their HIV status decreased from 51% in 2006 to 32% in 2011 ($p < 0.05$). Between 2006 and 2011, STI positivity rate increased from 17.4% to 20.6% ($p < 0.05$), caused by a significant increase in positivity rate for chlamydia (9.5% to 11.0%) and gonorrhoea (8.4% to 10.1%). Syphilis positivity rate decreased significantly over time, HIV remained stable.

In multivariable analyses, factors significantly associated with an STI were being notified (OR:2.8; 95% CI: 2.5–3.2), multiple sex partners (OR:2.4; 95% CI: 2.0–3.0), previous STI (OR:1.9; 95% CI: 1.6–2.1) and being involved in sex work (OR:1.5; 95% CI: 1.2–1.9). In addition, non-Dutch young MSM were at significantly higher risk for an STI, as were homosexual men compared to bisexual men (OR: 1.3; 95% CI: 1.1–1.4).

Conclusions Since the number of consultations and the proportion aware of their HIV status increased over time, awareness for STI seems to be increasing in young MSM. However, gonorrhoea and chlamydia positivity rates are still increasing. Therefore special attention needs to be maintained towards counselling and reaching specific high-risk sub-groups, including young migrant MSM and young MSM involved in sex work to limit on-going transmission of STI.

P3.158 NEWLY IDENTIFIED HIV INFECTION AMONG PATIENTS DIAGNOSED WITH EARLY SYPHILIS, CHICAGO, IL, 2006–2011

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Background Concomitant HIV and syphilis infections are prevalent among the same risk groups. Increases in syphilis cases among men who have sex with men (MSM) have been characterised by high rates of HIV co-infection. Our objectives were to compare demographic characteristics and percentage of persons diagnosed with Early syphilis (ES) and co-infected with HIV between 2006–2011.

Methods Surveillance data for ES (Primary, Secondary, Early Latent stages) and HIV cases reported to the Chicago Department of Public Health (CPDH) were analysed retrospectively using SAS version 9.3(2). Newly identified HIV infection was defined by earliest diagnosis date of HIV in the Enhanced HIV/AIDS Reporting System (eHars).

Results Between 2006–2011, there were 4,542 reported ES cases among 3,929 individuals; 40% (1,562/3,929) of individuals were matched to records in eHars. A total of 735 HIV infections occurred from 2006–2011: 52% (384) were co-infected from 2006–2008 and 48% (351) from 2009–2011. Despite decline in the number of HIV infections after syphilis diagnosis from 384 to 351 (–8.6%), the proportion of co-infected MSM from 2006–2008 and 2009–2011 remained stable at 92% and 91%, respectively. By race, the proportion of co-infected Black MSM increased from 54.2% to 57.1%, while the proportion of Whites remained stable (24.2% and 25.2%, respectively) and Hispanics declined (15.4% and 12.1%, respectively). Despite declines by race for most age categories, the number of co-infected Black MSM ages 13–24 increased by 29.2% and the number of co-infected White MSM ages 45–54 increased by 75%.

Conclusions Despite an overall decline in HIV co-infections, the proportion of co-infection remained stable among MSM with an increase in the percentages in HIV sero-prevalence among Black MSM ages 13–24 and White MSM age 45–54, identifying them as a critical target group for STI/HIV prevention efforts.

P3.159 IDENTIFYING SYPHILIS RISK NETWORKS THROUGH VENUE ATTENDANCE IN SAN FRANCISCO

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Background Many men who have sex with men (MSM) interviewed through syphilis partner services report large numbers of sex partners but can provide contact information for relatively few. Prioritizing interventions for patients with syphilis who are part of large sexual networks may be "high yield" and identifying venues named by syphilis cases who report high numbers of partners may help identify such networks. We compared syphilis patients across three levels of sexual partner frequency.

Methods For each venue reported by interviewed patients with early syphilis in 2011, we examined the distribution of total reported sex partners (not only named partners) in the last year. Based on the median number of total partners among men who named each venue, we categorised venues into three levels of partner frequency: high (> 15 partners reported), medium (6–15 partners reported), and low (< 6 partners reported). Interviewed early syphilis cases were then classified as attending high, medium, or low partner frequency venues; sociodemographic and risk behaviours were compared across the three venue categories using X^2 tests.

