through genital hygiene practises or other practises (e.g. female gen-
ital 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 approxi-
mately 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 Fac-
ulty 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 return
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 sec-
ond, 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 partici-
pation 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 pri-
mary 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 unin-
insured 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
dia 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. Con-
fidentiality and cost may be reasons for continued use of STD clin-
ics 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-nega-
tive female sex workers enrolled in an open cohort study in Momb-
sasa, Kenya. Vaginal washing and sexual risk behaviours were
assessed using structured face-to-face interviews. Lactobacillus spe-
cies were detected by plating vaginal swabs on both Rogosa and
McConkey plates. Two-hundred eighteen participants (80%) reported vagi-
nal washing versus 10/55 (18%) who did not. After controlling
for BV, vaginal washing versus 10/55 (18%) who did not. After controlling
for BV, vaginal washing versus 10/55 (18%) who did not. After controlling
for BV.

Results Two-hundred eighteen participants (80%) reported vagi-
nal washing in the past week (median frequency per week = 14;
range 1–55). Lactobacillus species were detected in 50/218 (23%) partici-
ants who reported vaginal washing versus 23/55 (42%) who did not report this practise. Similarly, H2O2-
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] 0.37–0.79) and H2O2-
producing Lactobacillus (ARR = 0.33; 95% CI 0.15–0.79).

Conclusion Vaginal washing was associated with a lower likeli-
hood of any Lactobacillus and H2O2-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 pro-
moting 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


Poster presentations
Background The ideal vaginal microbicide should reduce the risk of HIV infection and other reproductive tract infections (RTIs) while preserving the integrity of the cervicovaginal epithelium. Future microbicides and multipurpose prevention technologies (MPT) could improve maternal reproductive health and prevent multiple sexually transmitted infections.

Objectives and Methods The Microbicide Safety Biomarkers Study is a prospective cohort study of 110 adults, 30 adolescents, and 30 pregnant women in Kenya and South-Africa. Thirty women engaging in vaginal practices in South-Africa and 30 high-risk and 30 HIV-positive women in Rwanda. RTIs and biomarkers of the vaginal microbiome and inflammation were studied.

Results Baseline prevalence RTI data are presented in the table. A significant difference (p = 0.027 to 0.001) between the study groups was present for all RTIs except for Trichomonas vaginalis (TV). Neisseria gonorrhoeae (NG), syphilis, and HSV-2 were associated (p < 0.001) with sexual risk taking behaviour (sex worker OR at least 3 partners last year OR at least one sexual partner with HIV in the past 3 months OR age first sex less than 15 years). HSV-2 was detected in 51.5% of the high-risk takers compared to 28.6% of the low-risk takers. For women with bacterial vaginosis (Nugent 7–10) Chlamydia trachomatis (CT) (p = < 0.025) was present in 14.9% and TV (p = < 0.001) in 9% compared to 6.3% and 1.5% in women without BV (Nugent 0–3), respectively.

Abstract P3.060 Table 1

<table>
<thead>
<tr>
<th>Group</th>
<th>HSV-2</th>
<th>CT</th>
<th>NG</th>
<th>Syphilis</th>
<th>TV</th>
<th>Candida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>34.0%</td>
<td>10%</td>
<td>0.9%</td>
<td>0%</td>
<td>3.7%</td>
<td>19%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>26.7%</td>
<td>10%</td>
<td>0%</td>
<td>1.7%</td>
<td>6.8%</td>
<td>40%</td>
</tr>
<tr>
<td>Adolescents</td>
<td>6.7%</td>
<td>6.7%</td>
<td>0%</td>
<td>0%</td>
<td>6.8%</td>
<td>20%</td>
</tr>
<tr>
<td>Vaginal Practices</td>
<td>45.2%</td>
<td>26.7%</td>
<td>3.3%</td>
<td>0%</td>
<td>14.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>High risk</td>
<td>46.6%</td>
<td>10%</td>
<td>6.7%</td>
<td>6.7%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>HIV-positive</td>
<td>82.8%</td>
<td>0%</td>
<td>13.3%</td>
<td>20%</td>
<td>10%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Conclusion RTIs are common among African women targeted for microbicide trials. The introduction of a MPT targeting a combined prevention of HIV and HSV-2 is warranted in these populations.

Results Among 75 participants (mean age 16.0 at enrollment), 6 (8.0%) men have at least one MG positive sample, with a total of 14 MG positive monthly urine samples. The prevalence of Chlamydia or gonorrhoea infection was 19/75 (25.3%) and 1/75 (1.3%), respectively. All but one participant was positive for at least two consecutive months, and one participant was positive for 4 consecutive months. One participant was positive only once, was co-infected with chlamydia, but treatment could not be confirmed. No other MG positive visits occurred simultaneously with other STI. None of the participants reported symptoms or sexual behaviours within a 15 day window of the positive visit. Average urine WBC was 21.8 WBC/ml urine although only 3/14 MG positive samples were associated with urine WBC > 28.5/ml (commonly used as a diagnostic threshold for pyuria).

Conclusions MG in adolescent men is more common than gonorrhoea, persistent without treatment for up to 120 days, and is typically not associated with symptoms or pyuria. These data add to emerging understanding of the prevalence and natural history of sexually transmitted MG and support the importance of more detailed understanding of sexual and reproductive health morbidity associated with these infections.

P3.062 MYCOPLASMA GENITALIUM PREVALENCE AND RISK FACTORS AMONG YOUNG SEXUALLY ACTIVE WOMEN IN THE GENERAL POPULATION AND ATTENDING SEXUALLY TRANSMITTED INFECTION CLINICS IN LONDON, UK

Background Mycoplasma genitalium is a sexually transmitted infection (STI) associated with cervicitis, endometritis and pelvic inflammatory disease in women. There is a lack of data on M. genitalium in the United Kingdom. We conducted a study to determine its prevalence and risk factors among sexually active young women in the general population and attending STI clinics.

Methods First catch urine samples, self-taken vaginal and cervical swabs from 4644 women in the National Chlamydia Screening Programme (NCSP) and attending two London STI clinics were tested for M. genitalium by quantitative real-time PCR, confirmed by MgPa 1–3 genotyping. C.trachomatis results, demographic, sexual behaviour (NCSP only, 2470 women) and STI (clinics only, 2174 women) data were also available.

Results M. genitalium prevalence was 3%, C.trachomatis 5% and only 0.5% of women were co-infected. M. genitalium was more prevalent in swab than urine samples (4.6% vs. 1.4%, p < 0.001) with a significantly higher mean bacterial load. Among NCSP participants M. genitalium was associated with ethnicity (black 4.7% vs. white 2%, p = 0.01) and C.trachomatis with age (16–19 years 8.5% vs. 20–24 years 5.7%, p < 0.01). M. genitalium and C.trachomatis were detected more frequently in women reporting multiple sexual partners in the previous year compared to women who reported only one partner (OR 2.2, p = 0.02 and OR 1.8, p < 0.01, respectively). Among STI clinic attendees M. genitalium was associated with younger age (16–19 years 9.9%, 20–24 years 6.2% vs. >25 years 1.7%, p = < 0.01). Chlamydia prevalence was 6% in STI clinic attendees aged 16–24. Women previously diagnosed with chlamydia or Trichomonas vaginalis were significantly more likely to have M. genitalium compared to women with no previous STI diagnoses (OR 2.4, p = 0.02 and OR 5.7, p = < 0.01, respectively).

Conclusion M. genitalium and C. trachomatis seldom co-exist and appear to have different risk factors. Further data on M. genitalium are necessary to determine the need for routine testing and treatment.