

risk factor for incident gonorrhoea/chlamydia) differed in their associations with the two study outcomes. We found evidence that incident BV preceded the acquisition of gonorrhoea/chlamydia (adjusted pairwise OR [aPOR]: 1.6; 95% CI 1.1 to 2.3), and gonorrhoea/chlamydia appeared to precede the acquisition of BV (aPOR: 2.4; 95% CI 1.7 to 3.5).

Conclusions Study findings provide support for the interpretation that BV is sexually transmitted. We found temporal relationships between BV and gonorrhoea/chlamydia in both directions, which suggests that treating one condition might confer protection against the other. However, this effect needs to be demonstrated in future clinical studies.

P1-S5.30 RELATIONSHIP BETWEEN SYPHILIS AND HIV: LESSONS FROM A NIGERIAN SURVEILLANCE SURVEY

doi:10.1136/sextrans-2011-050108.208

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Background Sexually transmitted infections (STI) including syphilis are associated with risks of acquiring HIV infection. Behaviours that increase STI also play important role in increasing the risk of HIV. Transport workers are highly mobile population often predisposed to STI including HIV due to the nature of their business. Similarly, they are potential bridge population between female sex workers and the general population. This study assesses relationship between syphilis and HIV among transport workers in Nigeria.

Methods Secondary data analysis of a survey conducted in 2007 among 2233 transport workers in six Nigerian states. Time location sampling was employed. The relationship between HIV and syphilis was evaluated using multivariate logistic regressions while controlling for confounding factors such as demographic, knowledge and behavioural variables.

Results Median age was 33 years with age range: 18–49 years and all participants were male. Syphilis prevalence among transport workers was 1.6%. State-level prevalence of syphilis was: 4.2% in Anambra, 1.1% in Cross Rivers, 0.7% in Edo state, 1.8% in FCT, 0.8% in Kano and 1.9% in Lagos. HIV prevalence was 3.8% with the highest prevalence (6%) in Cross Rivers and the lowest (1.6%) in Kano. Also, 33.5% had genital discharge; 14.5% had genital ulcers/sores; 12.2% used marijuana; 25.0% were away from home for >1 month; 55.5% had secondary education and 67.2% had ever been married. Only 17.3% used condom in the last sex with non-regular partner; 31.0% had sex with a girlfriend in the past 12 months and 4.3% paid for sex in the last 12 months. Syphilis was not associated with HIV infection OR=1.54 95% CI 0.90 to 2.65. However, risks for HIV infection included being away from home for >1 month OR=1.8 95% CI 1.4 to 2.3; sex without condom in the last 12 months OR=1.5 95% CI 1.2 to 1.9; sex with female sex workers OR 1.7 95% CI 1.2 to 2.2 while secondary education was protective with OR: 0.6 95% CI 0.4 to 0.8.

Conclusions More researches are needed to investigate the relationship between syphilis and HIV in Nigeria as little evidence is available from the national survey. These findings have implication of promoting secondary education and condom uptake in non-marital relationships among transport workers in Nigeria.

P1-S5.31 COINFECTION AND CONCURRENT SEXUALLY TRANSMITTED INFECTIONS (STIs) IN SEXUAL PARTNERSHIPS: POTENTIAL IMPACT OF PARTNER NOTIFICATION AND TREATMENT IN STD CONTROL

doi:10.1136/sextrans-2011-050108.209

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Background Partner notification and treatment has the potential to be one of the most important strategies in the control of STIs. However, studies indicate that this approach is not often used. Additionally, there is not much information about STIs among sexual partnerships.

Objectives To determine the prevalence of several STIs in sexual partnerships and to estimate the potential utility of partner treatment.

Methods We enrolled males and females 18–29 years of age from a random household sample in 24 cities in Peru and enrolled same-residence sex partners of the participants. Participants and partners responded to demographic and sexual behaviour questionnaires and provided biological samples tested for *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Trichomonas vaginalis*, syphilis, HSV-2 and HIV.

Results Of 2302 couples enrolled, 2163 couples had laboratory results available for either CT or TV and 1696 couples for either HIV, HSV-2 or early syphilis. CT, TV, early syphilis, HSV-2, and HIV were found in 7.1%, 4.4%, 1.2%, 24.8%, and 0.2% of couples, respectively. Among couples in which at least one subject was affected by a specific STIs, both partners had CT in 53 (39.3%) couples, TV in 22 (25.0%) couples, early syphilis in 3 (14.3%) couples, HSV-2 in 215 (51.1%) couples, and HIV in 2 (66.7%). Of couples affected by CT, 18/131(13.7%) had TV; 1/109 (1.3%) had early syphilis; 41/109 (41.6%) had HSV-2; and no one had HIV. Among females affected only by CT, 52.3% of partners had CT and 2.6% had TV; and among those only affected by TV, 13.7% of partners had CT and 26.2% had TV. Among males affected only by CT, 68.8% of partners had CT and 14.3% had TV; and among those affected only by TV, 11.5% of partners had CT and 84.6% had TV.

Conclusions A relatively high proportion of males and females affected by an STI had the same infection than their partners and not an infrequent number had different infections. Strategies to increase utilisation of partner notification and treatment may help STI control. Further review of partner treatment guidelines needs to be performed.

P1-S5.32 THE DIFFERENTIAL ASSOCIATIONS OF HPV PREVALENCE WITH OTHER SEXUALLY TRANSMITTED INFECTIONS IN HORMONAL AND NON-HORMONAL CONTRACEPTIVE USERS

doi:10.1136/sextrans-2011-050108.210

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Background This study evaluated the associations of recent sexually transmitted infections (STIs) with cervical HPV prevalence among hormonal and non-hormonal contraceptive users.

Methods Data came from a prospective study conducted in 1046 women aged 20–38 years with normal cervical cytology in