

**P3.192 CONSERVATIVE TREATMENT OF PENILE EXTRAMAMMARY PAGET DISEASE IN HIV POSITIVE PATIENT - IMIQUIMOD CREAM VS. PHOTODYNAMIC THERAPY**

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**Background** The penis is an uncommon site for the presentation of extramammary Paget disease (EMPD). EMPD usually occurs in individuals between the ages of 50–80 years and is more common in women. European age standardised Incidence of EMPD within Europe is 0.6 per 1000,000 person years. Radical resection of diseased skin is the preferred therapy. Several non-surgical modalities have been used to treat EMPD, which include radiotherapy, topical imiquimod, topical 5-fluorouracil, topical bleomycin, photodynamic therapy, CO<sub>2</sub> laser ablation, and topical retinoids. Systemic chemotherapy also has been used to treat advanced EMPD.

We describe a case of EMPD that was discovered in our patient.

**Results** The patient initially underwent a biopsy from the lesion on the glans penis with the result EMPD. Based on CT examination the tumour (size 3 × 2cm) was localised on the glans penis, with no signs of overgrowth from the urogenital tract. The urologists recommended wide local excision of the tumour or glansctomia as the last treatment possibility due to the potential functional disability of the genital.

We started the conservative therapy with imiquimod cream with initial good response. Due to the lack of effect of the imiquimod after 3 weeks the treatment was changed to the photodynamic therapy (PDT). After three cycles of PDT at intervals of two months seems the results to be satisfactory based on the gradual regression of the tumour.

**Conclusion** The photodynamic therapy seems to be an effective therapy for the conservative treatment of EMPD in patients in whom is the surgical treatment contraindicated for some reason.

**P3.193 THE PREVALENCE OF HIV AND STIS AMONG FEMALE SEX WORKERS IN SHIRAZ, SOUTH OF IRAN: BY RESPONDENT DRIVEN SAMPLING**

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**Background** As a concentrated epidemic, HIV is spreading rapidly in one or more sub-groups, but in the general population its prevalence is relatively low. Female sex workers (FSWs) and their partners are at greater risk for HIV infection. A successful comprehensive HIV surveillance should include the prevalence of HIV, sexually transmitted infections (STIs) and associated risk behaviours. The aim of the present study was to determine the prevalence of HIV and STIs including gonorrhoea, Chlamydia, Herpes simplex type 2 (HSV-2) and syphilis among FSWS in order to plan appropriate interventions.

**Materials** This is a cross-sectional study of 278 FSWS conducted in Shiraz, by using respondent driven sampling (RDS), from June to March 2010. The recruitment chain started with 14 seeds, were taken for HIV, syphilis, HSV-2, gonorrhoea, and Chlamydia tests.

**Results** The HIV prevalence was 4.7% (13/278); the most prevalent STI was HSV-2 9.7% (27/278), followed by Chlamydia 9% (25/278), gonorrhoea 1.43% (4/278) and syphilis (0/278). The FSWS reported history of drug abuse (69.9%) of which 16.4% had history of injecting drug use (IDU). 79.8% of the participants stated, their

incentive for having sex in the previous month was financial. During this period, 24.4% had unprotected intercourse in previous month and 30.1% used condom sometimes, 4.7% almost every time and 40.6% every time.

**Conclusions** The necessity of implementing preventative intervention programme is an urgent issue. Educational programmes on mode of transmission of HIV/STIs, STIs syndrome, and HIV/STIs counselling, testing and reproductive healthcare should be included in FSWS- oriented programmes.

**P3.194 AN OUTBREAK OF GONORRHOEA IN YOUNG HETEROSEXUALS: ENHANCING EPIDEMIOLOGICAL UNDERSTANDING BY THE USE OF MOLECULAR TYPING**

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**Background** Since 2011, an outbreak of gonorrhoea (GC) has affected heterosexual young adults in Northumberland, England. Despite extensive control measures, the outbreak has continued. An in-depth epidemiological analysis, using enhanced clinical and behavioural data complemented by molecular typing, was used to characterise the sexual networks associated with the outbreak and thereby enable better targeting.

