

**Abstract P3.177 Table 1** Table to show sexual behaviour & new diagnoses of STI/blood borne viruses (BBV)

No. sexual contacts < 3months	No. patients (%)	Reported sexual behaviour	No. patients (%)	STI/BBV	No. of new diagnoses (%)
0	2(3.4%)	MSM UPAI < 1wk	14(31.8%)	CT	5/59(8.5%)
1	14(23.7%)	MSM UPAI < 1m	20(45.4%)	GC	3/59(5.1%)
2–5	21(35.6%)	MSM UPAI < 3m	30(68.1%)	HPV	1/59(1.7%)
6–10	8(13.6%)	Group sex/sex parties/anon. sex	15(25.4%)	Scabies	1/59(1.7%)
11–20	5(8.4%)	IVDU	15(25.4%)	PID	1/59(1.7%)
21–50	2(3.4%)	CSW	7(11.9%)	HIV	1/31*(3.2%)
> 50	3(5.1%)	Fisting	1(1.7%)	Hep B	1/28*(3.6%)
Unknown/"too many to count"	4(6.8%)			*denominator is number accepting the test	
Median = 3					

need to implement the respective tests routinely, preferably at their workplace. Final data is expected to confirm the present results.

### P3.177 SEXUAL HEALTH SCREENING IN A CLUB DRUG CLINIC

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**Background** The Club Drug Clinic (CDC) is a service established in 2010 for the increasing numbers of adults who have developed problems with club drugs. Use of these drugs is associated with high risk sexual behaviour and an increased risk of acquiring HIV and sexually transmitted infections (STIs). We provide an opportunistic sexual health screening service to clients in the CDC. This study aims to identify the STI rates amongst our attendees.

**Methods** Notes review of clients seen in our CDC sexual health service from June 2011 to January 2013.

**Results** 59 clients were seen in the sexual health clinic, receiving an average of 1.2 screens per client. Eight clients were female (13%) and 51 male (87%) (44 (75%) MSM). Median age was 32 (21–55) yrs.

Thirteen STIs were identified from seventy STI screens. STI prevalence was 19% (11/59). Clients reported their last STI screen to be: < 3 months 17(29%); < 6 months 29 (49%); < 1 year 38 (64%), never 1, unsure 11 (18.6%).

21 (36%) clients were HIV positive (1 new diagnosis). Of these, 11 (52%) were on ARVs, with 10/11 having a HIV viral load (VL) < 40 copies/ml. Median HIV VL for those not on ARV was 107,170 copies/ml (range 1164 to 23million).

**Discussion** Despite many clients reporting recent STI screens this study demonstrates high risk sexual behaviour and a significant prevalence of STI's and HIV amongst CDC attendees. These findings support the on-going and regular provision of sexual health screening to CDC clients. Given this was a self-referring group representing 59/360 (16%) total CDC attendees more work is need to encourage other CDC clients to attend for STI screens and to recall existing sexual health clinic attendees for repeat HIV/STI testing.

### P3.178 SYPHILIS PREVALENCE IN THE MIDDLE EAST AND NORTH AFRICA: A SYSTEMATIC REVIEW

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**Background** There is limited knowledge regarding the extent of the disease burden of syphilis in the Middle East and North Africa

(MENA) region. The objective of this study was to provide, for the first time, a review of the prevalence of syphilis in the MENA region.

**Methods** A systematic review of all available data on syphilis prevalence in 23 countries in MENA was conducted following the PRISMA guidelines. Sources of data included PubMed and Embase databases which were searched with no restrictions on time or language. Identified records were screened for relevance and eligibility. All studies with a prevalence measure of syphilis were eligible for inclusion irrespective of study design.

**Results** The search yielded 383 records out of which 98 articles were found eligible for inclusion. Results were classified and analysed according to three defined population risk groups: High-risk, intermediate-risk, and general population (low risk). High-risk populations had the following prevalence levels: female sex workers (1% - 87%), men who have sex with men (4%–60%), male sex workers (4%–63%) and injecting drug users (1%–18%). Select intermediate risk groups had the following prevalence levels: STD clinic attendees (1%–33%), prisoners (0%–23%), and truck drivers (4%–7%). Select general population groups had the following prevalence levels: blood donors (0%–3%) and ANC attendees (0%–19%).

**Conclusions** The quality of studies and their designs varied and diagnostic methods were not always clear. High prevalence levels were identified among high-risk populations, and relatively high levels were also found among intermediate risk groups. Low prevalence levels however were documented among general population groups. Though the overall prevalence of syphilis in MENA may not be large, there is still significant burden of disease that needs to be addressed. Given the limitations in available data, further studies are needed to better characterise the infection trends.

### P3.179 PREVALENCE OF HIV AND SYPHILIS AND SOCIAL BEHAVIOUR CHARACTERISTICS OF NATIVE POPULATIONS IN THREE GEOGRAPHICAL AREAS OF PARAGUAY - 2011

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**Background** The indigenous population presents cultural, socio-economic characteristics that increases its vulnerability to sexually transmitted infections, like syphilis and HIV.

**Methods** Cross-sectional descriptive study, with confidential linked serological tests for HIV and Syphilis, carried out in three geographical areas of Paraguay (Chaco, Center-eastern and metropolitan Area) during 2011. A probabilistic, stratified, two-stage cluster sampling was carried out. Syphilis was tested with Rapid Test and VDRL. HIV included ELISA and Western Blot for confirmation.