Epidemiology poster session 2: Population: Men who have sex with men

**P1-S2.34**

**STI-SURVEILLANCE WITHIN AIDS REFERENCE CENTRES IN BELGIUM - HIGH CONSISTENT STI INCIDENCE AMONG HIV-POSITIVE MEN HAVING SEX WITH MEN, 2008–2009**

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**Background** The observation of STI in HIV-patients has triggered a STI-Surveillance in AIDS Reference Centres (ARC). The aim of this surveillance is to identify STI emerging in HIV-patients, to analyse STI-trends in this group and to describe patient characteristics.

**Methods** There are nine ARC in Belgium. The ARC are specialised in HIV-patient care, STI-consultation and treatment. Since April 2007, seven ARC participate in the surveillance. STI included are limited to Chlamydia, gonorrhea, syphilis, Lymphogranuloma Venereum (LGV), hepatitis B (HBV) and hepatitis C (HCV) among men having sex with men (MSM).

**Results** In 2008, 6962 HIV-patients (36.8% women; 63.2% men) were followed and 7454 patients (35.7% women; 63.9% men) in 2009. The HIV-population under follow-up increased by 7.1% (8.3% were followed and 7454 patients (35.7% women; 63.9% men) in 2009. The HIV-population under follow-up increased by 7.1% (8.3% were followed). In 2008 as well as in 2009, 279 STI were diagnosed with more than 1 STI (4.6% of the STI patients) among men who have sex with men (MSM).

**Conclusions** The surveillance in 2008 and 2009 confirms an STI-problem among HIV-infected MSM. These results highlight unsafe sex behaviour among MSM, also reflected by the high proportion of MSM reporting multiple partners. HIV-positive MSM are particularly vulnerable for syphilis. The incidence of LGV and HCV among HIV-positive men should be followed closely and an adaptation of the international screening policy for LGV and HCV is needed. Chlamydia patients belonging to high risk groups should be tested for the LGV variant.

**P1-S2.35**

**INCREASED HIV AND PRIMARY AND SECONDARY SYPHILIS DIAGNOSES AMONG YOUNG MEN WHO HAVE SEX WITH MEN, 2004–2008**

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**Background** National surveillance data document increases in HIV and syphilis diagnoses in young black men who have sex with men (MSM), but trends could be driven by increases in a few large areas. We assessed the extent to which metropolitan areas of varying population sizes have reported increases in HIV diagnoses among MSM and in syphilis diagnoses among men.

**Methods** We examined trends in HIV and primary and secondary syphilis case report data in metropolitan areas with greater than 500,000 people, at least 500 black men aged 13–24 years, and with mature HIV reporting systems as of 2004 (n=73). We compared the average number of case reports in 2004–2005 and 2007–2008 and examined differences by age at diagnosis (13–24 years, 25–29 years, ≥30 years), race/ethnicity (white, black, and Hispanic), and area population size (500,000–999,999, 1,000,000–2,499,999, and ≥2,500,000 persons).

**Results** Among MSM aged 13–24 years, observed increases in HIV diagnoses were larger among blacks (average percent increase=68.7%) compared with Hispanics (36.7%) and whites (41.7%). Increases in HIV diagnoses were observed in more areas for black MSM aged 13–24 years (53% of areas) than for Hispanic MSM aged 13–24 years (26% of areas), or white MSM aged 13–24 years (58% of areas), or older MSM of any race/ethnicity (range—44% to 62% of areas).

**Conclusions** The surveillance in 2008 and 2009 confirms an STI-problem among HIV-infected MSM. These results highlight unsafe sex behaviour among MSM, also reflected by the high proportion of MSM reporting multiple partners. HIV-positive MSM are particularly vulnerable for syphilis. The incidence of LGV and HCV among HIV-positive men should be followed closely and an adaptation of the international screening policy for LGV and HCV is needed. Chlamydia patients belonging to high risk groups should be tested for the LGV variant.