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 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 (5.2%) of the 95 specimens were positive by wet mount microscopy, 21 (22.1%) were culture positive and 28 (29.5%) were detected by PCR. All culture and wet mount positive specimens 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-S7.08 CLINICAL EVALUATION OF THE APTIMA® TRICHOMONAS VAGINALIS ASSAY ON THE TIGRIS® DTS® SYSTEM IN ASYMPTOMATIC AND SYMPTOMATIC FEMALE SUBJECTS**

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**Background**
This study evaluated the clinical performance of the APTIMA® *Trichomonas vaginalis* (ATV, Gen-Probe Incorporated) Assay, a nucleic acid amplification test for the diagnosis of *Trichomonas vaginalis* (TV) infection, in asymptomatic and symptomatic women.

**Methods**
This prospective, multicenter clinical trial enrolled 1025 women attending US OB-GYN, adolescent, family planning, or sexually transmitted disease clinics. Four specimen types were collected from each subject: physician-collected vaginal swab, endocervical swab, ThinPrep specimen, and self-collected vaginal swab. This prospective, multicenter clinical trial enrolled 1025 women attending US OB-GYN, adolescent, family planning, or sexually transmitted disease clinics. Four specimen types were collected from each subject: physician-collected vaginal swab, endocervical swab, ThinPrep specimen, and self-collected vaginal swab. ATS assay performance in each sample type was determined by comparing ATS assay test result to the patient infected status (positive in saline wet mount and/or culture) for each sample.