Within this concordant pair, both women reported engaging in oral sex and sharing wet towels during sexual activity. One woman in this pair reported recent sex with a male partner while the other woman denied history of other sexual partners during the past 3 months and had not had sex with a male partner in 5 years. Additionally, a follow-up visit of one of the members of this concordant union demonstrated a RAPD pattern discordant with previous findings indicating that the individual's initial treatment was successful and that she had acquired a new TV infection.

**Conclusions**

Given the phenotypic similarity of banding patterns within one AAWSW sexual partnership, female to female transmission of TV may have occurred. The frequency of TV transmission between WSW is unknown at this time; however, the use of RAPD appears to be informative for differentiating isolates of TV. A prospective study examining the epidemiology and incidence of TV infection among WSW is necessary.

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**P3-S7.07 DETECTION OF TRICHOMONAS VAGINALIS IN HIV POSITIVE WOMEN IN PRETORIA, SOUTH AFRICA**


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**Background**

The aim of this study was to detect *Trichomonas vaginalis* infection in HIV positive women receiving anti-retroviral therapy in Pretoria, South Africa.

**Methods**

Self-collected vaginal swab specimens from 95 consecutive patients attending the anti-retroviral clinic (Tshwane District Hospital) were analysed. *Trichomonas vaginalis* was diagnosed by wet mount microscopy, culture using InPouch and a commercial PCR assay targeting the DNA repeat units. Trichomoniasis was diagnosed if any test was positive.

**Results**

Five (5.5%) of the 95 specimens were positive by wet mount microscopy, 21 (22.1%) were culture positive and 28 (29.5%) were PCR positive. The sensitivity and specificity of wet mount microscopy compared to culture were 23.8% and 98.7% respectively. PCR detected seven additional positive specimens than culture. The specificity of PCR compared to culture was 100%, with a sensitivity of 90.5%. The prevalence of *T vaginalis* was found to be 29.5% in this study.

**Conclusions**

Previous studies in South Africa focused on the prevalence of trichomoniasis in pregnant women and women without HIV status and from lower socio-economic groups. This is the first report in HIV positive women receiving ARV treatment. There was a high prevalence (29.5%) of *T vaginalis* in this group. This is similar to that reported from Nigeria (24.4%) and Ivory Coast (27.0%), whilst the rate reported in Congolese (18.6%) HIV positive women was lower. Using microscopy alone for the diagnosis of trichomoniasis as is the current practice in most laboratories in South Africa is inadequate and leads to missed infections.

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**P3-S7.06 VAGINAL DISCHARGE IN WOMEN LIVING WITH HIV ATTENDING AN AIDS CLINIC IN MANAUS, BRAZIL**

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**Background**

A vaginal discharge and/or vulvar itching and irritation usually characterise Vaginitis, and a vaginal odour might be present. A vaginal discharge and/or vulvar itching and irritation variable remained was having viral load less than 10,000 copies/ml in 53.9% of women reporting vaginal discharge had a positive test for genital bleeding. CD4 counts were more than 500 cells/mm3 in 53.6% were married or reported a stable partner. Risk factors for vaginal discharge included demographic, behavioural and clinical data. They under-