEXUALLY TRANSMITTED DISEASES GOING TO DO WITH THE JOURNAL?

William C Miller*. *The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA*

10.1136/sextrans-2015-052270.202

In January, 2015, I became the new Editor-in-Chief for the journal Sexually Transmitted Diseases. Taking over for Julie Schachter, who had been the Editor for 25 years, was a daunting task. He rescued the journal, nurtured it, and established it as a leading journal in our field. My job, simply put, is to maintain and strengthen it. Simultaneously, I will work to ensure that the high quality science in our field gets the attention it deserves.

What do you need to do to get your research published in Sexually Transmitted Diseases? First and foremost, do good research. That is the key for publication in any journal. Second, communicate that research clearly and succinctly. Many of us do not write as clearly as we think we do. Third, be responsive to the reviewers. Our reviewers do their best to provide meaningful comments that will strengthen the communication of your work. Respect them. Respond to them. And only rarely should your response be a rebuttal. The best way to ensure that your paper is not accepted, even when it was close, is to dismiss the reviewers' comments.

Going forward, you can expect to see a few minor changes in the journal. We will publish more program-oriented papers, including some from workers in the field who are not necessarily "scientists". We will also expand our coverage of HIV infection, focusing on HIV transmission, diagnosis, prevention, and monitoring, and excluding purely treatment studies. Generally, we will work to identify papers that will be difference-makers in the field of sexually transmitted diseases.

We also will be increasing our focus on young investigators. We hope to facilitate the growth of the type of people attending this meeting – encouraging bright, talented scientists to choose sexually transmitted diseases research as their career.

Y1.2 INSIDE THE WORLD OF JOURNAL PUBLISHING

Ginny Barbour*. *Australasian Open Access Support Group/Committee on Publication Ethics*

10.1136/sextrans-2015-052270.203

Journal publishing is often felt to be a black box that hides a complex system that authors have little control over. I'd argue that authors should think of publishing as a partnership between them and the journal, not a battle. In this session I'll briefly outline the basic processes that are common to all journals, suggest some ways of optimising your manuscript's chances and highlight some common pitfalls.

Y1.3 WHAT DO FUNDERS WANT TO SEE IN A RESEARCH PROPOSAL?

Carolyn Deal*. *Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, Bethesda, MD, USA*

10.1136/sextrans-2015-052270.204

The National Institutes of Health (NIH) is a medical research agency of the United States government. Its mission is to support improve health. The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports research to better understand, treat, and prevent infectious, immunologic, and allergic diseases. Investigators seeking support for their research interact with a variety of NIH staff from program officers to grant managers and contract officers. This session will discuss the structure of the NIH, the various people and their roles, and some of the key funding mechanisms. An important focus will be the role of mentors, both at NIH and within the broader academic community, in facilitating the funding process for Young investigators.

Y1.4 WHAT IS THE SECRET OF THE MENTOR-MENTEE RELATIONSHIPS?

K Holmes*. *Professor, Allergy and Infectious Dis. Professor, Global Health, Adjunct Professor, Epidemiology, Adjunct Professor, Microbiology, School of Public Health, University of Washington, USA*

10.1136/sextrans-2015-052270.205

I've had the opportunity to mentor over 150 pre- and post-doctoral fellows and faculty colleagues, several of whom have mentored or advised many more. From the Mentor's perspective, many keys to success with Mentees are well known. For example, define goals explicitly. Back up your mentoring commitments with long-term investments of time, required resources, regular meetings, and a research project of mutual interest. Provide emotional and psychological support; directly assist with career development. Train mentees in the anatomy and brevity of a manuscript. Optimal mentoring is often inter-disciplinary, with the primary mentor clearly designated. Mentor on publications, posters and presentations.

Regarding "Secrets" (symposium organizers assigned the title of this talk), my first Secret is to assess the passion, enthusiasm and initiative for the work as shown in the eyes, language and demeanor of the potential Mentee. Second, get to know what is