BV in Indian women. This study examined the risk factors for persistent bacterial vaginosis in young reproductive women in India. **Study Design** Between November 2005 and January 2007, a prospective cohort study was carried out to examine the relationship of BV and HSV-2 acquisition among women in Mysore. Quarterly, data were collected on sociodemographics, risk behaviour, partner characteristics, followed by a physical examination to diagnose and treat reproductive tract infections. BV was defined using Nugent scoring of gram stained vaginal smears. Persistent BV was calculated using generalised estimating equation methods. Women gave informed consent prior to enrolment in the study. **Results** Of the 420 women for which there were data available for all visits, 114 (27%) had two or more BV episodes. Women with a history of 2 or more BV episodes were more likely to be infected with *Trichomonas vaginalis* [OR 72.95, 95% CI 9.69 to 548.4] and be diagnosed with HSV-2 infection [OR 2.38, 95% CI 1.44 to 4.63] compared to women with no BV history. Women with a history of BV were also more likely to report no education, tubal ligation, being a non-Muslim, and having a sex partner who had other sex partners. **Conclusions** Young reproductive age women in India have a high persistence of BV. Although the association between BV and *Trichomonas vaginalis* is unclear, it seems prudent to recommend that women with BV or TV be screened for both infections.

**P3-S7.13 EVALUATION OF THE AFFIRM VPIII MICROBIAL IDENTIFICATIONS TEST FOR THE DIAGNOSIS OF VAGINITIS AND BACTERIAL VAGINOSIS**

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**Background** Vaginitis and bacterial vaginosis (BV) are the most prevalent causes of vaginal symptoms among women of childbearing age. Diagnosis is based on clinical signs and symptoms, microscopy, pH and the whiff test, and laboratory performed tests. The Affirm VPIII Microbial Identification test (Becton Dickinson) incorporates non-amplified DNA probes for *Candida spp.*, *Trichomonas vaginalis* and *Gardnerella vaginalis* as an indicator for BV. **Objective** To compare the Affirm VPIII Microbial Identification test for the detection of *Candida spp.*, *Gardnerella vaginalis* and *Trichomonas vaginalis* to graded Gram stain for Bacterial Vaginosis and yeast as well as to an in-house *Trichomonas vaginalis* PCR (Polymerase Chain Reaction). **Methods** In this study, specimens from 191 patients were evaluated. Specimens were collected consecutively from patients with vaginal discharge syndrome presenting at an STI (Sexually transmitted infection) clinic in Gauteng, South Africa between May 2010 and February 2011. Study inclusion was dependent upon the request and collection of both a vaginal swab for Affirm VP III and a second swab to make a smear for Gram staining. A cervical swab specimen was also collected for PCR at the same visit. Graded Gram stain for Bacterial vaginosis and yeast as well as an in-house real-time PCR method on the Rotorgene platform was performed in the laboratory. The sensitivity and specificity of the assay was determined using the graded Gram staining as a gold standard for BV and *Candida spp.*. The real-time PCR was the gold standard for the *Trichomonas vaginalis* (TV). **Results** Analysis of the Affirm VPIII gave a sensitivity of 98% for BV correctly categorising 80/86 the 82 BV positive specimens and specificity of 76% correctly identifying 38 of the 50 BV negative specimens. The Affirm VPIII for Candida yielded a sensitivity of 96% and specificity of 98%. When the Affirm was compared to the Real-time TV PCR the sensitivity was at 45% and specificity at 99%. **Conclusion** The Affirm VPIII is an objective system which detects mixed vaginal infections and can be used in any setting. The performance characteristics of the Affirm VPIII for BV and Candida were comparable to those of other published studies. However in this study the *Trichomonas vaginalis* PCR was used as a gold standard therefore the sensitivity of the Affirm VPIII of 45% is similar to that of culture or wet mount.

**P3-S7.14 THE ASSOCIATION OF UREAPLAMA UREALYTICUM WITH MALE NON-GONOCOCCAL URETHRITIS**

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**Background** The aetiology of non-gonococcal urethritis (NGU) is unexplained in 30–50% of cases. The role of ureaplasmas is not