Results Between October 2007 and June 2008, 248 men and women (median age 41 years, range 18–82) were included. 56% was female and 42% had Dutch ethnicity, the main other ethnicities were Ghanese, Surinamese/Antillean and Sub-Saharan African. The Abstract P1-S5.27 table 1 shows sexual behaviour of participants in the preceding 6 months. Reported history of STI in the last 6 months was 2%, and lifetime history of STI (non-HIV) was 49%. 29% of participants had had STI testing in the preceding 6 months, and 64% had an STI test more than 6 months ago. Only four patients (1.6%) had an asymptomatic STI. Two women were diagnosed with vaginal CT, 1 man with urethral CT and a female intravenous drug user with a history of syphilis had a new syphilis infection. We also identified one hitherto undiagnosed HCV infection; this was in a male intravenous drug user without a history of sex with men; we did not classify this as an STI.

Abstract P1-S5.27 Table 1 Sexual behaviour of HIV-infected heterosexual males and females visiting an HIV outpatient clinic in the Netherlands, 2007–2008

Sexual behaviour	+/total	%
Did not have sex in last 6 months	65/197	33.0
Had 1 sexual partner last 6 months	110/193	60.1
Had 2 or more sexual partners last 6 months	19/193	9.8
Had casual sexual partner(s) in last 6 months	24/193	12.4
Had unprotected vaginal sex in last 6 months	46/193	20.7
Had unprotected anal sex in last 6 months	4/193	2.0

Conclusions In this population of HIV-1 infected heterosexual patients in care for HIV infection high risk sexual behaviour is rare and asymptomatic STI are uncommon. Our study results suggest that routine screening in asymptomatic heterosexual patients is currently not needed.

P1-S5.28 CERVICAL CYTOLOGY AND HISTOPATHOLOGIC ABNORMALITIES IN WOMEN LIVING WITH AIDS IN SÃO PAULO, BRAZIL

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Background Women living with HIV/AIDS present with a higher prevalence of HPV infection, higher rates of squamous intraepithelial lesions (SIL), and are more susceptible to invasive cervical carcinoma progression.
Objective We assessed frequency of precursory cervical lesions of cancer and its risk factors for women living with HIV/AIDS.
Methods Sociodemographic, clinical, behaviour and laboratory data were collected from medical records from 2008 to 2009 and analysed using forward stepwise logistic regression.
Results Medical records of 631 women were reviewed; mean age at AIDS diagnosis was 34 years old (IQR=29–40 years old), 32% were <16 years old at first sexual intercourse; 61% had ≤5 sexual partners during life; 43% had been living with AIDS for ≥9 years; 47% reported previous sexually transmitted infections; 44% presented with HPV infection and 10% presented with high squamous intraepithelial lesions (HSIL). Presenting HSIL was significantly associated with home district Human Development Index, age at AIDS diagnosis (>40 years old), time of AIDS diagnosis (>8 years), CD4 cell count <350/mm^3 and HPV infection see Abstract P1-S5.28 Tables 1, 2 & 3.
Conclusions Frequent squamous intraepithelial neoplasia in these women shows the importance of gynaecologic exams in routine care and follow-up required by those who present with cervical lesions.

Abstract P1-S5.28 Table 1 Sociodemographic characteristics of women living with AIDS—São Paulo, Brazil, from 2008 to 2009

	High-grade lesions						
	Yes (n=64)		No (n=567)		Total (n=631)		p
Characteristics	n	%	n	%	n	%	
Age (at AIDS diagnosis)							<0.001
Up to 40 years old	31	48.4	428	75.5	459	72.7	
>40 years old	33	51.6	139	24.5	172	27.3	
	64	100.0	567	100.0	631	100.0	
Years of education							0.712
None	1	1.6	6	1.1	7	1.1	
1–4 years	5	7.8	45	7.9	50	7.9	
5–8 years	27	42.2	226	39.9	253	40.1	
9–11 years	26	40.6	210	37.0	236	37.4	
12 or more	4	6.3	75	13.2	79	12.5	
Unknown	1	1.6	5	0.9	6	1.0	
	64	100.0	567	100.0	631	100.0	
Race (self-referred)							0.005
White	33	51.6	360	63.5	393	62.3	
Black	27	42.2	199	35.1	226	35.8	
Others	4	6.3	5	0.9	9	1.4	
Unknown	0	0.0	3	0.5	3	0.5	
HDI of home district							<0.001
>0.500	8	12.5	423	74.6	431	68.3	
0–0.500	56	87.5	144	25.4	200	31.7	

