HIV cases were identified yielding an overall HIV prevalence of 2.9% (P-value = 0.060).

**Conclusion** The 6.7% HSV-2 prevalence was similar to results obtained in other studies measuring the prevalence of HSV-2 among pregnant women in India. It is plausible that most women in this study contracted HSV-2 from their husbands and few women regularly use condoms with their husbands. This highlights the need for continuing education among both women and men living in rural India to increase condom use to decrease the spread of both HSV-2 and HIV.

**Methods** Eighty-seven potential high-HIV-risk heterosexual sex partner meeting venues were identified using a three-phase methodology. Subsequently, a venue-based, cross-sectional study of sexually active 18–35 year olds was conducted in Baltimore, Maryland from October 2008 through December 2009.

**Results** 1,594 participants were enrolled at 87 venues. Fifty-nine HIV cases were identified yielding an overall HIV prevalence of 3.7% and a mean venue prevalence of 3.6% (range = 0% to 25%). One or more cases of HIV was identified at 42% (n = 37) of venues (i.e. HIV positive venues). In bivariate analysis, commercial sex work (OR: 1.04; 95% CI: 1.01, 1.08), high HIV-risk sexual partnering (OR: 1.11; 95% CI: 1.03, 1.20), recent parenteral risk behaviour (OR: 1.05; 95% CI: 1.01, 1.10) and drug market activity (OR: 2.67; 95% CI: 1.09, 6.52) were reported significantly more frequently at HIV positive versus HIV negative venues. In final age-adjusted models, HIV positive venues had 10% more high HIV-risk sexual partnering (OR: 1.10; 95% CI: 1.01, 1.19) and more than twice as much drug market activity (OR: 2.59; 95% CI: 1.04, 6.46) compared to HIV negative venues. Sex market activity was not significantly associated with venue HIV status.

**Conclusions** This study highlights characteristics of venues, such as drug markets, that may be important in identifying places which are more likely to have active HIV transmission.