Conclusions CT and NG infections are associated with positive HIV status and other STI coinfections. We confirmed the association between NG and CT and several known risk factors of the index patient; surprisingly, none of the partnership factors (eg, concurrency, meeting place, or partner’s HIV status), except age difference, were associated with NG or CT.

Results Among the 1010 patients included in the analyses we found five cases of new HCV infection which seems to be acquired by sexual transmission. All of them were male and MSM, none of the cases had previous history of IDU, but three reported having had sexual relation with IDU partners. All of them were previously vaccinated for Hepatitis A and B and screened for HIV. None of them were coinfected with HIV, but one was coinfected with Syphilis and one with Gonorrhoea. Patients infected with HCV were older than non HCV patients (37 years vs 32 years) and had a higher number of sexual partners during the last 12 months (16 part. vs 9 for the non HCV patients). One of the HCV cases reported not having anal intercourse, two reported having had occasional unprotected anal intercourse and two reported always using condom for anal intercourse.

Conclusions As in other urban centers, cases of sexually transmitted HCV had also been found in Montreal. This prevalence of 0.5% is very low compared to our HIV population in which the prevalence of sexually transmitted HCV is 5%. The particularity of MSM with recently acquired HCV by sexual transmission seems to be related to their engagement in sexual relation with high number of concurrent partners.

Background Often STIs are not diagnosed and not treated because people don’t have access to appropriate healthcare screening facilities and to care. At Clinique l’Actuel (Montreal, Canada) we developed Gay Screen Clinic (GSC) as a new concept giving rapid access to men who have sex with men (MSM) to an appointment for STI screening. We then assessed the extend and risk factors of STIs in a population of men having sex with men (MSM) attending the GSC.

Methods We did a retrospective analysis of the last 1000 attendees of the GSC at Clinique l’Actuel in 2009–2010. Multivariable analyses were conducted to identify the factors associated with history of STIs.

Results Participants were all MSM with a mean age of 32 years (ranged from 18 to 70 y). In total, 50% (n=506) of them self reported history of STIs and 256(24%) of them had a positive sexual health screen at this visit. STI diagnosed included genital herpes (n=105, 14 %), condyloides (n=79, 8%), syphilis (n=43, 5%), chlamydia infection (n=52, 8%), HIV (n=10, 1%), Gonorrhoea (n=9, 1%) and HCV (n=5, 1%). 32% of the attendees had sexual relations in bath houses and 43% with anonymous contacts. In multivariate analyses, past history of STI was significantly associated with higher age (OR=1.02, p=0.001), higher number of sexual partners in the last 12 months (OR=1.02, p=0.015), having sexual contact in bath houses (OR=1.46, p=0.021) and with unknown partners met through internet or in backrooms (OR=1.15, p=0.004), using recreational drugs (OR=2.01, p=0.001) and having only male partners (OR=1.60, p=0.023) rather than male and female sexual partners.

Conclusions STIs were common among non HIV MSM attending the GSC in Montreal. Even after many years of prevention campaign MSM still have high risk sexual behaviour. Physician should routinely enquire about drug use of their patients in order to prevent new STIs. Targeting specific sexual networks is needed to be more effective.