

given the greater risk of acquiring HIV, especially for those newly infected. Interventions targeted against HSV-2, such as new HSV vaccines, have the potential for an additional benefit against HIV, which could be substantial particularly in regions where co-infections are abundant.

**P3.120** **PREVALENCE OF *UREAPLASMA UREALYTICUM* IN URINE OF MEN ATTENDING A SEXUALLY TRANSMITTED DISEASE CLINIC**

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**Introduction** *Ureaplasma urealyticum* (UU) is probably one of the causes of non-gonococcal, non-chlamydial urethritis in men and post-partum endometritis in women. The epidemiology of UU is currently unclear because culture isolation is difficult and molecular identification is limited to specialised laboratories. Testing for UU would be useful for surveillance, disease management, and epidemiology. This study assessed the prevalence of UU in men attending the local STD clinic by real-time PCR.

**Methods** A convenience sample of de-identified residual urine specimens from men attending an STD clinic was collected. Urine was placed into commercially available transport tubes and tested by PCR for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), and *Trichomonas vaginalis* (TV). The remaining residual processed specimen was tested for UU DNA using a previously published real-time PCR assay. Descriptive statistics were used to examine UU prevalence with age, and co-infection with CT, NG, and TV.

**Results** A total of 99 residual male urine specimens were available for testing. UU DNA was detected in 16/99 (16.2%) of the specimens and was comparable to CT (14/97, 14.4%), NG (11/97, 11.3%), and TV (4/25, 16.0%). Of the 16 UU positive specimens, co-infection with CT was observed in one (6.25%), NG in one (6.25%), and the remaining 14 (87.5%) had no other infection identified. The mean age of those individuals positive for UU DNA was 32.4 (range 18–63) while the mean age of those infected with CT, NG, and TV was 29.8, 28.3, and 36.8 years old, respectively.

**Conclusions** The prevalence of UU in men attending an STD clinic is similar to that observed for CT, NG, and TV. This study was useful in order to gain a better understanding of UU in this population including the age of those positive for UU, co-infection status with other commonly identified pathogens, and as a means to confirm the feasibility of real-time PCR testing using residual processed specimens. More studies are needed to elucidate the significance of UU in this population.

**P3.121** **VAGINAL DISCHARGE: EXPLORING DEMOGRAPHIC PROFILE, RISK FACTORS AND ALTERNATIVE METHOD OF RELIABLE DIAGNOSIS THROUGH SELF-COLLECTION OF VAGINAL SWABS**

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**Introduction** Vaginal discharge (VD), a common gynaecological complaint, is often associated with bacterial vaginosis (BV), vulvovaginal candidiasis (VVC) and *Trichomonas vaginitis* (TV). Prevention and control of these STIs/RTIs require understanding of demographic patterns and risk factors. Moreover, diagnosis in resource constrained settings can be facilitated using self-collected vaginal swabs, provided the reliability of the method is established. Aims were to establish the (1) association of sexual, demographic and hygienic practices for the above infections and (2) reliability of self-obtained over clinician-collected vaginal swabs for diagnosis.

**Methods** A total of 550 females aged 18–45 years (median: 32) attending two NACO designated STI/RTI clinics (Jan 2015–May 2016) with abnormal vaginal discharge were evaluated for relevant risk factors using a questionnaire. Swabs were self-collected by patients after instructions and subsequently by a physician under speculum examination. They were then examined by standard bedside tests, Gram staining, wet mount and culture.

**Results** BV, VVC and TV were observed in 79 (14.4%), 144 (26.2%) and 3 (0.5%) patients respectively. VVC coexisted with BV in 58 (10.5%) patients. *C. albicans* was isolated in 84 (58.33%) VVC cases. Prevalence of VD was higher in rural ( $p > 0.5$ ) and illiterate ( $p > 0.5$ ) patients. BV was strongly associated with douching (odds ratio 8.26) and moderately with use of condoms (odds ratio 1.6), whereas VVC showed minimal association. Use of cloths instead of sanitary pads was also a risk factor for BV (odds ratio 1.3) and with a minimal impact on VVC. Highly concordant self vs physician-collected results established the reliability of self-collected samples with Cohen's Kappa values of 0.95 (BV), 0.99 (VVC) and 1.0 (TV).

**Conclusion** Avoiding douching, using condoms and sanitary pads help in reducing the risk of acquiring VD. Reliability of self-collected swabs for diagnosis shall go a long way in strengthening National STI/RTI Program, especially in resource constrained settings.

**P3.122** **SIGNIFICANT DECREASE OF CD4+ T-CELLS BETWEEN RECENT AND LONG-TERM INFECTION IN HIV-1 SUBTYPES NON-B IN THE NORTHEAST BRAZIL**

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**Introduction** Immunoassays for detection of HIV-1 recent infection are important in guiding prevention policies in more affected groups and, especially, in the monitoring of antiretroviral resistance when performed in conjunction with genotyping assays. The objective of this study was to evaluate the frequency of individuals with HIV-1 recent infection and to relate infection status to viral load, CD4+ T cells count and viral subtype.

**Methods** One hundred and one samples from individuals diagnosed with HIV-1 were obtained from five Voluntary and Counselling Testing Centres (VCTs) in the state of Pernambuco (Northeast - Brazil), from 2007 to 2009, and tested by BED-CEIA Enzyme Immunoassay for determination of recent/long-term infection. Then, the HIV-1 *pol* region was sequenced