were transgender and bisexual respectively. Eighteen (27.7%) had grade lesions (8.3% vs 4.8%, p = 0.001) and similarly, both low grade (25.8% vs 17.6%, p = 0.001) and pap smear use (26% vs. 19%, p = 0.0004). HIV-uninfected STD clinic patients were more often HIV-tested (84% vs. 78%, p = 0.001) at the time of STI diagnosis. HIV-infected MSM diagnosed in the STD clinic were less likely to have a primary HIV care provider than other MSM (80% vs. 96%, p < 0.0001).

Conclusion STD clinics serve an economically disadvantaged, high risk and disproportionately symptomatic subset of the larger population of MSM with bacterial STI.

P3.145 SCREENING FOR ANAL DYSPLASIA IN HIV POSITIVE AND HIV NEGATIVE MEN WHO HAVE SEX WITH MEN USING ANAL CYTOLGY AND P16/INK4 IMMUNOSTAINING; A CROSSSECTIONAL STUDY


R Arora, D Pandhi, K Mishra, S N Bhattacharya, V A Yhome. University College Of Medical Sciences & Guru Teg Bahadur Hospital, New Delhi, India

Background With legal acceptance of homosexuality in India, men who have sex with men (MSM) are increasingly being reported. Akin to cervical cancer in sexually active women, MSM are predisposed to anal cancers especially with co-infection of HIV. Further, screening of Papanicolaou stained anal smears in MSM can greatly reduce morbidity and mortality due to anal cancer; similar to cervical Pap screening in sexually active women. P16/ink4, a surrogate marker for oncogenic HPV infection, improves diagnostic accuracy for anal dysplasia. However, there are only two studies from Asia and none from India analysing anal dysplasia in MSM. This cross-sectional study endeavoured to assess the prevalence of anal dysplasia using Pap smears and p16 immunostaining amongst MSM in India.

Methods A total of 31 consecutive HIV positive and 34 HIV negative MSM (n = 65) were selected and subsequently submitted for anal cytological evaluation with Pap stain and p16 staining. Chi-square test and coefficient of correlation were used for comparison.

Results Twenty four (36.9%) and thirty one (47.6%) patients were transgender and bisexual respectively. Eighteen (27.7%) had abnormal anal cytology which was higher in HIV positive as compared to HIV negative group (35% versus 20%, p = 0.180). Similarly, both low grade (25.8% vs 17.6%, p = 0.549) and high grade lesions (8.3% vs 4.8%, p = 0.341) were comparable in HIV positive and negative groups. A negative correlation of CD4 count at time of recruitment with degree of anal dysplasia was observed (r = -0.073, p = 0.696). A total of 13 (20%) smears were P16 positive with sensitivity, specificity, positive predictive value and negative predictive value of 72.3%, 100%, 90% and 92.3% respectively.

Conclusion Anal cytology should be used to screen for anal dysplasia in MSM irrespective of HIV status. Furthermore, addition of P16, with greater specificity for high grade lesions, may significantly improve diagnostic accuracy.

P3.146 RISING STI PREVALENCE AMONG MSM CLIENTS IN CALABAR, NIGERIA: A CALL FOR ACTION


K M Ugoh. Initiative for Improved Male Health, Calabar, Nigeria

Introduction Evidence has shown that there are increasing rates of new HIV and other STI infections occurring among Men who have Sex with Men (MSM) in Nigeria, with the prevalence 3 times higher than the general population as reported by the 2011 National Integrated Bio Behavioral Surveillance Survey. The poor state of health care and support services hinders our effort to control the high rates of these new infections among MSM.

Methods The Initiative for Improved Male Health (IMH-Initiative) works to provide a safe space for young MSM living with HIV to access comprehensive palliative care and support, as well as referrals for other services through drama and dance competitions. An STI assessment was conducted in IMH-Initiative’s Community Center in Calabar, for gay men and other MSM. An ST history was conducted for all clients who visited the community clinic specifically for HCT and STI counselling and referrals within a 5 month period, and their data were collated.

Results 61 MSM were diagnosed, and reported the following in the last 6 months. 49 where living with HIV. 46 had previous histories of untreated anal warts. 20 had previous histories of treated Gonorrhea by self medication and herbs. 21 had untreated boils and rashes around the genitals. 10 clients where living with HIV, and reported untreated penile and rectal gonorrhoea. All clients indicated that there were no comfortable discussing STI infections with staff of public hospitals.

Conclusion It is evident that a reasonable number of STI infections among MSM are not completely treated. This thereby increases the individuals’ risk of HIV infection, and cripples HIV prevention programming in Nigeria. HIV programmes targeting MSM must incorporate STI syndromic management, so as to increase access to non-stigmatised diagnosis and treatment of STIs. Also, access to STI drugs for clients cannot be overemphasised.