Results In 2011, 433 patients with early syphilis named 32 venues. One hundred forty three (32.3%) patients were categorised as high partner frequency venue users, 226 (51.0%) as medium partner frequency venue users, and 74 (16.7%) as low partner frequency-only venue users. Patients with early syphilis that reported meeting partners at high-frequency venues were generally older, more likely to be white, have a previous syphilis infection, use methamphetamines in the previous year, and be HIV-infected (all $p < 0.05$) than those who reported meeting partners at medium-frequency and low-frequency venues.

Discussion Venues where partners are met may be an appropriate proxy for network membership. Targeting additional resources, outreach, and services to clients who attend high frequency venues may have a positive impact on syphilis prevention efforts.

P3.160 HIGH RISK SEXUAL BEHAVIOURS AND SEXUALLY TRANSMITTED INFECTIONS AMONG TEENAGE MEN WHO HAVE SEX WITH MEN

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Background Data on testing and detection of sexually transmissible infections (STIs) in younger MSM are scarce and no specific study focusing on teenage MSM has been published. In this study we report on sexual risk behaviours and STI testing and detection in teenage MSM aged 15–20 attending a sexual health service.

Methods Data were extracted from Melbourne Sexual Health Centre's computerised medical records system on self-reported sexual behaviours and test results between July 2008 and June 2012. Results for MSM aged 15–20 were compared with those of older MSM.

Results 445 MSM aged 15–20 and 4313 MSM aged 20 or older were included. The median number of casual male partners in the past 12 months was 4 and 5 ($p = 0.015$) for teenage and older MSM, respectively. Compared to older MSM, Teenage MSM were less likely to participate in insertive anal sex (91.9% vs 86.8%, $p = 0.002$) and more likely to participate in receptive anal sex (86.3% vs 92.4%, $p = 0.002$) with casual male partners. Teenage MSM were more likely to consistently use a condom in insertive anal sex (39.0% vs 32.7%, $p = 0.024$) with regular partners but less likely to consistently use a condom inwith receptive anal sex with casual male partners (45.5% vs 56.6%, $p = 0.001$).

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The prevalence of rectal gonorrhoea (2.8% vs 3.5%, p = 0.472), rectal chlamydia (5.9% vs 6.8%, p = 0.496) and early syphilis (1.5% vs 2.2%, p = 0.346) were similar in the two age groups. More teenage MSM had pharyngeal gonorrhoea (4.8% vs 2.0%, p < 0.001) but more older MSM were diagnosed for urethral chlamydia (0.7% vs 3.3%, p = 0.004) and HIV (0.3% vs 1.8%, p = 0.021).

Conclusion A high level of sexual risk was seen among teenage MSM together with a high prevalence of STIs. More innovative and age-specific measures should be adopted to promote sexual health messages to younger gay men.

P3.161 TRIPLE-DIP: EXPANDED EXTRAGENITAL TESTING FOR NEISSERIA GONORRHOEAE AND CHLAMIDIA TRACHOMATIS IDENTIFIES HIGH RATES OF ASYMPTOMATIC INFECTION IN PERSONS LIVING WITH HIV

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Background US guidelines now call for expanded extragenital testing for *Neisseria gonorrhoeae* (GC) and *Chlamydia trachomatis* (Ct) in HIV infected individuals. In January 2012, we instituted a new policy to promote routine three-site testing (genital, oropharyngeal, rectal) for GC/Ct among HIV-infected persons in our clinic population. The purpose of this study is to assess implementation of the "triple-dip" programme, as well as the prevalence and incidence of STI at each site.

Methods We conducted a retrospective chart review of HIV-infected patients seen in our clinic before (Jan.-Dec. 2011) and after (Jan.-Dec. 2012) implementation of a routine three-site testing policy, to compare GC/Ct prevalence during these two time periods. Self-reported behavioural data were also evaluated.

Results For the three months after the transitioning from symptom-triggered testing to routine three-site screening for GC/Ct, the number of oropharyngeal tests performed increased from 38 to 325, and the number of rectal tests increased from 32 to 290, an 8 to 9 fold increase in testing. Although the rate of infection at most sites decreased with increased screening, the rate of rectal GC/Ct remained unchanged (13% pre-expanded testing verses 12% after initiating broader testing, p = n.s.). This suggests that the prevalence of asymptomatic rectal infections in patients living with HIV in our clinic is high. Preliminary analyses indicate that rectal infections are more common in our tested patient population (12%) than at other sites of testing (4.5% oropharyngeal tests were positive, 1.5% genital tests were positive).

