

through genital hygiene practises or other practises (e.g. female genital mutilation or masturbation) should be explored to determine the possibility of HPV acquisition prior to first sex, which may have implications for vaccination programmes.

**P3.057 CLINICAL FOLLOW-UP OF WOMEN WITH GENITAL HUMAN PAPILLOMAVIRUS INFECTION TREATED AT A REFERENCE HOSPITAL IN BRAZIL**

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**Background** The viral types of HPV are classified as low or high risk oncogenic. The low risk is associated with benign genital tract infections such as genital warts or flat intraepithelial lesions of low-grade (LSIL). Already the high risk have a high correlation with intraepithelial lesion high-grade (HSIL) and carcinoma of the cervix, vulva, anus and, more rarely, the penis. Cancer of the cervix is the second most common type of cancer among women, with approximately 500,000 new cases per year worldwide. Therefore, the aim of this study was to evaluate the clinical follow-up of women with HSIL caused by HPV, considering the attendance and the number of appointments after undergoing surgery for high frequency (CAF).

**Methods** Transversal retrospective study with a quantitative approach, conducted in the Department of Infectious Diseases in Obstetrics and Gynecology (SEMIGO) of the Hospital of the Faculty of Medicine of Ribeirão Preto, University of São Paulo, Brazil. The study population was composed of 169 women diagnosed with HSIL caused by HPV, which were submitted to CAF for at least 24 months. We analysed attendance in six of those women returns by pre-established protocol of care service study for the period of 24 months after completion of CAF.

**Results** Regarding the clinical follow-up, 108 (63.9%) women attended the first return after LEEP, 116 (68.6%) returned the second, 72 (42.6%) to the third return, 74 (43.8%) to the fourth return, 67 (39.6%) the fifth feedback and 67 (39.6%) to the sixth return.

**Conclusion** Considering the decline in attendance at scheduled appointments over the 24 months, it is necessary to implement health programmes aimed at greater control of clinical follow-up actions promoting character education, developed with the participation of a multidisciplinary team.

**P3.058 UTILIZATION OF MUNICIPAL STD CLINIC SERVICES AMONG THE INSURED, SAN FRANCISCO 2011–2: IMPLICATIONS FOR HEALTH CARE REFORM IN THE UNITED STATES**

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Limited data exist on the number of insured patients who receive care at publically funded STD clinics, despite having access to a primary care provider. In this analysis, we compare patients with and without health insurance who sought services at City Clinic, the San Francisco municipal STD clinic.

We analysed San Francisco City Clinic visits between August 1, 2011 and August 31, 2012. Insurance was self-reported at registration and included both private and public insurance. Variables from the clinic electronic medical record were examined and included basic demographic and risk behaviour questions, as well as positivity among asymptomatic patients tested for vaginal, urethral, rectal, pharyngeal and/or rectal chlamydial and gonococcal infection. We compared the characteristics of insured and uninsured patients using chi-square statistics.

There were 18,232 patient visits in this analysis, of which 6,305 (35%) were categorised as insured and 11,927 (65%) as uninsured. Overall, insured patients were older, more likely to be male, more likely to be white, and less likely to be Hispanic compared to uninsured patients (all  $p < 0.05$ ). Additionally, insured patients were more likely to be men who have sex with men, and more likely to be HIV-infected compared to uninsured patients (all  $p < 0.0001$ ). Among asymptomatic patient visits, insured patients were less likely to have a diagnosis of chlamydia at any site or a diagnosis of rectal gonorrhoea.

In our municipal STD clinic, over one-third of patients currently report having insurance, yet still choose to seek care at the STD clinic. These data suggest that the expansion of access to insurance may not result in a reduced need for categorical STD services. Confidentiality and cost may be reasons for continued use of STD clinics among the insured. Maintaining access to high quality sexual health services should remain a priority in the era of expanded health care access.

**P3.059 EFFECT OF VAGINAL WASHING ON LACTOBACILLUS COLONISATION IN HIV-NEGATIVE KENYAN WOMEN**

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**Background** Vaginal washing has been associated with an increased risk of bacterial vaginosis (BV) and a decreased likelihood of vaginal Lactobacillus colonisation. We sought to determine whether a lower prevalence of Lactobacillus colonisation in women reporting vaginal washing was independent of the effect of BV.

**Methods** We conducted a cross-sectional study of 273 HIV-negative female sex workers enrolled in an open cohort study in Mombasa, Kenya. Vaginal washing and sexual risk behaviours were assessed using structured face-to-face interviews. Lactobacillus species were detected by plating vaginal swabs on both Rogosa and Columbia 5% sheep blood agars. We used tetramethylbenzidine agar subculture to assess H<sub>2</sub>O<sub>2</sub>-production. BV was detected by Gram stain. Log-binomial regression was used to assess correlates of Lactobacillus colonisation, including vaginal washing, controlling for BV.

**Results** Two-hundred eighteen participants (80%) reported vaginal washing in the past week (median frequency per week = 14; range 1–35). Lactobacillus species were detected in 50/218 (23%) participants who reported vaginal washing versus 23/55 (42%) who did not report this practise. Similarly, H<sub>2</sub>O<sub>2</sub>-producing Lactobacillus species were detected in 13/218 (6%) participants who reported vaginal washing versus 10/55 (18%) who did not. After controlling for age, unprotected sex, and BV, vaginal washing was associated with a lower likelihood of any Lactobacillus (adjusted relative risk [aRR] = 0.55; 95% confidence interval [CI] 0.37–0.81) and H<sub>2</sub>O<sub>2</sub>-producing Lactobacillus (aRR = 0.33; 95% CI 0.15–0.73).

**Conclusion** Vaginal washing was associated with a lower likelihood of any Lactobacillus and H<sub>2</sub>O<sub>2</sub>-producing Lactobacillus species detected by culture. The results of our adjusted analysis suggest that the effect of vaginal washing on lactobacilli is not mediated entirely through the higher prevalence of BV associated with this practise. Prospective studies will be important to determine whether cessation of vaginal washing could improve vaginal health by promoting vaginal colonisation with Lactobacillus.

**P3.060 THERE IS A NEED FOR MULTIPURPOSE PREVENTION TECHNOLOGIES TARGETING HIV AND COMMON REPRODUCTIVE TRACT INFECTIONS: DATA FROM THE MICROBICIDE SAFETY BIOMARKERS STUDY TEAM**

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