

$p = 0.02$ , respectively); however, among MSM, age was no longer statistically significant (62.8% vs. 70.8%,  $p = 0.25$ , respectively).

**Conclusions** A substantial proportion of persons newly diagnosed with HIV were also recently infected with syphilis, with young age strongly associated with ES among non-MSM. In addition to MSM, women and MSW under 30 years old may be appropriate foci for targeted control.

**P3.213 SEROPREVALENCE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AMONG TUBERCULOSIS PATIENTS ATTENDING TB/DOTS CENTRE IN NNEWI**

doi:10.1136/sextrans-2013-051184.0670

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**Background** TB and HIV co-epidemic is a major public health problem in many parts of the world, particularly in developing countries. This study was a prospective cohort design to determine the seroprevalence of HIV infection among tuberculosis patients attending TB/Directly Observed Treatment Short-course (DOTS) centre in a tertiary hospital in Nnewi, Nigeria

**Methods** TB diagnosis was based on combined evaluations of clinical, radiological and laboratory features of the patients with the protocol established by the National Tuberculosis Control Program (NTBCP). Laboratory diagnosis of HIV infection was based on rapid HIV test kits according to the national HIV testing algorithm.

**Results** Of the 1356 tuberculosis patients tested, 404/1356 (29.9%) were positive to the HIV antibodies. The prevalence was higher in females (15.6%) compared to males (14.2%). The prevalence of HIV in 49 years of age or less population was 15.6 times (28.0%) higher compared to 50 years and older (1.8%). 823 out of 1356 (60.6%) were Smear Positive TB (SPTB). Extra-Pulmonary Tuberculosis (EPTB) 89/404 (22%) and Smear Negative TB (SNTB) 326/404 (58.7%) were frequently associated with HIV/TB co-infection.

**Conclusion** Our results indicate that the prevalence of HIV/TB co-infection in Nnewi, Nigeria deserves special attention, screening of HIV among TB populations should be performed as this would assist in the treatment of both diseases.

**P3.214 HIV PREVALENCE TREND IN THE CONFLICT TO POST-CONFLICT TRANSITION PERIOD IN GULU DISTRICT, NORTHERN UGANDA**

doi:10.1136/sextrans-2013-051184.0671

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**Background** Since 1986, North Uganda has been affected by civil strife and most of its population have been displaced in protected camps. However, since 2007, the increased security conditions have allowed many people to leave the camps and return to their villages. This study aims at estimating the HIV prevalence trend among pregnant women in Gulu district in the conflict (2005–2006) to post-conflict (2007–2010) transition period.

**Methods** In 2005–2006 and 2007–2010, a total of 2318 and 25,924 ANC attendees of the St. Mary's Hospital Lacor, respectively, were anonymously tested for HIV within the national sentinel surveillance system. Differences in HIV prevalence by testing period and displacement status were evaluated using the chi-square test.

**Results** The overall HIV prevalence in 2005–2006 was 11.0% compared with 9.9% in 2007–2010 ( $P = 0.074$ ). In both periods, as previously found, prevalence among internally displaced women

(IDW) was lower than prevalence among women living outside camps. However, the difference in prevalence between these two groups decreased in the transition period. In fact, while the prevalence remained quite stable among IDW (9.2% in 2005–2006 compared with 8.3% in 2009–2010;  $P = 0.370$ ), it significantly decreased among women living outside camps (12.6% in 2005–2006 compared with 10.4% in 2009–2010;  $P = 0.020$ ), mostly reflecting the population movements occurred since 2007 (IDW were 45.0% of the ANC attendees in 2005–2006 compared with 27.5% in 2009–2010;  $P < 0.001$ ).

**Conclusions** The HIV prevalence in Gulu district is still high compared with the rest of Uganda. It remained quite stable, thus suggesting that no HIV-related behavioural changes in the post-conflict period have occurred or that their effects are not yet observable. However, the reduced difference in HIV prevalence between IDW and women living outside of protected camps suggests that the HIV epidemiological profile in this district is changing, mainly as a result of the post-conflict population movements

**P3.215 HIV/AIDS COINFECTION WITH THE HEPATITIS B AND C VIRUSES IN BRAZIL**

doi:10.1136/sextrans-2013-051184.0672

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**Background** Hepatitis B and C viruses and the HIV virus share the most important forms of transmission. Infections by these viruses present a dynamic interaction, amplifying each other and leading to greater morbidity and mortality. The objective of this study is to estimate the prevalence and to describe the epidemiological profile of individuals coinfecting with HIV/HBV and HIV/HCV in Brazil.

**Methods** AIDS cases were obtained from the “Sistema de Informação de Agravos de Notificação” (Sinan) and the “Sistema de Controle de Exames Laboratoriais” (Siscel). Coinfection was identified through probabilistic record linkage of the AIDS cases with hepatitis viral (B and C) from Sinan's notifications. The probabilistic records linkages were performed using the RecLink III software.

**Results** Between 1999 and 2010, 370,672 AIDS cases were reported, of which 3,724 (1.0%) were identified as HIV/HBV coinfections and 5,932 (1.6%) as HIV/HCV coinfections. The chance of coinfection increases with age, it is 3 times higher in aged 45 and older individuals coinfecting with HBV than patients aged 24 and younger; the chance is 12 times higher among those coinfecting with HCV. The chance for coinfections increases 2- to 6-fold for HBV and HCV, respectively, for the “injecting drugs users” (IDU) category compared to sexual exposure.

**Conclusions** The IDU category is one of the main forms of HCV and HIV transmissions, which may explain the higher chance of coinfection in this category. This study permitted an important evaluation of HBV/HIV and HCV/HIV coinfections in Brazil by the use of reported cases, without the need to conduct seroprevalence research.

**P3.216 HIV AND VIRAL HEPATITIS (B,D,C) CO-INFECTION, GENOTYPING, EPIDEMIOLOGICAL PROFILE IN WEST OF TEHRAN**

doi:10.1136/sextrans-2013-051184.0673

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**Background/Aims** In HIV infected patients, HBV, HDV and HCV co-infections have important implications for their clinical course