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, HBE 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 53 (2 to 66 years) were evaluated. The prevalence of HBS Ag and HBC Ab was 12% (21/177) and 24% (45/177), 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 5 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.

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

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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 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.

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

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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, Lao, Karen, Yao, Kmong, and Liu were the target population. Chi square test was analysed.