Conclusion Although extragenital testing increased with expanded testing, not all patients at risk were screened. Given the higher percentage of positive rectal tests, enhanced testing should focus on increasing awareness of rectal infection, treatment intervention, and risk counselling.

P3.162 AN ESTIMATE OF THE PROPORTION OF GONOCOCCAL, CHLAMYDIAL AND NON-GONOCOCCAL NON-CHLAMYDIAL URETHRITIS (NGNCU) ATTRIBUTABLE TO ORAL SEX AMONG MEN WHO HAVE SEX WITH MEN (MSM)

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Background The proportion of infectious urethritis associated with oral sex is unknown.

Methods We conducted a retrospective study of MSM diagnosed with symptomatic urethritis attending an STD Clinic between 2001–2010. We categorised men according to their urethral exposures in the previous 60 days: (1) only insertive oral sex and no insertive anal sex (IOS); (2) only protected insertive anal intercourse and insertive oral sex (PIAI); (3) unprotected insertive anal intercourse with or without oral sex (UIAI); (4) no insertive sex (oral or anal). We calculated the proportion of urethritis cases by groups as a minimum estimate of the proportion of cases attributable to oral sex.

Results Between 2001–2010, 4,091 MSM were diagnosed with urethritis, had complete records for categorization, and were included in this analysis. Men reported the following urethral exposures: 13% IOS, 21% PIAI, 65% UIAI, and < 1% no urethral exposure. Among 1,506 cases of gonococcal urethritis, 72% occurred among men reporting UIAI and 27.8% (95% CI 25.5% - 30.1%) occurred in MSM reporting oral sex as their only urethral exposure (9.4% IOS and 18.4% PIAI) in the last 60 days. Of the 787 cases of chlamydia urethritis, 71% were in men reporting UIAI, 8.8% IOS and 19.6% PIAI, making 28.3% (95% CI 25.2% - 31.6%) of chlamydial urethritis cases attributable to oral exposure in the prior 60 days. Among 1,999 cases of NGNCU, UIAI accounted for 59% of cases; oral sex accounted for 43.1% (95% CI 40.9% - 45.3%). 17% and 24% of NGNCU cases occurred in men reporting IOS and PIAI, respectively.

Conclusion While usually considered a safer sexual practise, our findings suggest that a large proportion of all cases of urethritis are attributable to insertive oral sex. These findings highlight the importance of screening the oropharynx and counselling MSM about the risks of oral sex.

P3.163 HEPATITIS B AND HEPATITIS C VIRUS PREVALENCE AMONG SEXUALLY TRANSMITTED DISEASE PATIENTS IN FARWANIA REGION OF KUWAIT

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Background HBV and HCV share similar modes of transmission including the sexual route. This study was conducted to determine the prevalence of HBV and HCV infections among STD patients in Farwaniya region of Kuwait.

Methods 1298 patients (1240 M, 58 F) presenting with history and/or signs and symptoms suggestive of an STD, seen over a period of one-year (January 2012 to December 2012) presenting to Farwania hospital dermatology department were included. Serology for HBV, HCV, HIV, and syphilis were done in all patients. HBV and HCV serology were performed in 1148 age and sex matched controls also, attending the same clinic with non-STD dermatological conditions.

Results Mean age + SD of patients was 33.91+9.70 years (Age range: 19–58 years). Majority of the patients were heterosexual (99.6%). No history of blood transfusion, surgery, hospitalisation, parenteral drug use or traditional healing practises was found in any of the patients. Urethral discharge was the most common diagnosis (584), followed by genital warts (306), genital herpes (175), mollusca contagiosa (69) and syphilis (8). History of sexual encounter with concern/suspicion for an STD was reported by 166 patients. Most of the patients were expats. H/o recent travel was present in 159 patients. HCV was detected in 12/1298 patients (0.92%) and 6/1148 controls (0.52%). Serology for HBV and HIV were negative in all patients as well as controls.

Discussion Sexual transmission of HCV is low and controversial especially among monogamous heterosexuals. It is being recognised as an emerging STD among HIV positive homosexuals. Detection of HCV among more number of STD patients (0.92%) without other risk factors, compared to non-STD dermatology patients (0.52%) in Farwania, Kuwait emphasises that sexual transmission of HCV is possible.

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