

and therapeutic management. There is intermediate prevalence of HBV and low prevalence of HIV and HCV in Iran. However, there is little information regarding the number of co-infections of viral hepatitis. The aim of present study is to establish prevalence of HBV, HDV and HCV co-infection among HIV positive Iranian patients.

**Materials and Methods** The design of study was cross-sectional during 2010 to 2012. Patients having HIV with co-infection of HBV, HDV or HCV visiting Tehran West Health Centre were enrolled. Serological HBV (HBS Ag, HBC Ab), HDV Ab and HCV Ab were determined in a sub-group of 200 HIV positive patients. HCV RNA PCR (Viral load and genotyping) was determined for all HCV Ab positive patients. Also, HDV Ab was determined for all HBS or HBC Ab positive patients.

**Results** A total of 200 patients (151 male and 49 female) with a mean age of 33(2 to 66 years) were evaluated. The prevalence of HBS Ag and HBC Ab was 12% (21/177) and 24% (43/177), respectively. HCV Ab was detected in 71% (123/173) out of which 90% (110/123) were PCR positive with 1b Genotype being the most prominent case. For 43 HBS Ag+ patients, HDV Ab was carried out, 5 of whom were positive and 3 were triple HCV, HBV and HDV co-infection.

**Conclusions** A high rate of HIV/HBV, HCV co-infection observed in the present study, indicates the need for routine screening of HIV infected patients for viral hepatitis B and C. Such screening could lead into the required treatment for these patients.

**P3.217 INTERNATIONAL COMPARISON OF RECENT TRENDS IN THE RATES OF HIV DIAGNOSES AMONG MEN WHO HAVE SEX WITH MEN (MSM)**

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T Foster, N Dickson, P Saxton. *University of Otago, Dunedin, New Zealand*

**Background** After a rise in the early 2000s in the number of new HIV diagnoses among MSM in New Zealand, also witnessed in many developed countries, in 2011 the number dropped by 34% compared to 2010. To assess relative progress on control we compare trends in HIV diagnosis rates among MSM in developed countries with similarly mature epidemics.

**Methods** We obtained data on annual HIV diagnoses among MSM between 2003–2011 from 17 developed countries (Australia, Belgium, Canada, Denmark, Finland, France, Iceland, Ireland, Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, Germany, UK, US). We reallocated those with unknown means of infection according to the countries' pattern of known causes, and used countries' adjustment for delayed reporting where available. The diagnosis rate was derived using the population of men aged 15–64.

**Results**

- New Zealand has low rates compared to most countries of Western Europe, North America and Australia, and are comparable with those of Scandinavia
- All counties except New Zealand, Iceland and Canada, experienced a slight overall rise in diagnosis rates in the period 2003–2011
- Over the past four years there has been a:
  - Slight trend upwards in UK, Belgium, France, Australia, Ireland
  - No clear trend in Spain, Canada, Germany, Denmark, Norway
  - Slight trend downwards in New Zealand, the Netherlands, Sweden, Finland, and possibly Iceland
  - Clear trend downwards in Switzerland.

**Conclusions** New Zealand has a low rate of HIV diagnoses, relative to many other developed countries. Our drop in 2011 HIV is encouraging but not unique. Limitations of this study are that the

data are of diagnosis not infection rates, are influenced by patterns of testing, immigration and emigration, and dual modes of transmission, and the proportion who are MSM may vary between countries. Factors relating to recent trends should be explored.

**P3.218 INCREASING TREND OF HIV/AIDS AMONG ARAB AND JEWISH MALES IN ISRAEL, 1986–2010**

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<sup>1</sup>Z Mor, <sup>2</sup>E Grayeb, <sup>3</sup>A Beany, <sup>4</sup>I Grotto. <sup>1</sup>Ministry of Health, Ramla, Israel; <sup>2</sup>Hadassah Medical Center, Jerusalem, Israel; <sup>3</sup>Bnai Zion Medical Center, Haifa, Israel; <sup>4</sup>Ministry of Health, Jerusalem, Israel

**Background** HIV/AIDS-burden in Israel is low (~6 cases:100,000 population), while sub-populations characterised by high-risk behaviours are affected disproportionately. This study aims to compare HIV/AIDS-burden in males between Israeli Jews and Arabs, which are the biggest minority in Israel.

**Methods** The National HIV/AIDS Registry (NHAR) was the source for HIV/AIDS-infection records, while the Israeli Central Bureau of Statistics was used to determine groups-specific disease rates.

**Results** Between 1986 and 2010, 3,499 HIV/AIDS-infected males were reported: 3,369 (96.3%) Jews and 130 (3.7%) Arabs, in an average annual incidence of 5.5 and 0.8 per 100,000 populations, respectively,  $p = 0.05$ . Of all Jews, 1,018 (29.9%) were born in Ethiopia, while 2,389 were Jews who were not Ethiopian-born (JNE). Most Arabs ( $N = 99$ , 74.8%) were Muslims, followed by 21 (16.2%) Christians and 13 (10%) Druze. AIDS rather than HIV upon reporting was diagnosed in 568 (23.8%) of JNE and 31 (23.8%) of the Arabs,  $p = 1$ . The most affected age-group among JNE was 25–34 and in Arabs 20–24, and the respective cumulative death rates were 24.9% ( $N = 594$ ) and 32.5% ( $N = 40$ ),  $p = 0.1$ . The point-prevalence in 2010 was 58.4 and 11.4 per 100,000 for JNE and Arabs, and in adults aged 15–49, was 98.0 and 20.4 per 100,000, respectively. In Muslims, Christians and Druze, the point-prevalence was 4.2, 11.2 and 7.1 per 100,000; and in adults aged 15–49 was 20.4, 52.6 and 21.6, respectively.

The most common risk-groups among JNE was MSM ( $N = 1,223$ , 51.2%), followed by IVDU ( $N = 661$ , 27.7%); while among Arabs was MSM ( $N = 63$ , 48.1%), followed by heterosexuals ( $N = 36$ , 27.3%).

**Conclusions** HIV/AIDS-burden in Arab males was significantly lower than in Jews. Among Arab-males, HIV/AIDS-burden was highest in Christians than in Druze and Muslims. The proportion of MSM of all males, regardless of their religion is increasing. Interventions aiming to prevent further HIV-transmission should address cultural, linguistic and behavioural characteristics.

**P3.219 A 20-YEARS RETROSPECTIVE COHORT STUDY OF HIV SITUATION AMONG HILL TRIBE VULNERABLE POPULATION, THAILAND**

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A Tawatchai. *School of Health Science, Mae Fah Luang University, Chiang Rai, Thailand*

Thailand had been reported as the highest HIV/AIDS epidemic area. Most of HIV/AIDS had been reported from the north of Thailand. Northern Thailand is the favourite living places of hill tribe people who migrated from the south of China through Myanmar last 150 years ago. 600,000 people were living in these areas with differences of culture and life styles. The objective aimed to investigate the situation of HIV/AIDS among hill tribe marginalised and vulnerable population.

**Methods** The retrospective cohort study was conducted. The systematic data extraction from the medical records in 16 hospitals in northern Thailand during 1990–2010 was performed. The six main hill tribe people: Akha, Lau, Karen, Yao, Kmong, and Lisu were the target population. Chi square test was analysed.