external causes were the most common COD among IDUs. Non-AIDS mortality increased sixfold since 1997 (86–226), with particular increases in cardio/cerebrovascular disease, non-AIDS defining malignancies and external causes. Infectious diseases (mostly respiratory) was the most common underlying cause of non-AIDS deaths for MSM and heterosexuals aged 15–59: (38% and 36% respectively) and also high among IDUs (35%). External causes (mostly due to overdose and suicide) was the most common COD among IDUs (36%) and high among MSM (19%). Cardio/cerebrovascular disease and non-AIDS malignancies accounted for 16% and 11% of non-AIDS deaths (15–59 years) respectively. Three quarters (76%) of all AIDS deaths and 47% of non AIDS deaths occurred within a year of diagnosis. 

Conclusion Overall mortality rates in HIV positive persons have substantially declined in the HAART era but remain high compared to the general population. Clinical AIDS associated with late presentation continues to account for the majority of deaths. Our analyses also reveal that a disproportionate number of deaths are due to infectious diseases, overdose and suicide occur in this population, many of which may be preventable. Surveillance of non-AIDS causes of death is critical in the HAART era.

Epidemiology poster session 3: Burden of disease: PID

P1-S3.06 PREVALENCE AND DETERMINANTS OF NEISSERIA GONORROEA AND CHLAMYDIA INFECTIONS AMONG GYNAECOLOGICAL PATIENTS WITH PELVIC INFLAMMATORY DISEASE AT UNIVERSITY TEACHING HOSPITAL, LUSAKA


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Methodology This was a descriptive cross sectional study conducted on women presenting clinically with pelvic inflammatory disease to the outpatient department of obstetrics and gynaecology at University Teaching Hospital in Lusaka. Behavioural and demographic variable were collected through questionnaire. Endo-cervical smear was obtained and screened for gonorrhoea and Chlamydia using respective rapid test and gram stain for gonorrhoea.

Results 43 (37%) of a total 116 respondents had gonorrhoea but no Chlamydia was isolated. 114 (98.5) had sexual partners. 101 had steady sexual partners, 19 had casual partners and 9 had anonymous sexual partners with 57 (36.6%), 10 (52.6%) and 6 (66.7%) gonorrhoea isolation respectively. Some had multiple sexual partners. Gonorrhoea was isolated from 4 (28.6%) of the 14 respondents who had one new sexual partner, and all who had two or more sexual partners had gonorrhoea isolated. Gonorrhoea isolation in relation to frequency of sexual intercourse per week was as follows: once 1/15 (7.7%), twice 2/11 (18.2%), thrice 3/11 (27.3%) and more than three times 32/65 (49.2). Gonorrhoea was also higher in those who had sex with casual or anonymous sexual partner under influence of alcohol 6/11 (54.5%) or obtained anonymous sexual partner from Market, shopping canter 4/5 (80%), street, bar, disco, or night club 7/9 (77.8%). Gonorrhoea detection was as follows: 18/36 (50.0%) for those with adnexal tenderness, 21/45 (46.7%) with inflamed cervix, 37/92 (40.2%) with lower abdominal tenderness and 32/87 (36.8%) with normally appearing cervix.

Conclusion The prevalence of Neisseria gonorrhoea was 37% detected. There was no Chlamydia isolated. Low socio-economic status and young age were the higher risk. The sexual risk behaviours associated were; the number of casual or anonymous sexual partners, and non-use of condoms. Lower abdominal pain and tenderness with cervical motion and adnexal tenderness were the major sign.

P1-S3.07 RELATION BETWEEN FEMALE INFERTILITY AND SEXUALLY TRANSMITTED GENITAL INFECTIONS

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Background Sexually transmitted genital infections can bring about severe consequences, among them the leading cause of pelvic inflammatory disease (PID), which can lead to infertility. The objective of this study was to determine the relationship between female infertility and sexually transmitted genital infections.

Methods An analytic study of cases and controls was carried out in Ramón González Coro Gyneco-obstetric Hospital, Cuba, 2009. The studied cases were 89 infertile women with tube obstruction who were assessed in infertility consultations, and the controls were carried out in 100 pregnant women who were about to give birth. Vaginal and endocervical secretion samples were taken. Genital micoplasma was present; it was determined through bacteriological culture techniques. Trichomonas vaginalis, Candida spp, Bacterial vaginosis, Neisseria gonorrhoeae, Chlamydia trachomatis, as well as the presence of other genital pathologies; were investigated. The test...