

and secondary syphilis diagnoses increased on average 203.5% among blacks, 99.7% among Hispanics, and 43.7% among whites, and increases were observed in more areas for blacks (70% of areas) than for Hispanics (44% of areas) or whites (59% of areas). (Abstract P1-S2.35 figure 1) The majority of areas (63%) had increases in both HIV and syphilis in black men aged 13–24 years. Across area size strata, the youngest group of black men had the highest average percent increase in diagnoses of HIV and syphilis as well as the highest percentage of areas with increases in diagnoses.

Conclusions HIV and syphilis diagnoses have increased among young black men in almost all areas, suggesting that national trends are not driven by increases in a few large areas. Findings highlight the need for improved prevention efforts for young MSM, particularly young black MSM.

P1-S2.36 PREVALENCE AND RISK FACTORS OF HSV-2 INFECTION AMONG MEN WHO HAVE SEX WITH MEN IN CHINA

doi:10.1136/sextrans-2011-050108.93

S Chen, Y P Yin, H C Wang, W H Wei, A L Wang, Y Han, R R Peng, X S Chen, B X Wang. *National Center for STD Control, China CDC, Nanjing, China*

Background HIV prevalence among MSM is high, and epidemiological surveys have confirmed that HSV-2 infection can increase the risk of HIV infection and that HIV seroconversion is closely related to HSV-2 infection. In spite of high prevalence of HIV in MSM and strong association between HSV-2 infection and HIV seropositivity, there have been few studies about the prevalence of HSV-2 among MSM in China. To prevent the spread of HIV among this high risk population, there is an urgent need to investigate the HSV-2 prevalence and potential demographic and behavioural risk factors among MSM in China.

Methods A total of 1462 men who have sex with men were randomly selected from three regions (Changzhou, Guangzhou and Shenzhen) in China. Sera were tested to estimate the prevalence of HSV-2 (ELISA for the detection of HSV-2 type specific IgG) and HIV (ELISA for screening and WB for confirmation), while univariate and multivariate logistic regression analyses were used to estimate the degree of association between HSV-2 infection and potential demographic and behavioural risk factors. Results—The prevalence of HSV-2 antibodies was 16.0% (234 out of 1462). Factors independently associated with higher prevalence of HSV-2 antibodies were—age, educational level, exchange of sex for money and HIV status (see Abstract P1-S2.36 table 1).

Abstract P1-S2.36 Table 1 Multivariate analysis of risk factors associated with HSV-2 seropositivity among 1462 MSM in China

Characteristic	AOR (95% CI)	p Value
Age		
≤30	1	
>30	1.988 (1.426 to 2.771)	<0.05
Educational level		
0–9 yr	2.247	
9–12 yr	1.479 (1.520 to 3.321)	<0.05
>12 yr	1 (1.020–2.144)	<0.05
Exchange of sex for money		
Sometimes	1	
Never	0.583 (0.407 to 0.835)	<0.05
HIV status		
Positive	2.763	
Negative	1 (1.850 to 4.128)	<0.05

Conclusions The high prevalence of HSV-2 among MSM and strong association between HSV-2 infection and HIV seropositivity

suggests the urgent need for intervention to prevent HSV-2 and HIV infections in high-risk MSM in China.

P1-S2.37 INCIDENCE OF URETHRAL DISCHARGE SYNDROME AMONG MEN WHO HAVE SEX WITH MEN AND ASSOCIATED RISK FACTORS IN INDIA; A COHORT ANALYSIS OF CLINIC ATTENDEES

doi:10.1136/sextrans-2011-050108.94

¹A Gurung, ¹A Das, ¹Prakash Naryanan, ²G Neilson, ³Guy Morineau, ²Bitra George. ¹FHI, New Delhi, India; ²FHI, Bangkok, Thailand; ³FHI, APROThailand

Background Monitoring data from a cohort of men who have sex with men (MSM) attending 421 clinics located in six states of India from January 2004 to December 2009 were studied. These clinics were supported by Avahan (the India AIDS initiative of the Bill & Melinda Gates Foundation) and provided services for sexually transmitted infections (STIs) including presumptive treatment for gonorrhoea and chlamydia; risk reduction counselling, treatment of STI syndromes and regular STI check-ups.

Methods Individual tracking data from the clinical forms were collected, merged and cleaned. Observed episodes of urethral discharge (UD) were counted as incident cases when clinical record prior to the episode reported no UD or if the patients had received the clinics' standard single dose directly observed treatment. The mid-point between visits was considered as the time of incident UD. Cox proportional hazard models were used to assess associations between incidence of UD and reported behaviours.

Results A total of 82 690 MSM made 508 469 visits to the clinics, constituting a cohort of 88 458 person-years (median duration of follow-up 0.86 years; maximum, 5.9 years). 7292 cases of UD were considered as incident giving an incidence rate (IR) of 8.2 per 100 person years (PYs). The IR decreased from 82.7 per 100 PYs in 2005 to 2.8 per 100 PYs in 2009; the first year of follow-up having the highest incidence (HR = 1.5, $p < 0.001$). Factors influencing the risk of UD were—number of years in commercial sex; the first year being the most risky, (HR = 4.3, $p < 0.001$); having more than ten clients per week (HR = 1.6, $p < 0.001$); not using condoms at last sex (HR = 2.3, $p < 0.001$); self-reported sexual identity of a penetrative role in anal sex (HR = 1.4, $p < 0.001$), and not receiving treatment in the first three clinic visits, (HR = 2.8, $p < 0.001$). Increasing frequency of clinic visits per year had a protective role (HR = 0.9, $p < 0.001$). MSM visiting the clinics more than five times a year had an IR below 1 per 100 PY. While one-time presumptive treatment increased the risk of UD (HR = 3.2, $p < 0.001$), there were no episodes of UD when the treatment was given at more than one consecutive visit.

Conclusion Urethral discharge syndrome among MSM shows a decline and could be a good proxy to include in future STI surveillance in resource-constrained scenarios. An analysis of MSM risk behaviour in India can help in risk profiling for targeted interventions.

P1-S2.38 A SITUATIONAL ANALYSIS OF MSM AND HIV AT AAS'S CENTRE OASIS IN BURKINA FASO

doi:10.1136/sextrans-2011-050108.95

¹T A Soundiata, ²K Patrice, ³D Elias, ³T Pascal, ²O Filemon, ²T Issoufou. ¹Association African Solidarite, Ouagadougou, Burkina Faso; ²A A S, Burkina Faso; ³A A S, Canada

Introduction In Burkina Faso at the end of 2008, the AIDS pandemic was characterised by a drop in HIV prevalence rates during the preceding years. In contexts in which a reduction in HIV prevalence is observed, the epidemic tends to be concentrated among certain