Methods From January 2010 to November 2012, all females and MSM were routinely tested for anorectal, oropharyngeal and urogenital Chlamydia trachomatis (Ct) and Neisseria gonorrhoeae (Ng). Data were collected on demographics and sexual behaviour.

Results The study population comprised 4829 consults. Overall Ct positivity was 6.8% (131/1937) in females and 10.0% (289/2892) in MSM, for Ng this was 4.3% (n = 83) and 6.7% (n = 193) respectively. The proportion isolated anorectal Ct was 16.8% (n = 22) in females and 63.0% (n = 182) in MSM, for Ng this was 10.8% (n = 9) and 44.0% (n = 85) respectively. Combined urogenital and anorectal Ct was 45.0% (n = 59) in females and 13.5% (n = 39) in MSM, for Ng this was 19.3% (n = 16) and 11.4% (n = 22) respectively. Isolated oropharyngeal Ct was 9.9% (n = 13) in females and 5.9% (n = 17) in MSM, for Ng this was 53.0% (n = 44) and 31.6% (n = 61) respectively. Isolated urogenital Ct was 28.2% (n = 37) in females and 17.6% (n = 51) in MSM, for Ng this was 16.9% (n = 14) and 13.0% (n = 29) respectively.

Discussion Anorectal and oropharyngeal STD were often isolated and thereby not coincidentally treated with urogenital STD. Therefore urogenital testing only is insufficient. Furthermore, these isolated infections remain undiagnosed if routine anorectal/oropharyngeal testing is lacking. Combined anorectal/urogenital Ct/Ng were also highly prevalent, highlighting the importance of an effective treatment for simultaneous genital and extragenital Ct/Ng.

P3.156 CONTRIBUTION OF SEXUAL PRACTICES OTHER THAN ANAL SEX TO THE TRANSMISSION OF BACTERIAL SEXUALLY TRANSMITTED INFECTIONS IN MEN WHO HAVE SEX WITH MEN


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Background Syphilis, chlamydia and gonorrhea are increasingly common amongst Australian men who have sex with men (MSM). Our objective was to quantify the proportion of cases and risk of primary syphilis (PS), urethral chlamydia (UCT) and urethral gonorrhea (UGC) attributable to sexual practices other than anal sex.

Methods Electronic medical records for MSM who attended Melbourne Sexual Health Centre between July 2002 (for PS) or January 2006 (for UCT and UGC) and October 2012 inclusive were examined.

Results There were 37 533 eligible consultations; 2374 (6%) of these reported no anal sex. There were 204 PS diagnoses, 673 UCT diagnoses, and 618 UGC diagnoses; 12 (6%), 16 (2%) and 44 (7%) cases respectively occurred in consultations where no anal sex was reported in the previous three months (PS, UGC) or twelve months (UCT). Amongst MSM who reported no anal sex, PS was diagnosed in 0.5 cases/100 consultations, UCT was diagnosed in 1.5 cases/100 tests for UCT and UGC was diagnosed in 14 cases/100 tests for UGC. UCT was significantly more common in MSM who reported anal sex (OR 2.18, 95% CI 1.32 – 3.59, p = 0.002), but PS (p = 0.82) and UGC (p = 0.14) were not. For MSM who reported anal sex, condom use was protective for all three infections (all p ≤ 0.05).

Conclusions UCT rarely occurs in MSM due to sexual practices other than anal sex; however these practices appear to contribute significantly to the acquisition of PS and UGC. Our figures probably underestimate the risk involved, as men who have anal sex also engage in other sexual practices. The implication is that successful programmes to control sexually transmitted infections, particularly PS and UGC, will need to utilise additional strategies, such as frequent testing, as well as promoting condom use.

P3.157 INCREASING STI RATES IN YOUNG MSM IN THE NETHERLANDS, 2006–2011


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Objective Young men having sex with men (MSM) are a high-risk group involved in on-going transmission of sexually transmitted infections (STI). To improve our understanding of this epidemic, distribution of STI and testing behaviour in young MSM attending STI clinics in the Netherlands was analysed.

Methods National STI surveillance data on young MSM (15–24 years) for 2006–2011 were analysed. STI included were chlamydia, gonorrhoea, infectious syphilis and HIV. Chi-square test for trend was performed to analyse time trends in testing behaviour and STI positivity rates, multivariable logistic regression was used to identify factors associated with STI positivity.

Results Number of consultations in young MSM increased from 1161 in 2006 to 3167 in 2011 (+166%). The proportion not aware of