

**Conclusion** Rates of these four risky behaviours were high and, with the exception of binge drinking, were largely behaviours adopted in the USA. Newly arrived migrant men are a group at high risk for sex and drug related STI/HIV. Interventions to prevent transmission in this vulnerable, difficult-to-access and highly mobile population are greatly needed.

Abstract P1-S2.75 Table 1 Behaviours in sending country and in New Orleans (N=93)

Behaviours	Patronage of FSW	MSM	Binge*	Crack cocaine
Reported in sending country	16/93 (17.2%)	3/93 (3.2%)	39/91 (42.9%)	2/93 (2.2%)
Reported in New Orleans	60/93 (64.5%)	10/93 (10.8%)	35/91 (38.5%)	12/93 (12.9%)
Not reported in sending country (of those reported in New Orleans)	50/60 (83.3%)	8/10 (80.0%)	15/35 (42.9%)	12/12 (100.0%)

\*2 men had missing information.

### P1-S2.76 SEXUAL CONCURRENCY AMONG LATINO MIGRANT MEN IN NEW ORLEANS

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**Background** Sexual concurrency and migration have both been implicated in the spread of HIV/STI. Migrant men are highly mobile, but their level of sexual concurrency has not been well studied. The purpose of this study was to examine the prevalence of and factors associated with sexual concurrency and to examine condom use within concurrent relationships among a group of newly arrived Latino migrant men (LMM) in New Orleans.

**Methods** LMM enrolled in an ongoing cohort study, who had at least one female sexual partner during follow-up were interviewed at three time points over 6 months. Concurrency was calculated by asking start and stop date of each sexual relationship as well as intention to continue. Partnerships that had overlapping dates were considered concurrent. The association between selected individual and environmental factors and sexual concurrency was examined using generalised estimated equations (GEE).

**Results** At baseline, LMM (n=90) were mostly Honduran (77.9%), employed (80.0%), worked in construction (55.6%), were uncircumcised (88.9%), were living with family (51.1%) and did not have a main sex partner (74.4%). Their mean age was 35.4 (SD 10.6) and they had been in New Orleans for average of 4.70 years (SD 0.89). During follow-up, 30 (33.3%) had at least one concurrent relationships, 10 (11.1%) had only concurrent relationships, and 59 (65.6%)

had no concurrent relationships. In 239 observations, sexual partnering and consistent condom use was: concurrent (18.0%/53.5%), multiple but non-concurrent partners (5.9%/78.6%), and monogamous (50.6%/30.8%), while 25.5% were abstinent. Factors associated with sexual concurrency included: younger age, drug use, and living in crowded housing while belonging to organizations or sport team was protective. Of these 43 concurrent events, 21.0% included a risky partner (ie, female sex worker or casual partner) and main partner and 65.2% had at least one non-Latina partner. Of the 29 concurrent relationships that included a FSW, 5 (17.2%) did not use a condom with the sex worker.

**Conclusion** This sample of LMM exhibited high rates of concurrency with a potential for bridging. Drug prevention and interventions that promote social connectedness are needed to reduce concurrency among this mobile group.

## Epidemiology poster session 3: Burden of disease

### P1-S3.01 TRENDS IN THE INCIDENCE OF HOSPITALISATION FOR CHLAMYDIA-RELATED SEQUELAE AMONG WOMEN

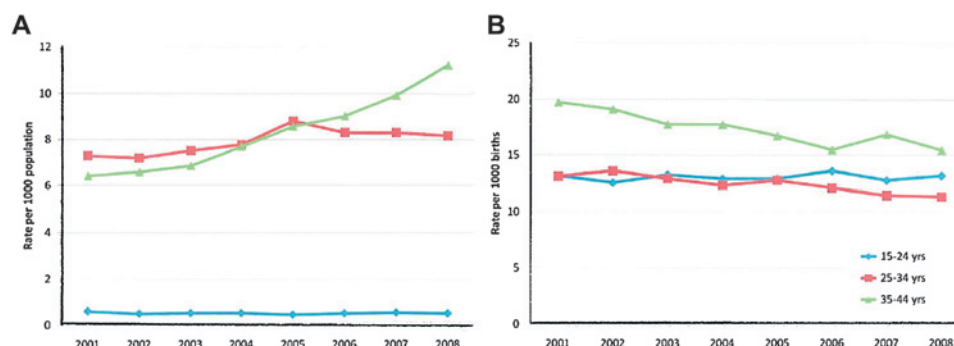
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**Background** Chlamydia infection is thought to increase the risk of infertility and ectopic pregnancy. Over the last 10 years in Australia, chlamydia testing and notifications have increased dramatically, particularly in young women. As it is unclear how much increasing notifications reflect a true increase in chlamydia incidence, we sought to investigate rates of hospitalisation for the chlamydia-related sequelae, infertility and ectopic pregnancy in New South Wales (NSW), Australia's largest state with a population of 7 million.

**Methods** Routine data on hospitalisations for infertility and ectopic pregnancy, perinatal data, and population census data from 2001 to 2008 were used to estimate annual age-specific hospitalisation rates for infertility and ectopic pregnancy in women aged 15 to 44 years for the entire state of New South Wales. Hospital separations occurring within each year belonging to the same woman were linked using probabilistic linkage of identifiers so that multiple admissions by one woman were only counted once.

**Results** From 2001 to 2008 the number of women hospitalised for infertility increased from 7050 to 9978. The greatest increase was seen in women aged 35 to 44 years, from 6.4 [95% CI 6.2 to 6.6] to 11.2 [10.9 to 11.5] per 1000 population (p trend<0.001). There was no significant change among women aged 15 to 24 years (ptrend=0.3); see Abstract P1-S3.01 figure 1A. For women with



Abstract P1-S3.01 Figure 1 Women hospitalised for A) infertility and B) ectopic pregnancy in NSW, 2001 to 2008.