Conclusion Despite personal experience with HIV, risky sexual behaviours and STI prevalence remain a problem in persons living with HIV in the capital city of Nicaragua. In order to prevent reinfection between serodiscordant partners as well as continued STI transmission, it is important for STI prevention programs to continue to develop their sexual health services, focusing on improved condom access and promotion.

P1-S5.12 POPULATION ATTRIBUTABLE RISK FOR CHLAMYDIA INFECTION IN A COHORT OF YOUNG INTERNATIONAL TRAVELLERS (BACKPACKERS) AND RESIDENTS IN AUSTRALIA
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Aim To estimate the population attributable risk (PAR) for Chlamydia trachomatis infection in young men and women in Sydney, Australia.

Method Multivariate logistic regression was used to examine the association between demographic, sexual behaviour and other potential risk factors on chlamydia positivity in young (<50 years) heterosexual international travellers (backpackers) and Australian residents attending a sexual health clinic. Point and interval estimates of PAR were calculated to quantify the proportion of chlamydia infections that can theoretically be avoided by increasing condom use, other preventive measures or a combination of both. Odds ratios (OR) were calculated to assess associations between variables and chlamydia positivity.

Results In males, the PAR associated with inconsistent condom use in the past 3 months was 65% (95% CI 56 to 71%) in backpackers compared to 50% (95% CI 41 to 56%) in non-backpackers and the PAR associated with reporting three or more female sexual partners in the past 3 months was similar between male backpackers and non-backpackers; 33% (95% CI 28 to 40%) and 36% (95% CI 32 to 41%), respectively. In females, the PAR associated with inconsistent condom use in the past 3 months was 51% (95% CI 42 to 59%) in backpackers compared to 41% (95% CI 31 to 51%) in non-backpackers, and the PAR associated with reporting three or more male sexual partners in the past 3 months was 14% (95% CI 11 to 18%) in backpackers compared to 30% (95% CI 25 to 37%) in non-backpackers.

Conclusion These findings suggest that the largest number of chlamydia infections could be avoided by increasing condom use, particularly in backpackers. Reporting multiple partners was also associated with a large proportion of infections and the risk associated with this behaviour should be included in health promotion strategies.

P1-S5.14 RISK FACTORS ASSOCIATED WITH HIV ACQUISITION: A COMPARATIVE ANALYSIS OF OLDER AND YOUNGER WOMEN WHO PARTICIPATED IN THE MDF301 TRIAL IN JOHANNESBURG
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Background Young women are known to be particularly at risk for HIV infection. Identifying characteristics associated with HIV-acquisition in younger and older women could assist with developing effective interventions which target the determinants of HIV.

Methods The MDF301 study was an international, multi-centre, randomised controlled trial to assess the efficacy of 0.5% PRO2000/05 microbicide gel. 2508 HIV-negative women, ≥18 years, were enrolled in Soweto and Orange Farm and followed up for 12 months. Associations between baseline demographic, behavioural and clinical risk factors and HIV acquisition were assessed using univariate Poisson regression.

Results Data on 2451 women were analysed. 110 seroconversions were observed over 2556.5 woman-years (wy). Overall, HIV incidence was 46.7/1000 wy (95% CI 38.7 to 56.3). Younger women (18–24 years) were more likely to acquire HIV (IRR 1.4, 95% CI 1.0 to 2.0) than older women (≥25 years). Difficulty accessing money for medical treatment (IRR 1.5, 95% CI 0.6 to 2.0, p=0.019) was a risk factor associated with HIV acquisition in both age groups.