Abstract P3.145 Table 1

<table>
<thead>
<tr>
<th>Anal cytology results (HIV)</th>
<th>Overall (n = 65)</th>
<th>HIV positive (n = 31)</th>
<th>HIV negative (n = 34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low grade dysplasia</td>
<td>14(21.5%)</td>
<td>8(25.8%)</td>
<td>6 (17.6%)</td>
</tr>
<tr>
<td>High grade dysplasia</td>
<td>4(6.15%)</td>
<td>3(9.6%)</td>
<td>1(2.9%)</td>
</tr>
<tr>
<td>Total</td>
<td>18(27.7%)</td>
<td>11(35.5%)</td>
<td>7(20.6%)</td>
</tr>
<tr>
<td>p = 0.180</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abstract P3.145 Table 2

<table>
<thead>
<tr>
<th>Anal cytology results (Gender)</th>
<th>Transgender (n = 34)</th>
<th>Non-transgender (n = 41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low grade dysplasia</td>
<td>8(33.3%)</td>
<td>6(14.6%)</td>
</tr>
<tr>
<td>High grade dysplasia</td>
<td>2(8.3%)</td>
<td>2(4.8%)</td>
</tr>
<tr>
<td>total</td>
<td>10(41.7%)</td>
<td>8(19.5%)</td>
</tr>
<tr>
<td>p = 0.08</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
type 2 (HSV-2). Additional genital specimens collected were tested for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Trichomonas vaginalis* (TV), and *Mycoplasma genitalium* (MG) using polymerase chain reaction (PCR). Proportions, medians and interquartile ranges (IQR) were calculated using STATA 9.0.

**Results** A total of 130 MSM were enrolled. Of these, 64.7% self-identified as gay/homosexual, 32.3% as bisexual, and 2.9% as transvestite/transgender. Median age was 26 years old (IQR 22–31.5). Overall, 37.6% reported sex with a woman in the last 12 months. Consistent condom use with occasional, client, and commercial male partners in last 12 months was reported by 64.4%, 75.0% and 50.0%, respectively. HIV prevalence among MSM was 13.8%, HSV-2 was 27.9%, followed by genital CT 6.9%, anal CT 4.3%, NG anal 2.9%, MG genital 2.8%, and syphilis and active syphilis <1%. This high prevalence of HIV in MSM in Belize. Despite the low STI prevalence observed, we found high rates of risky sexual behaviour. Development of strategies for HIV and STI prevention in sexual health services, focusing on improved condom access and promotion are urgently needed.

**Background** Since June 2009 we have routinely tested MSM in the drop-in clinic for *Mycoplasma genitalium* (MG), *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG) infections using nucleic acid amplification tests (NAAT) in both first void urine (FVU) and an anal swab from the same patient. In addition, a throat sample was tested for NG. The prevalence and sites of infection of these pathogens was determined in a retrospective study.

**Methods** We included 2408 MSM who have been registered for 4814 new visits from June 2009 to December 2012, of whom 188 (7.8%) patients representing 589 visits were HIV-positive. Two third were asymptomatic and asked for a self-taken anal swab, in addition to a throat sample taken by a nurse. One third was examined by a physician, who performed the sampling. A FVU was collected.

**Results** 372/4265 (8.7%) were positive for *N. gonorrhoeae* using a targeted NAAT (porA gene), 428/4314 (9.9%) were positive for *C. trachomatis* using COBAS® TaqMan® CT Test, v2.0 (Roche), and 223/4222 (5.3%) were positive for *M. genitalium* using an in-house real-time PCR.

The prevalence of any positive test in HIV-negative and HIV-positive patients was 19% and 54%, respectively. Out of all positive samples in HIV-positive, FVU identified only 16% (13/82) CT, 19% (13/67) MG and 19% (13/67) NG. In HIV-negative, FVU identified 36% (122/335) CT, 34% (52/155 MG and 32% (94/293) NG.

**Conclusion** Our results supports that the MSM population carry a high burden of extra-genital STIs and that testing the ano-rectum and oro-pharynx, especially in HIV-positive, will identify a significantly higher percentage of infected patients than testing FVU alone. In addition to *N. gonorrhoeae* and *C. trachomatis*, anal *M. genitalium* may be a risk factor for HIV transmission.

**Background** Sexual transmission of *Shigellass flexneri* serotype 3a infection amongst MSM has emerged as a health concern. Control has been challenging as risk factors associated with transmission have not been determined. Interventions were undertaken to explore and understand the lifestyle and sexual behaviour of MSM diagnosed with *S. flexneri* between October 2012 and February 2013 and inform intervention strategies.

**Methods** All males ≥ 18 years diagnosed with *S. flexneri* 3a were asked to participate in enhanced surveillance. Those who consented were invited to take part in semi-structured face-to-face interviews.

**Results** Of 35 men diagnosed with *S. flexneri*, 27 were interviewed, of whom 21 were sexually active MSM (4 heterosexuals and 2 MSM without recent sexual activity were excluded from the analysis). High numbers of sexual partners were reported (median = 40) in the previous year; most were casual encounters met through internet sites (13/21) or saunas (7/21). Mephedrone, ketamine, crystal methamphetamine and GBL had been used by 62% (13/21) during sexual encounters and appeared linked to disinhibiting behaviour. A third (9/21) had attended sex parties and 3 reported ‘slamming’ (injecting recreational drugs) at these events. All reported oral-anal contact, fisting was common (10/21), scat play less so (4/21). Over half (11/21) were HIV-positive and actively sought positive partners. Condom use was rare. Many had had gonorrhoea (13/21) and chlamydia (10/21). Syphilis, lymphogranuloma venereum and hepatitis C infections were also reported.

**Conclusions** Recreational drug use appears strongly associated with sexual risk taking and transmission of *S. flexneri*. The potential for further infectious disease outbreaks and HIV transmission is clear. MSM whether HIV positive or negative need to be aware of the adverse impact of certain recreational drugs on their sexual health. HIV and sexual health clinicians should discuss recreational drug use with their patients and refer them to appropriate treatment services where indicated.