

use of broad spectrum antibiotics. One more reason could be recurrent or persistent nature of these viral STIs. In our setting, incidences of herpetic GUD and genital warts were almost similar.

## Epidemiology poster session 1: STI trends: *Trichomonas vaginalis*

**P1-S1.26** PREVALENCE OF *TRICHOMONAS VAGINALIS* INFECTION DURING THE FIRST TRIMESTER OF PREGNANCY IN PREGNANT WOMEN ON MATERNAL AND PERINATAL INSTITUTE

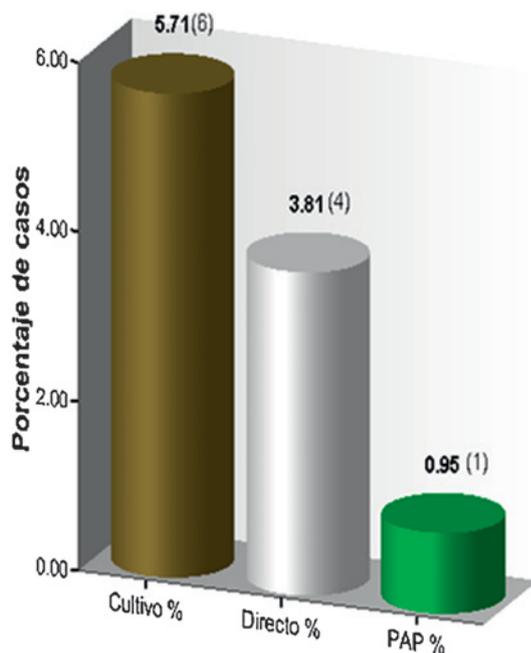
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L Cortez. Instituto Nacional Materno Perinatal, San Juan De Miraflores, Lima, Peru

**Summary Objective** To determine the prevalence of *Trichomonas vaginalis* infection during the first trimester of pregnancy in pregnant women in a Maternity Institute.

**Methods** We contacted and recruited a total of 105 women with up to 3 months gestation who attended the outpatient. All of them filled out a consent form and were collected a sample of vaginal secretion, which was analysed for direct observation and inoculated into the culture medium InPouch TV (Biomed Diagnostics, White City, Oregon, USA) and incubated for up to 72 h at 37°C. The samples were observed under the microscope for the presence of mobile parasites. Besides demographic data were collected.

**Results** The prevalence of infection with *T vaginalis* was 5.71% and 3.8% by culture and direct observation, respectively. The growing use of laboratory performance improvement in the report of the prevalence of *T vaginalis*. Close supervision of this parasite during pregnancy using more sensitive laboratory methods see Abstract P1-S1.26 Figure 1.



Abstract P1-S1.26 Figure 1 "Prevalence of *Trichomonas vaginalis* infection during the first trimester of pregnancy in pregnant women". Instituto Especializado Materno Perinatal. Lima, Mayo, Julio 2004.

## Epidemiology poster session 1: STI trends: Vaginosis

**P1-S1.27** INTRAVAGINAL PRACTICES, LUBRICATION, AND BACTERIAL VAGINOSIS AMONG WOMEN IN LOS ANGELES

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<sup>1</sup>J Brown, <sup>1</sup>K Hess, <sup>2</sup>S Brown, <sup>2</sup>C Murphy, <sup>2</sup>A Waldman, <sup>2</sup>M Hezareh. <sup>1</sup>University of California, Los Angeles, Los Angeles, USA; <sup>2</sup>AIDS Research Alliance, USA

**Background** Bacterial vaginosis (BV) has been associated with HIV acquisition and transmission. Intravaginal practices may affect women's vulnerability to BV and HIV/STIs, and may influence results of trials of microbicides for HIV prevention through effects on the vaginal environment and on adherence to investigational microbicidal products. We measured the prevalence and frequency of intravaginal hygiene and lubricant use and their association with BV among both HIV-positive and HIV-negative women.

**Methods** Between October 2008 and June 2009, we recruited women aged 18 years and older in Los Angeles. At the enrolment visit and 12 months later, participants underwent a self-administered, web-based questionnaire covering demographics, sexual behaviours, intravaginal hygiene, and lubricant use. HIV was diagnosed by rapid ELISA, with confirmation by Western blot. BV was diagnosed by Nugent criteria from a self-collected vaginal swab. Here we report data collected at enrolment.

**Results** We enrolled 141 women (34% identified as White, 40% Black, 26% Hispanic; the median age was 33 years (IQR=25–44)). Overall, 56% of women reported intravaginal cleaning and 45% reported douching over the past month. Overall, nearly three-quarters (73.8%) reported intravaginal insertion of a lubricating product over the past month; commercial lubricant (42.6%), lotion (12.1%), petroleum jelly (10.6%), and oil (7.8%) were the most commonly reported lubricants. The prevalence of BV was 21% and HIV was 27%. In multivariable analysis, intravaginal insertion of oil, lotion, or petroleum jelly (aOR=3.4 (95% CI=1.2 to 9.7)) was associated with BV controlling for douching, age, race, HIV status, and multiple sexual partners.

**Conclusion** Use of intravaginal lubricating products not specifically designed for sexual intercourse is common among women. The use of such lubricants and their association with BV is of particular concern and warrants further study; not only in light of the direct association with BV, but also because of the link between BV and HIV infection.

**P1-S1.28** THE PREVALENCE AND INCIDENCE OF BACTERIAL VAGINOSIS IN A COHORT OF YOUNG AUSTRALIAN WOMEN

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<sup>1</sup>J Walker, <sup>1</sup>J Hocking, <sup>1</sup>C Fairley, <sup>2</sup>S Tabrizi, <sup>3</sup>M Chen, <sup>4</sup>F Bowden, <sup>1</sup>J Gunn, <sup>5</sup>B Donovan, <sup>5</sup>J Kaldor, <sup>3</sup>C Bradshaw. <sup>1</sup>University of Melbourne, Melbourne, Australia; <sup>2</sup>The Royal Women's Hospital, Parkville, Australia; <sup>3</sup>Melbourne Sexual Health Centre, Carlton, Australia; <sup>4</sup>Australian National University, Canberra, Australia; <sup>5</sup>National Centre in HIV Epidemiology and Clinical Research, Coogee, Australia

**Background** Bacterial vaginosis (BV) is a common condition of unknown aetiology that can be associated with late miscarriage, pre-term delivery, PID and increased susceptibility to HIV & other STIs. In Australia, treatment is restricted to women who are symptomatic or pregnant or undergoing gynaecological treatment, however, recurrent infection is common following treatment. Currently, there are no community based BV prevalence or incidence data for Australia.