O06.5 PERIODIC PRESUMPTIVE TREATMENT FOR VAGINAL INFECTIONS MAY REDUCE CHLAMYDIA AND GONORRHOEA INCIDENCE: A SECONDARY ANALYSIS FROM THE PREVENTING VAGINAL INFECTIONS TRIAL

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Background Women with bacterial vaginosis (BV) are at increased risk for sexually transmitted infections (STI), including *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC). Among women participating in a randomised trial of periodic presumptive treatment to reduce vaginal infections, we assessed the intervention effect on incident CT and GC infections.

Methods Non pregnant, HIV-uninfected women aged 18–45 from the US and Kenya were randomised to receive intravaginal metronidazole 750 mg plus miconazole 200 mg or matching placebo for 5 consecutive nights each month for 12 months. Genital specimens were collected every other month. Baseline specimens were tested for CT/GC during the trial and follow-up specimens were tested after trial completion using the Aptima Combo-2 assay. Baseline STIs were treated according to local guidelines. Poisson regression models were used to assess the intervention effect on the outcomes separately and as a combined endpoint.

Results Of 234 women enrolled, 221 (94%) had specimens available for analysis (intervention n = 110; placebo n = 111). Baseline CT and GC prevalence was 7% (n = 16) and 1% (n = 3), respectively, and similar by arm. Among 205 CT- participants, there were 21 incident CT infections during 179.6 person-years (CT incidence = 11.7/100 person-years), with lower CT incidence in the intervention arm versus placebo (7.8/100 person-years versus 15.6/100 person-years; incidence rate ratio [IRR] = 0.50, 95% CI 0.20–1.23). Among 218 GC- participants, GC incidence was 7.2/100 person-years (14 infections during 93.3 person-years) and also lower in the intervention arm (5.2/100 person-years versus 9.3/100 person-years; IRR = 0.56, 95% CI 0.19–1.67). Results were consistent when CT/GC was assessed as combined endpoint (IRR = 0.57; 95% CI 0.27–1.19).

Conclusions This intervention, which significantly reduced BV over 12 months, may also reduce women's STI acquisition risk. The small sample size in this secondary analysis precluded detection of significant associations, but generated point estimates for reductions in STIs that could inform the planning of future STI prevention trials

Disclosure of interest statement R. S. M. has received honoraria for invited lectures and consulting as well as donated study product for this trial from Embil Pharmaceutical Company. R. S. M. currently receives research funding from Hologic/Gen-Probe. J. E. B. received honoraria from Symbiomix, Inc for consulting and donated reagents from Hologic/Gen-Probe. J. S. has received consultancy payments from Akesis, Hologic, Symbiomix, and Starpharma, and has grants/pending grants from Akesis, BD Diagnostic, Hologic, Cepheid, Quidel, Symbiomix, Starpharma, and Viamet. All other authors declare that they do not have a commercial or other association that might pose a conflict of interest.

O06.6 HIGH PREVALENCE OF CHLAMYDIA AND GONORRHOEA AMONG PATIENTS WITH GENITAL ULCER DISEASE IN ZIMBABWE: POTENTIAL IMPLICATIONS FOR SYNDROMIC MANAGEMENT

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Background Syndromic management of genital ulcer disease (GUD) as recommended by the Zimbabwe Ministry of Health and Child Care, includes antibiotics against *Treponema pallidum* (TP: benzathine penicillin), *Haemophilus ducreyi* (HD: erythromycin), and herpes simplex virus (HSV: acyclovir). However, these medications are not recommended to treat co-infections with *Neisseria gonorrhoeae* (NG: ceftriaxone or kanamycin) and *Chlamydia trachomatis* (CT: doxycycline or azithromycin) and, unless a person with GUD is simultaneously diagnosed with genital discharge syndromes (GDS), NG and CT co-infections will not be treated according to guidelines.

Methods In an ongoing study, we enrolled men and women with GDS or GUD syndromes in 6 clinics with high STI prevalence in Zimbabwe. In addition to testing ulcer secretions for TP, HD, and HSV by multiplex polymerase chain reaction (National Institute of Communicable Diseases, Johanneburg), all patients had urine (males) or vaginal swabs (females) tested for NG and CT by nucleic acid amplification (GeneXpert®).

Results To date, 302 patients have been enrolled for whom testing is complete, including 106 GUD and 196 GDS patients. NG and/or CT infections were present in 19/52 (36.5%) female GUD patients and 13/54 (24.1%) male GUD patients, compared to 26/96 (27.1%) female GDS patients and 68/100 (68.0%) male GDS patients. Of 32 GUD patients infected with NG (N = 24) and/or CT (N = 17), including 9 dual infections, only 4/18 (22%) of women and 4/14 (29%) of men met objective criteria for simultaneous GDS syndromic management.

Conclusion In our study, urethral or vaginal GC and/or CT infections were present in 30% of patients with GUD, of whom three quarters would not have been treated according to recommended syndromic treatment guidelines for sexually transmitted infections. Our study methods and findings should be relevant for Zimbabwe and other countries that are using a syndromic approach to STI control.

O07 - Sexual behaviour and STI in men who have sex with men

O07.1 NEW AND TRADITIONAL NOTIFICATION TOOLS IMPROVE PARTNER NOTIFICATION OUTCOMES AMONG MSM WITH SYPHILIS INFECTION IN LIMA, PERU

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