Abstract P1-S5.28 Table 2 Behaviour and Clinical Characteristics of women living with AIDS – São Paulo, Brazil, from 2008 to 2009

	High-grade lesions						
	Yes (n=64)		No (n=567)		total (n=631)		p
Characteristics	n	%	N	%	n	%	
Age at first sexual intercourse							0.074
Up to 16 years old	27	42.2	180	31.7	207	32.8	
More than 16 years old	28	43.8	332	58.6	360	57.1	
Unknown	9	14.1	55	9.7	64	10.1	
	64	100.0	567	100.0	631	100.0	
Lifetime number of sexual partners							0.058
1 to 2	8	12.5	133	23.5	141	22.3	
3 to 5	24	37.5	218	38.4	242	38.4	
6 and more	20	31.3	107	18.9	127	20.1	
Unknown	12	18.8	109	19.2	121	19.2	
	64	100.0	567	100.0	631	100.0	
STI							<0.001
No	1	1.6	301	53.1	302	47.9	
Yes	63	98.4	233	41.1	296	46.9	
Unknown	–	–	33	5.8	33	5.2	
	64	100.0	567	100.0	631	100.0	
HPV cytological changes							<0.001
No	2	3.1	351	61.9	353	55.9	
Yes	62	96.9	216	38.1	278	44.1	
	64	100.0	567	100.0	631	100.0	
(HSV-2)							0.969
No	51	79.7	453	79.9	504	79.9	
Yes	13	20.3	114	20.1	127	20.1	

Continued

Abstract P1-S5.28 Table 2 Continued

Characteristics	High-grade lesions: Yes (n=64) n	%	No (n=567) N	%	total (n=631) n	%	p
Time of AIDS diagnosis							<0.001
1 to 8 years	16	25.0	345	60.8	361	57.2	
9 years or more	48	75.0	222	39.2	270	42.8	
CD4 Cell counting							<0.001
>500 cell/mm^3	1	1.6	126	22.2	127	20.1	
350–500 cell/mm^3	10	15.6	234	41.3	244	38.7	
<350 cell/mm^3	53	82.8	207	36.5	260	41.2	
	64	100.0	567	100.0	631	100.0	

Abstract P1-S5.28 Table 3 Bi and multivariate analysis of associated factor for high-grade lesion of women living with AIDS – São Paulo, Brazil, 2008 to 2009

Users characteristics	Bivariate analysis: OR (95% CI)	p	Multivariate analysis: OR$_{aj}$ 95% CI	p
HPV cytological changes				
No	1	–	1	–
Yes	50.4 (12.2 to 208.0)	<0.001	68.6 (11.6 to 404.6)	<0.001
CD4 + Cell counting				
> 500 cell/mm^3	1	–	1	–
350–500 cell/mm^3	5.4 (0.7 to 42.5)	0.11	0.74 (0.1 to 7.3)	0.799
< 350 cell/mm^3	32.3 (4.4 to 236.2)	0.001	24.5 (2.7 to 224.9)	0.005
HDI of home district				
>0.500	1	–	1	–
0–0.500	20.6 (9.6 to 44.2)	<0.001	3.3 (1.1 to 10.8)	0.047
Time of HIV diagnosis (years)				
1 to 8 years	1	–	1	–
>8 years	4.7 (2.6 to 8.4)	<0.001	2.9 (1.3 to 6.5)	0.012
Age level (for AIDS diagnosis)				
Up to 40 years old	1	–	1	–
> 40 years old	3.3 (1.9 to 5.5)	<0.001	2.7 (1.2 – 6.0)	0.019
# Lifetime Sexual partners			–	–
1 to 2	1	–		
3 to 5	1.8 (0.80 to 4.19)	0.153		
6 and more	3.1 (1.32 to 7.33)	0.010		
STI			–	–
No	1	–		
Yes		48.8 (6.71 to 354.2)	<0.001	
Race (self-referred)				
White	1	–	–	–
Black	1.5 (0,86 to 2.53)	0.153		
Others	8.7 (2.23 to 34.1)	0.002		

OR: OR (non adjusted), OR aj: OR adjusted.

