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 Venom 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 counseling of the study subjects. Rapid Immunochromatography diagnostic kit (HCV-Tridot) was used for detection of against data. Venus blood was collected after taking informed consent, pre-

**Results**

Out of total participants 95% were male and mean age was 25 years. Majority of the respondents (59%) were adult of 20–24 yrs age group followed by 15–19yrs, 18% (25–39yrs), and 15% (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.

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

**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. Consequently, 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/ HCV-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.

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

**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, 93.8% for HIV, and 21.5% for HCV. Over 5 years,
several studies have investigated the impact of Avahan (India AIDS Initiative of Bill & Melinda Gates Foundation), through comparison of HIV prevalence between two surveys (2006–07 and 2009–10) among clients of FSWs across 16 districts in south India (n=7,000 per-round).

Methods Multilevel logistic regression analysis was performed using HIV as outcome, with individual variables at level 1 and district-level programme variables (from the Avahan computerised monitoring system) at level 2. Mean value of the programme indicators for the years 2007–2008 were used as district level variables.

Results HIV prevalence declined significantly from round 1 to round 2 (5.5% to 3.4%; p = 0.001). Clients’ characteristics such as increased age (25–34 yrs-AOR = 2.22, 95% CI: 1.74.2.85, ≥35 yrs-AOR = 2.52, 95% CI: 1.75.3.07), being literate (AOR = 0.69, 95% CI: 0.58, 0.82), being separated/divorced/widowed compared to never married (AOR = 1.52, 95% CI: 1.02.2.26), had sex with 3 FSWs within past 6 months (AOR = 0.61, 95% CI: 0.43.0.87), anal sex with man/hijra in last 6 months (AOR = 1.48, 95% CI: 1.14, 1.91), being circumcised (AOR = 0.73, 95% CI: 0.57, 0.92) and had at least one STI symptom (AOR = 1.21, 95% CI: 1.00.46) were associated with being HIV positive. Among the programme variables, greater programme coverage was significantly associated with lower prevalence (AOR = 0.992, 95% CI: 0.985, 0.999).

Conclusions These results demonstrate that there was a decline in HIV prevalence among clients of FSWs over the course of the intervention and the districts with increased Avahan programme coverage had lower HIV prevalence. Further exploratory analysis is required to understand the role of programme coverage on the reduction in HIV prevalence among clients in light of similar surveys among FSWs that showed a clearer association of increase in programme coverage between survey rounds and decrease in HIV.

P3.200 EFFECT OF PREGNANCY ON HIV-1 DISEASE PROGRESSION AMONG ANTIRETROVIRAL-NAIVE HIV-1 INFECTED WOMEN


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Background Among HIV-1 infected women who have not initiated full regimen antiretroviral therapy (ART), CD4 counts decline during pregnancy, possibly due to hemodilution. It is unclear if this drop is sustained beyond pregnancy, and if pregnancy results in accelerated HIV-1 disease progression.