Abstract O1-S07.04 Table 1 Prevalences of CT and NG in swingers (M/F) and MSM systematically screened on three anatomical sites

	Swinger total N=762 % (n)	Swinger M N=386 % (n)	Swinger F N=375 % (n)	MSM N=597 % (n)
CT	**7.0% (53)**	**7.0% (27)**	**6.9% (26)**	**9.9% (59)**
CT urogenital	5.1% (39)	5.2% (20)	5.1% (19)	2.3% (14)
CT anorectal	3.8% (29)	2.1% (8)	5.6% (21)	8.2% (49)
CT oropharyngeal	0.8% (6)	1.0% (4)	0.5% (2)	1.3% (8)
GO	**2.6% (20)**	**2.1% (8)**	**3.2% (12)**	**5.0% (30)**
GO urogenital	0.9% (7)	0.8% (3)	1.1% (4)	1.8% (11)
GO anorectal	0.5% (4)	0.3% (1)	0.8% (3)	2.8% (17)
GO oropharyngeal	1.6% (12)	1.3% (5)	1.9% (7)	2.7% (16)

Conclusion MSM and female swingers have high prevalences of anorectal CT which are often diagnosed without a urogenital infection. Therefore these risk groups need a targeted screening strategies including anorectal testing. The prevalence of oropharyngeal STI is relatively low, but it is often an isolated infection and therefore missed by the current screening strategy.

O1-S07.05 RARE EVENT: RECTAL SPECIMEN COLLECTION FROM MALES FOR CHLAMYDIAL INFECTION IN THE USA

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Background US guidelines recommend annual Chlamydia screening of the rectum and urethra among men who have sex with men (MSM) with sexual exposure at these anatomic sites. Routine pharyngeal chlamydia screening is not recommended. About 6% of US males have a history of sex with men. The prevalence of rectal chlamydia has consistently been high among MSM with a history of receptive anal sex. One study indicated that up to 53% of chlamydial infections would be missed and not treated if only urethral testing was performed among MSM. We examined data from a large commercial laboratory corporation with a substantial share of the US market and testing available across all 50 states, that also offers rectal and pharyngeal testing with nucleic acid amplification tests (NAAT), to estimate the frequency and positivity of specimens collected from men by anatomic site for chlamydia testing.
Methods Data for all Chlamydia testing methods was obtained by a large commercial laboratory between June 2008 and July 2010. The data set was then queried to obtain testing performed on males and analysed for anatomic site, test type, test result and age. Urethral and urine specimens were assumed to be testing for urethral infections.
Results Chlamydia testing was performed on 227 188 specimens from men: 98.2% urethral, 1.3% rectal, and 0.5% pharyngeal. The age distribution of those tested was: 2.4%<15 years, 15.0% 15–19 years, 15.7% 20–24 years, 15.6% 25–29 years, 12.5% 30–34 years, 10.8% 35–39 years, 10.0% 40–44 years, and 18.0% >44 years. Chlamydia positivity varied by anatomic site (8.7% rectal, 6.9% urethral, and 3.5% pharyngeal), and by age (2.5% <15 years, 13.2% 15–19 years, 12.5% 20–24 years, 7.7% 25–29 years, 5.3% 30–34 years, 3.9% 35–39 years, 3.1% 40–44 years, and 1.7% >44 years). Of 2918 rectal specimens, 17.8% were tested by culture and 75.5% by NAAT, compared to 93.5% of urethral specimens tested by NAAT.
Conclusions Given the sexual practices of men in the US, it appears that only a small proportion of MSM are appropriately screened for rectal Chlamydia. Lack of FDA clearance for these specimen sources may contribute to the small proportion of MSM being screened for rectal Chlamydia. Interventions to increase rectal chlamydial testing among MSM are needed. Because data from this corporation represents a large proportion of testing in the US, it could be used to monitor changes in chlamydia testing practice among men in the future.

O1-S07.06 LYMPHOGRANULOMA VENEREUM IN THE UK: IS THERE EVIDENCE FOR RECTAL TO RECTAL TRANSMISSION? RESULTS OF A MULTICENTER CASE CONTROL STUDY

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Background The outbreak of lymphogranuloma venereum (LGV) in men who have sex with men (MSM) in the UK is ongoing, with over 500 cases diagnosed in 2010 alone. Control efforts have been limited by a lack of understanding of the epidemiology, particularly transmission. The majority of cases are rectal with small numbers of urogenital or pharyngeal infections. No significant reservoir of asymptomatic or undiagnosed infection has been identified. The possibility of rectal to rectal transmission is suggested by studies showing an association of LGV with fisting, use of sex toys and enemas. We aim to identify risk factors to better understand transmission.
Methods A case control study of LGV in six UK clinics from 2009 to the end of 2010. Confirmed cases of LGV in MSM were compared with symptomatic and asymptomatic controls. Clinical and behavioural data were collected using a web-based computer-assisted self-interview and linked to web-based clinical report forms (CRF). We used a two-stage process to construct multivariable logistic regression models in order to control for confounding and interaction between risk factors.
Results We have recruited 99 cases, 86 symptomatic and 88 asymptomatic controls. There were 94 rectal cases (including one who also had pharyngeal LGV), two urethral and one genital ulcer (two CRFs outstanding). In univariate analysis, LGV was significantly associated with many factors; the strongest associations were with HIV infection, specific anal sex practices (including unprotected receptive and insertive intercourse, rimming, use of toys, fisting, douching), meeting partners through the internet or in a backroom, and use of stimulant drugs. In final multivariable logistic regression models HIV-positivity, fisting, younger age at first clinic attendance and recent use of methamphetamine remained significant predictors of LGV when compared to asymptomatic controls. Compared to symptomatic controls, unprotected insertive anal intercourse was the only significant risk factor in the final model.
Conclusions Men reporting both insertive and receptive anal sex practices are at highest risk of LGV. Rectal to rectal transmission may be occurring with the organism being transferred via toys, fingers and penises; transient colonisation of the urethra may explain the low incidence of urethral LGV. Improved hygiene measures may have an important role in reducing transmission.

Epidemiology oral session 8: STIs and HIV in female sex workers

O1-S08.01 HIGH HIV PREVALENCE WITHIN A GENERALISED EPIDEMIC; CONDOM USE, VIOLENCE, AND SEXUALLY TRANSMITTED INFECTIONS AMONG FEMALE SEX WORKERS IN DAR ES SALAAM, TANZANIA

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