P1-S5.29 RELATIONSHIP BETWEEN INCIDENT BACTERIAL VAGINOSIS, GONORRHOEA AND CHLAMYDIAL INFECTION AMONG WOMEN ATTENDING A SEXUALLY TRANSMITTED DISEASE CLINIC

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Background Interactions between bacterial vaginosis (BV) and inflammatory sexually transmitted infections, such as gonorrhoea and chlamydial infection, are not well understood. Furthermore, evidence regarding the sexual transmission of BV is equivocal.

Methods We assessed associations between incident BV and incident gonorrhoea and/or chlamydial infection (gonorrhoea/chlamydia), as well as similarities in associations for the two processes, among 645 women attending a sexually transmitted disease clinic in Alabama, who were followed prospectively for 6 months in 1995–1998. We also identified predictors of both incident BV and gonorrhoea/chlamydia and used bivariate logistic regression to determine whether these predictors differed.

Results Participants completed 3188 monthly, follow-up visits. Several factors associated with incident BV involved sexual intercourse: young age (<16 years) at first intercourse (adjusted OR [aOR]: 1.5; 95% CI 1.1 to 1.9), recent drug use during sex (aOR: 1.7; 95% CI 1.2 to 2.5), prevalent trichomoniasis (aOR: 2.8; 95% CI: 1.7 to 4.6) and incident syphilis (aOR: 9.7; 95% CI 1.9 to 48.4). Few statistical differences between potential factors for BV and gonorrhoea/chlamydia emerged. Specifically, in the adjusted bivariate analysis, we found no evidence that the four sex-related risk factors for incident BV (along with unprotected vaginal acts, which was a

Abstract P1-S5.29 Table 1 Multivariable analysis of factors associated with incident bacterial vaginosis and incident gonorrhoea and/or chlamydial infection*

Factors	Incident BV aOR† (95% CI)	Incident GC/CT aOR† (95% CI)	p value‡
TIME-INDEPENDENT			
Marital status			
Married or cohabiting	referent	referent	0.01
Not married or cohabiting	1.0 (0.6 to 1.6)	7.3 (1.7 to 31.7)	
Race			
Black	2.4 (1.3 to 4.3)	0.9 (0.4 to 1.7)	0.01
White, other	referent	referent	
Age at first intercourse			
<16 years	1.5 (1.1 to 1.9)	1.6 (1.0 to 2.4)	0.78
≥16 years	referent	Referent	
Recent drug use during sex			
Usually or sometimes	1.7 (1.2 to 2.5)	1.7 (0.9 to 3.1)	1.0
Rarely or never	Referent	Referent	
TIME-DEPENDENT			
Prevalent trichomoniasis			
Yes	2.8 (1.7 to 4.6)	1.6 (0.8 to 3.4)	0.22
No	Referent	Referent	
Incident syphilis			
Yes	9.7 (1.9 to 48.4)	5.3 (1.1 to 25.6)	0.52
No	Referent	Referent	
Prevalent candidiasis			
Yes	Referent	Referent	0.03
No	0.9 (0.6 to 1.4)	3.5 (1.2 to 10.6)	
In first week of menstrual cycle			
Yes	Referent	Referent	0.01
No	0.8 (0.6 to 1.2)	2.4 (1.2 to 5.0)	
Unprotected vaginal acts in past month			
0	Referent	Referent	0.20
≥1	1.2 (0.9 to 1.6)	1.6 (1.1 to 2.4)	
Current oral contraceptive use			
Yes	Referent	Referent	0.03
No	1.7 (1.1 to 2.4)	0.9 (0.6 to 1.5)	

*Both outcomes estimated from a single model using generalised estimating equations and alternating logistic regression.
†Adjusted for all characteristics in Abstract P1-S5.29table 1.
‡p Value for difference in the associations between the factor and the two disease outcomes.
BV, bacterial vaginosis; GC/CT, gonorrhoea and/or chlamydial infection; aOR, adjusted OR.