determine the frequency of detection of M. genitalium and to investigate causal relationship between M. genitalium and cervicitis.
Methods Two hundred women who attended gynecologic clinics were recruited. Mucopurulent cervicitis was defined as presence of either visible yellow mucopus or presence of > 30PMNL/1000 X microscopic field on gramme stain smear of cervical mucus. First void urine (FVU), three endocervical swabs (ECS) were collected from the study group and control group. All the samples were tested by PCR amplification for presence of M. genitalium by targeting MgPa gene as described previously. Samples were also subjected to culture for other genital Mycoplasmas and PCR amplification for Chlamydia trachomatis and Neisseria gonorrhoeae.
Results Mycoplasma genitalium was found in 6% from ECS and 5% from Urine of women with Cervicitis and overall M. genitalium was detected in 11% of women and 1% from Controls ($P < 0.05$). Disordered proliferative endometrium was observed in 4 of the M. genitalium positive cases. All the patients who were positive for Chlamydia trachomatis (5%) and Mycoplasma hominis(7%) and Ureaplasma urealyticum(4%) were excluded from the study. Prior miscarriage, menstrual cycle, whitish vaginal discharge and pelvic discomfort were positively associated with M. genitalium.
Conclusions The study suggests association of M. genitalium infection and Cervicitis and this microorganism should be routinely screened in patients of cervicitis.

P3.295 RISK BEHAVIOR AND SEXUALLY TRANSMITTED INFECTIONS AMONG PEOPLE LIVING WITH HIV/AIDS IN BELIZE, 2012

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Background STIs among people living with HIV/AIDS (PLHIV) have a direct implication on spread of HIV and the effectiveness of prevention programmes. For the first time, risk behaviour and STI prevalence was determined for PLHIV in Belize, as part of the 2012 Central American Behavioral Surveillance Survey of HIV/STI.
Methods Participants were selected based on convenience sampling of active PLWHA in the Belize Health Information System. Data collection consisted of a behavioural survey questionnaire administred through audio computer-assisted self-interview (ACASI). A blood sample was drawn for syphilis and herpes simplex virus type 2 (HSV-2) testing. Additionally, genital samples were tested for *Treponema pallidum* (TP), *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Trichomonas vaginalis* (TV) and *Mycoplasma genitalium* (MG). Participation was voluntary and anonymous, signed consent was required. Crude proportions for categorical variables and medians and interquartile range (IQR) for numerical variables were calculated using STATA 9.0.
Results A total of 252 PLHIV were enrolled (57% female), from three districts of Belize (concentrating 80% of the PLHIV in the country). Median age was 45 years old (IQR 28–42). Long-standing diagnosed HIV infection was detected, median 5 years (IQR 2.3–8). Low monthly income (< US$360) was found in 85% females and 50% males, 37.0% reported no current stable partners or occasional partners in the last year. Low percentage of consistent condom use with stable partners (40% female, 47.7% male) was reported. A high prevalence for HSV-2 (82.86%), followed by TV (40.3% female and 2.25% male) and MG (13.2% female and 17.98% male) and a low prevalence for syphilis (1.6%) and NG was observed (1.12%).
Conclusions Results from the first behavioural and biological survey among PLHIV demonstrate a need for implementation of a specific Sexual Health Program for this population. This programme would include education promoting a healthy sexual lifestyle, and regular distribution of condoms.

P3.296 PREVALENCE OF CHLAMYDIAL INFECTIONS WITHIN EIGHT SOUTH AFRICAN PROVINCES (2006–2011)

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Background The microbiological surveillance was undertaken in eight provinces of South Africa during 2006 –2011 to determine the aetiology of the male urethritis syndrome (MUS), vaginal discharge syndrome (VDS) and genital ulcer syndrome (GUS) and the prevalence of HIV, HSV-2 and syphilis.
Methods 1361 MUS, 1691 VDS and 465 GUS cases were consecutively recruited in eight South African provinces (2006–2011). Laboratory-based diagnostic methods included nucleic acid amplification to detect *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium, Trichomonas vaginalis,* Herpes Simplex Virus 2, H*aemophilus ducreyi*, *Treponema pallidum* and *Chlamydia trachomatis* serovars L1–3.
Results Overall, 202 (14.9%) MUS and 240 (14.2%) VDS cases were positive for *C. trachomatis* while 6 (1.3%) GUS cases were positive for *C. trachomatis* serovars L1–3. The highest prevalence of *C. trachomatis* was 21.1% in Gauteng among men and 19.4% in women. The prevalence in other provinces was: Mpumalanga (men 18.4%; women 17.4%), Limpopo (men 14.0%; women 16.7%), Eastern Cape (men 16.4%; women 13.5%), Western Cape (men 13.5%; women 14.9%), Northwest (men 10.3%; women 11.1%), Free State (men 8.0%; women 9.8%) and Northern Cape (men 8.1%; women 9.6%). *C. trachomatis* serovars LI-3 prevalence was 3.2% in the Free State, 2.8% in Mpumalanga and 0.7% in Gauteng. No *C. trachomatis* serovars L1–3 were detected in other five provinces.
Conclusions The prevalence of *C. trachomatis* infection was high in this population and remains an important cause of genital infection in South Africa particularly in men. This may fuel the HIV epidemic which was high in most of the provinces in this study.

P3.297 SURVEILLANCE OF SYPHILIS IN THE STATE OF SAO PAULO, BRAZIL

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Background The programme of STD/AIDS in the state of São Paulo has been implementing several actions toward to control and prevent sexually transmitted infections (STI): - congenital syphilis elimination plan, - access to diagnosis and treatment of acquired syphilis; - availability of syphilis rapid test in STD clinics. The report of syphilis confirmed cases was included in the Brazilian surveillance notification system since 2010, but the surveillance of STIs in the state of São Paulo began in 1998. The objective of this study is to describe the occurrence of syphilis cases reported in the state of São Paulo.
Methods It was performed a series of all cases reported in the state of São Paulo from 1998 to June 2012.
Results From 2007 42,965 cases were reported, 59% were male, 37% young adults, 45% had schooling up to 8 years; 49% self-reported their race/ethnicity as white. From 1998 to 2003 4124 cases were reported, 1447 in 2006, and 10,022 cases in 2011. The number of cases increased approximately 7 times from 2006 to 2011. It was found an increase of 132% (586/2007–1363/2011) in the number of services which has sent the syphilis notification.
Conclusion There was a significant increase of syphilis cases reported during this period analysed in the state of Sao Paulo. This result could be explained for: - inclusion of this condition on the national list of notification, - adherence of surveillance teams to the syphilis notification, - increase of syphilis rapid test in STD services.