

P3.45 IDENTIFYING HEALTH CARE SETTINGS FOR PREP DELIVERY TO MSM AT HIGH RISK FOR HIV ACQUISITION

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Introduction Syphilis rates among MSM are increasing sharply in urban areas across the U.S. MSM with syphilis are at high risk for acquiring HIV, and may be an important subgroup to increase awareness and delivery of pre-exposure prophylaxis (PrEP). Key, however, is identifying access points to this population. Our objective was to determine health care settings where syphilis positive and HIV negative (vs. HIV positive) MSM were diagnosed to prioritise and tailor to settings for PrEP delivery. Setting: A mid-Atlantic U.S. city which has seen a 102% increase in early (primary, secondary and early latent) syphilis among MSM from 2009–2015.

Methods We analysed routinely collected public health surveillance data on MSM diagnosed with early syphilis reported to a city health department between 2009–2015. We compared diagnosing provider information by HIV status overall and in 2015 using Chi-squared tests.

Results Of the 1,495 MSM diagnosed with early syphilis between 2009–2015, the majority was aged ≥ 25 years (73%), African American (86%) and HIV co-infected (67%). Overall, 52% were diagnosed in private health care settings, and 25% were diagnosed in publically funded sexually transmitted infection (STI) clinics. Early syphilis positive/HIV negative MSM were more likely than HIV positive MSM to receive a syphilis diagnosis in STI clinics (38% vs. 19% $p < 0.0001$) and Emergency Departments (EDs) or Urgent Care Centres (UCC) (12% vs. 8% $p < 0.0001$) and less likely to be diagnosed by private providers (33% vs. 61%, $p < 0.0001$). Among the 268 MSM diagnosed with early syphilis in 2015, HIV negative MSM ($n=44$) were as likely as HIV positive MSM ($n=224$) to receive a syphilis diagnosis in STI clinics (27% vs. 16%, $p=0.06$), more likely to be diagnosed in EDs/UCCs (20% vs. 10%, $p=0.03$) and less likely to be diagnosed by private providers (36% vs. 66%, $p < 0.0001$).

Conclusions EDs/UCCs are important access points for MSM at high risk for HIV but sites may change over time. Efforts by the city health department to increase PrEP delivery at these sites are being initiated.

P3.46 SEROPREVALENCE AND INCIDENCE OF CHLAMYDIA TRACHOMATIS IGG AND IGA IN MEN WHO HAVE SEX WITH MEN

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Introduction Although routine diagnostic methods for detection of *Chlamydia trachomatis* (CT) are based on Nucleic Acid Amplification Tests (NAAT) the detection of antibodies can also be used as an additional tool, especially for surveillance. People with a CT infection develop serum IgG and IgA, which are a marker for past infection and in women are

correlated with infertility. Although seroprevalence of CT has been well studied in women, little is known about the seroprevalence of CT in men, especially in the high risk group men who have sex with men (MSM). The aim of this study is to assess the seroprevalence of CT in MSM and the development of seroconversion over time.

Methods A seroprevalence study was conducted in 291 MSM visiting the STI clinic of the Public Health Service South Limburg, the Netherlands, at least twice between January 2011 and December 2013. Sera from the last consultation (T2) were tested for the presence of IgG and IgA (Medac, Germany). Individuals with positive serology at T2 were additionally tested one year before (T1) to determine seroconversion. Prevalence data were calculated from the number of IgG and IgA positive sera at T2 and incidence data were calculated from the seroconversion rates between T1 and T2.

Results Thirty-one percent ($n=91/291$) of MSM was NAAT CT positive in the study period.

In 98% (286/291) MSM sera were available for testing. In total, 32% of MSM (91/286) were IgG positive and 17% were IgA positive (48/286), of which 44 were positive for both. The overall prevalence was 33% based on the presence of IgG and/or IgA antibodies ($n=95$). Seroconversion rate between T1 and T2 showed that 3,8% ($n=11$) seroconverted for IgG and 4,5% ($n=13$) for IgA, of which 1,7% ($n=5$) seroconverted for both. The overall incidence rate was 6,6% ($n=19$) based on seroconversion of IgG and/or IgA.

Conclusion This study showed that one third of MSM visiting an STI clinic were seropositive for CT. The incidence rate was about 6%. Association of CT seropositivity with sexual behaviour determinants and actual CT positivity will be further studied.

P3.47 AWARENESS OF HIV/AIDS AMONG RURAL POPULATION OF GURGAON, INDIA

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Introduction Despite remarkable world-wide progress in the field of diagnostic, curative and preventive medicine, still there are large populations of people living in isolation in natural and unpolluted surroundings far away from civilisation, maintaining their traditional values, customs, beliefs and myths. They are commonly known as tribes and are considered to be the indigenous people of the land. This study aimed to assess HIV-related knowledge, attitudes and practices among rural population of Gurgaon, India.

Methods A cross-sectional study on rural general population aged between 20 and 30 years old was undertaken to evaluate their KAPs. We selected 400 eligible samples through systematic random sampling from different villages.

Results The majority of the population was unaware of HIV (54%). Of the population who were aware 39% knew that it can be transmitted by sexual intercourse and 28% from mother to child. Misconceptions about transmission of HIV were observed among 33% to 43% of respondents. More 65% mentioned village health workers as major sources of information on HIV/AIDS.

Conclusions Despite adequate knowledge about HIV/AIDS, misconceptions about routes of transmission were found. Negative attitudes to HIV/AIDS and risky practices were also