

health clinics should be treated to reduce the risk of PID, pre-term delivery, and/or HIV transmission.

P5.33 ABSTRACT WITHDRAWN

P5.34 HIGH PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG WOMEN SCREENED FOR CONTRACEPTIVE INTRAVAGINAL RING STUDY, KISUMU KENYA, 2014

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Introduction World Health Organisation global estimates for sexually transmitted infections (STI) stand at 448 million new cases per year with the greatest burden occurring in sub-Saharan Africa. We assessed prevalence and correlates of herpes simplex virus type 2 (HSV-2), bacterial vaginosis (BV), gonorrhoea, syphilis, chlamydia and HIV infection among Kenyan women 18–34 years of age screened for a contraceptive vaginal ring study

Methods Women provided socio-demographic, medical information, and underwent real-time rapid HIV testing, STI testing using vaginal swabs and pelvic examinations. Log-binomial regression model was used to compute adjusted prevalence ratios (PR).

Results Out of 463 women screened, 457 were included in the analysis. Median age was 25 IQR (21–28) and 67% had completed primary education. Overall, 71.3% tested positive for any STI, including HIV. Prevalence of HSV-2, BV, and HIV were 54.9%, 30.0% and 14.5% respectively; 18.1% were co-infected with all STIs. STI prevalence increased with age and peaked among those 30–34 years (PR=1.26; 95% CI, 1.06, 1.48). Early age at first sex (<14 years) was associated with a 27% increase in STI prevalence compared to those who initiated sexual activity at ages 17–19 (PR=1.27; 95% CI, 1.07, 1.51). History of transactional sex, and sexual intercourse in the last 7 days were associated with a prevalent STI (PR=2.05; 95% CI, 1.07, 3.92) and (PR=1.17; 95% CI, 1.01, 1.36), respectively. Women reporting one lifetime sexual partner were 30% less likely to test positive for any STI compared to women with 4 or more lifetime sexual partners (PR=0.70; 95% CI, 0.54, 0.92).

Conclusion Multiple prevention strategies, including dual protection from pregnancy and STIs, are needed in this setting.

P5.35 ACCEPTABILITY OF CARRAGUARD VAGINAL GEL USE AMONG UGANDAN COUPLES (VIRGINAL MICROBICIDE ACCEPTABILITY)

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Introduction To evaluate the acceptability of candidate microbicide Carraguard among couples participating in a safety trial.

Methods A 6 month randomised, placebo - controlled trial was conducted in active, low-risk couples in Uganda. Couples who were monogamous, HIV uninfected, and not regular

condom users were enrolled. Acceptability data were collected through structured question at repeated intervals. At the closing study visit, participants were asked questions about hypothetical product characteristics and future use. Compliance with gel use was assessed by questionnaires, coital diaries, and tracking of used and unused applicators.

Results Among 55 enrolled couples, follow up and adherence with gel use were high and sustained, with 80% of women using gel in over 95% of vaginal sex acts. Because acceptability results from Carraguard and placebo arms were similar, they were combined for this analysis. Overall, 92% of women and 83% of men liked the gel somewhat or very much; 66% of women and 72% of men reported increased sexual pleasure with gel use; and 55% of women and 62% of men reported increased frequency of intercourse. Only 15% of women but 43% of men thought that gel could be used without the man knowing. Although men and women had similar views overall, concordance within couples was low, with no kappa coefficients above 0.31.

Conclusion Carraguard gel use was acceptable to low-risk couples in western Uganda. Reported associations between gel use and increased sexual pleasure and frequency suggest a potential to market microbicide products for both disease prevention and enhancement of pleasure.

LB5.36 PREVALENCE, INCIDENCE AND CORRELATES OF HSV-2 INFECTION IN AN HIV INCIDENCE ADOLESCENT AND ADULT COHORT STUDY IN WESTERN KENYA

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Introduction Herpes Simplex Virus Type 2 (Hsv-2) Infections Are Associated With Increased Risk Of Hiv Transmission. We Determined Hsv-2 Prevalence, Incidence And Associated Risk Factors, Incidence Among Persons With Indeterminate. Results, And Prevalence Of Hsv-2/Hiv Co-Infection Among Persons Aged (18–34 Years) And (16–17 Years) Enrolled In An Hiv Incidence Cohort Study In Western Kenya.

Methods Participants (n=1106; 846 Adults) Were Screened And If Hiv-1 Negative, Enrolled And Followed-Up Quarterly For One Year. Hsv-2 Was Assessed Using The Kalon Enzyme Immunoassay. Hsv-2 Incidence Was Calculated Among Hsv-2 Seronegative Participants And Those Indeterminate At Baseline. Logistic Regression Was Used To Estimate The Odds Of Hsv-2 Infection and Poisson Regression Assessed Hsv-2 Incidence And Associated Factors.

Results Hsv-2 Prevalence Was 26.6% [95% Confidence Interval (Ci):23.9–29.4] And Higher In Adults (31.5% [95% Ci:28.3–34.9]) Than Adolescents (10.7% [95% Ci:7.1–15.3]). Factors Associated With Prevalent Hsv-2, Female Gender, Increasing Age, Hiv Infection, History Of Sexually Transmitted Infection, Low Education Level, Multiple Sexual Partners, And Being Married, Divorced, Separated Or Widowed. Overall Hsv-2 Incidence Was 4.0/100 Person-Years (/100py) 95% Ci:2.7–6.1 And Higher In Adults (4.5/100py) And Females (5.1/100py). In Multivariable Analysis Marital Status Was Associated With Hsv-2 Incidence. Of 45 Participants With Indeterminate Hsv-2 Results At Baseline, 22 seroconverted, Resulting In An Incidence Rate Of 53.2/100py [95% Ci:35.1–80.9]. Inclusion Of Indeterminate Results Almost Doubled The Overall Incidence Rate To 7.8/100py [95% Ci:5.9–10.5].