**Methods** A multifaceted approach to outbreak control has been implemented including health promotion/awareness-raising amongst public and healthcare professionals, increased testing including dual-testing of chlamydia screening programme samples, and the introduction of enhanced surveillance linked to molecular typing (NG-MAST) to identify clusters and delineate the extent of the outbreak.

Enhanced surveillance collected demographic, risk factor and partner information for the outbreak cases (Northumberland residents) and cases in the wider area from April 2011 to December 2012.

**Results** A total of 433 GC cases were diagnosed in the study period, of which 166 (38%) were part of the outbreak. Compared with other local cases, outbreak cases were significantly associated with; being heterosexual (OR:12.8[95% C.I.: 5–31]), female (OR:2.2[1–3]), white British (OR:9.6[2–84]), under 20 years (OR:3.3[2–5]), co-infected with Chlamydia (OR:1.8[1–3]), no contraception use (OR:2.7[1–6]), no test of cure (OR:1.6[1–2]) and strain type genogroup G25 (OR:11.6[3–55]).

G25 accounted for 58% of all typed cases (5% in UK) and was almost exclusively found in the outbreak area, which supported local knowledge that the networks were restricted to a particular geographical area and the outbreak was not spreading into the wider population. G2992 (4% in UK, 18% in local cases) was not seen amongst outbreak cases.

**Conclusions** Enhanced epidemiological data complemented by molecular typing can be used to better characterise outbreaks; this study demonstrated a highly concentrated sexual network of young adults, highlighting the importance of targeted messages and approaches to improve uptake of testing and practise of safe sex.

**P3.195 BURDEN OF HEPATITIS 'C' AMONG HIGH RISK PEOPLE OF HIV/IV DRUG USERS: A COMMUNITY BASED STUDY FROM EASTERN NEPAL**

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**Background** Hepatitis C (HCV) is a single stranded RNA flavivirus, it is estimated that 170 million people worldwide are infected

with it. The main known routes of transmission for HCV are parenteral, intravenous drug abuse, contaminated injection devices and receipt of unscreened blood or blood products. Objective of the study was to determine the prevalence of Hepatitis C among high risk people HIV, Intra Venous Drug users (IDUs) of Eastern Nepal.

**Methods** The study design was descriptive cross sectional. A total of 300 samples were randomly selected from six different centres of Eastern Nepal during data collection period of one year. Structured questionnaires were used to collect demographic & behavioural data. Venus blood was collected after taking informed consent, pre-test counselling of the study subjects. Rapid Immunochromatography diagnostic kit (HCV-Tridot) was used for detection of against antibody "hepatitis C".

**Results** Out of total participants 95% were male and mean age was 23 years. Majority of the respondents (39%) were adult of 20–24 yrs age group followed by 27.7% (15–19yrs), 18% (25–29yrs), and 13% (30–40yrs). Socio-economic status, 62% were unemployed, 23.3% labourer, 7% had different kind of business, 1.7% migrant labourer. Around 18% participants were below poverty line.

**Conclusion** Prevalence of the hepatitis "C" was found to be 49% among risk group people of HIV, IDUs of Eastern Nepal. This is an alarming situation in our community, authorities of this region and country level should take action immediately to control HCV transmission as well as further prevention and treatment for HCV positives.

**P3.196 HIGH PREVALENCE OF HEPATITIS B (HBV) COINFECTIONS, AND LOW RATE OF EFFECTIVE HBV-VACCINATION IN MSM WITH KNOWN DATE OF HIV-1 SEROCONVERSION IN GERMANY**

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**Background** Men who have sex with men (MSM) with frequent sexual interactions are assumed to be at higher risk for HBV-infection. Due to partly similar transmission routes, HBV is a frequent coinfection in HIV-positive patients. HIV-coinfection accelerates disease progression of HBV-infection resulting in earlier and more frequent occurrence of liver cirrhosis and hepatocellular carcinoma. Thus, HBV-vaccination for HIV-positive MSM is recommended in Germany.

