cases in the Netherlands occur in men who have sex with men (MSM). Not all infections result in clinical symptoms and not all persons with clinical symptoms are diagnosed. We performed a study among MSM visiting the STI clinic in Amsterdam to assess the prevalence of Shigella.

Methods From March to June, 2020, Anal swab samples taken from MSM routinely visiting the STI clinic to detect Chlamydia trachomatis and Neisseria gonorrhoeae were additionally tested pseudonymously for the presence of Shigella by PCR on the ipaH gene. Consecutive samples from MSM who reported no diarrhea, or diarrhea during last month, or diarrhoea at visit of clinic were included. Predefined minimal numbers of inclusion of these groups were 150, 100 and 50, respectively. During the same months the frequency of Shigella as assessed by PCR in routinely tested samples sent by general physicians was assessed.

Results We included samples from 214 MSM without diarrhea, 109 MSM who recently had diarrhea and 68 MSM who reported diarrhea at visit of the clinic. The total number of samples positive for Shigella was 13/389 (3.3%), of whom 6/212 (2.8%) had no diarrhea, 4/107 (3.7%) recently had diarrhea and 3/68 (4.4%) had diarrhea at clinic visit. Positive samples were more frequently found in persons using or recently having used PREP (10/152), compared to no PREP (2/163) or being HIV-positive (1/74) (p=0.02, chi square test). In comparison, only 11/774 (1.4%) routinely tested fecal samples sent by general physicians during the study period were positive for Shigella.

Conclusion Shigella infections without symptoms or with minor symptoms are relatively common in MSM. More detailed studies should focus on the risk of transmission from these persons to others, leading to symptomatic infections.
remained associated with incident HSV-2 after adjusting for socio-demographic, social and biological variables.

Conclusion The high HSV-2 rates among AGYW particularly those engaging in high-risk sexual behaviours underscores the need for HSV-2 control interventions to slow its spread and other STIs in KwaZulu-Natal. However, further research is required for more targeted interventions due to the lack of association between sexual behaviours and HSV-2 incidence.

P321 A REVIEW OF TYPE 2 DIABETES AND TRADITIONAL RISK FACTORS IN A LARGE HIV+ COHORT
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Introduction As antiretroviral therapy (ART) has become more effective, life expectancy of HIV+ patients has increased to normal levels. Therefore, there is an increased risk of developing other age-associated chronic illnesses, including type 2 diabetes (T2DM). Some older ARTs and protease inhibitors may increase the risk of developing insulin resistance and diabetes. This study aimed to measure prevalence of diabetes within a large HIV+ cohort and describe potential risk factors for developing diabetes and factors predictive of a poor outcome.

Methods A case note review of a 2390-person HIV+ cohort was conducted and people with diabetes were identified. Data on demographics, HIV duration, ART exposure, diabetic risk factors, and comorbidities were collected.

Results 77 patients within the HIV+ cohort had T2DM. 63 were male (81.8%) and the median age was 59.0 (Interquartile range 54–67). Median time between HIV and DM diagnosis was 16.3 years (IQR 12.4–24.0). The median ART duration was 16.3 years, with a median of 14.5 years from antiretroviral commencement until diabetes diagnosis (IQR 9.8–21.9). 50 (64.9%) had been exposed to protease inhibitors. 17 (22.1%) had a nadir CD4 <200. Many had risk factors of diabetes and it seems a long duration of HIV infection and long exposure to ART therapy, particularly protease inhibitors may increase risk. Factors associated with a poor prognosis were frequent, suggesting more aggressive management may be required in HIV+ patients with T2DM. Further research into the outcomes of such patients is needed.

P324 IMPLEMENTATION OF ROUTINE HPV TESTING IN MEN
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Objective Rising awareness of human papillomavirus (HPV) infection in both genders leads to an increasing demand for HPV testing in men. In a previous study, two different collection devices were compared according to their performance and failure rate (CerviBrush and FLOQSwabs®). Since the quality of the specimens was significantly better when taken with FLOQSwabs® (COPAN), all samples in this study were collected with FLOQSwabs® only. Aim of this study was to further evaluate the performance of FLOQSwabs® in a larger cohort to confirm the results already generated.

Methods In total 632 samples collected using the FLOQSwabs® from the penile, perigential, pharyngeal and anorectal area were tested for HPV at the Outpatient’s Centre for Diagnosis of STIs by using the Greiner Bio-One PapilloCheck® genotyping assay.

Results HPV prevalence was 49.7%. The most frequent HPV hr types were 16, 53, 51, 66, 39, 59 and 31. The highest prevalence of HPV hr types was detected in pens (41.5%), urethral orifice and glans penis (39.5%), followed by mons pubis (31.2%). The most prevalent HPV hr types were 6 (16.8%) and 42 (6.6%). The highest prevalence of HPV hr 6 was detected on the scrotum (60%) and the penis shaft (54.5%).