assess whether this association can be explained by behavioural/sexual networking patterns, the existence of a biological substrate, or both.

Disclosure of interest statement All authors declare no conflicts of interest.

P11.19 SYphilis incidence and associated risk factors among men who have sex with men in Bangkok, Thailand, 2006–2015

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Introduction Syphilis infection has been increasing among men who have sex with men (MSM) in Thailand. We assessed syphilis incidence and associated risk factors in the Bangkok MSM Cohort Study (BMCS).

Methods We enrolled Thai MSM aged ≥18 years old in the BMCS from April 2006 to January 2008 (Period1) and September 2009 to December 2010 (Period2), and followed participants every 4 months for up to 60 months. Treponema pallidum (TP) screening was performed at enrollment, annually and at any unscheduled study visits if indicated, using the rapid plasma reagent (RPR). If the RPR was reactive, we confirmed with a TP-specific antibody test. We defined incident syphilis as a RPR titer ≥1:8 and a reactive treponemal test. We calculated risk factors for incident syphilis in all participants using a Cox proportional hazards model, adjusting for baseline demographic and behavioural characteristics, and prevalent HIV infection.

Results Among 1,502 participants who had no syphilis at baseline and had more than one follow-up visit, 54.7% reported unprotected anal intercourse (UAI). The overall syphilis incidence was 2.7 (95% CI 2.3–3.1) per 100 person-years (PY). There was a significant difference in syphilis incidence in the two periods (2.5/100PY in Period1 vs. 3.3/100PY in Period2, p = 0.003). Factors independently associated with incident syphilis were enrollment in Period2 (Adjusted HR [AHR] 1.7; 95% CI 1.2–2.4), UAI (AHR 1.4; 95% CI 1.0–2.0), amyl nitrate use (AHR 1.9; 95% CI 1.2–2.8), Viagra use (AHR 1.6; 95% CI 1.1–2.5), and prevalent HIV infection (AHR 2.3; 95% CI 1.6–3.3).

Conclusion In the BMCS, statistically significant differences in incident syphilis by enrollment period may be due to recent increases in syphilis among urban Thai MSM. Syphilis screening identifies MSM at high risk for HIV, and syphilis screening and treatment are necessary for comprehensive HIV VCT services.

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