**Methods** On basis of the nationwide, multicenter, open, prospective cohort study of HIV 1-seroconverters, we screened all available, yearly collected serum samples of HIV-infected MSM for anti-HBc, anti-HBs, HBs-AG, anti-HCV and Syphilis antibodies. Samples with

signs of acute/chronic HBV-infection were confirmed by PCR. Prevalences were calculated on patient basis (at least one sample tested positively).

**Results** 5.603 samples of 1.945 MSM were screened. Median age at HIV 1-seroconversion was 33 years. In all screened MSM, prevalences of active acute/chronic HBV were 1.9%, of cleared HBV 28.0%. 4.8% had signs of occult HBV-infection (solely anti-HBc positive). 48.6% were effectively vaccinated against HBV (titre > 10mIU/ml), of those 24.2% already at timepoint of HIV-seroconversion. Prevalences of cleared HBV and of vaccination against HBV differed significantly between age groups (table 1). 50.6% of MSM who ever had a HBV-coinfection had a further coinfection with Syphilis, 13.3% with HCV.

**Discussion** Despite extensive vaccination campaigns regarding HBV-infections in MSM in Germany, less than half of all screened MSM were vaccinated. Consequentially, we found a high proportion of MSM who ever had a HBV-coinfection. Of special interest was a significant subgroup of patients having signs of occult HBV-infection, a phenomenon known to occur in immune-suppressed patients. High rates of coinfections with Syphilis and HCV in HBV/HIV-coinfected MSM stress the demand for more extensive and tailored campaigns for HBV-vaccination and prevention of STI in general for MSM in Germany, especially for higher age groups.

**P3.197 UPTAKE AND CASE DETECTION OF PRENATAL SCREENING OF MATERNAL SYPHILIS, HIV AND HEPATITIS C, IN BRITISH COLUMBIA, CANADA, 2007–2011**

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**Background** In British Columbia (BC), Canada, (pop 4.6 million), prenatal screening for rubella, syphilis, and HIV is routinely recommended while hepatitis C (HCV) screening is based on risk criteria. We determined testing uptake and case detection rates at prenatal screening for these important perinatally transmissible pathogens.

**Methods** We identified prenatal specimens for women aged 16–45 years between 2007–11 from the BC Public Health Reference Microbiology Laboratory and calculated the proportion of unique women screened for rubella, syphilis, HIV, and HCV per calendar year. Records were linked to laboratory surveillance data, permitting inclusion of prior testing history for HIV and HCV, to determine if detected cases were newly diagnosed at screening (new diagnoses/100,000) or a previously identified case. HIV and HCV prevalence were defined as all new and prior diagnoses among screened women (prevalence/100,000).

**Results** Of the 233,203 women who underwent one or more prenatal screening in the study period, 96.9% were screened for rubella, 93.3% for syphilis, 93.8% for HIV, and 21.5% for HCV. Over 5 years,

**Abstract P3.196 Table 1** Prevalences of acute/chronic HBV-infection, occult HBV-infection, cleared HBV-infection and HBV-vaccination in MSM with known date of HIV 1-seroconversion, by age at HIV 1-seroconversion (for comparisons: Fisher's exact test)

	Acute/chronic HBV: Anti-HBc (+), Anti-HBs (-), HBs-AG (+)		occult HBV: Anti-HBc (+), Anti-HBs (-), HBs-AG (-)		cleared HBV: Anti-HBc (+), Anti-HBs (+), HBs-AG (-)		HBV-vaccination: Anti-HBc (-), Anti-HBs (+), HBs-AG (-)	
		p		p		p		p
Age groups		.311		.053		< 0.001		< 0.001
< 25 years (n = 256)	0.4%		3.5%		14.1%		62.9%	
25–34 years (n = 843)	2.3%		4.0%		23.0%		51.6%	
35–44 years (n = 595)	2.2%		6.7%		34.6%		43.9%	
45–54 years (n = 163)	1.2%		3.1%		47.2%		33.1%	
≥ 55 years (n = 32)	0%		9.4%		50.0%		21.9%	