for prescribed variables in the model and assessed for quality using the EPI-review tool. The review included an analysis of methodology, questionnaires, recruitment strategies and raw data used in and generated by previous studies.

The TWG found approximately 50% of the data needed for use in the MOT study. Methodological issues with data collection activities were identified, key questions used in population-based studies were modified and reconstructed, and formal population size estimations were recommended.

The review generated substantive recommendations to enhance future data collection activities and improve programming. Stakeholder awareness about limitations of available data and the types of studies/data needed to help better understand the epidemic and determine appropriate responses. Periodic reviews of data availability and quality are critical to knowing your epidemic and the most appropriate response.

The EPI-review tool increased stakeholder’s awareness about the limitations of the available data and the types of studies/data needed to help better understand the epidemic and determine appropriate responses. This capacity building effort generated substantial recommendations to enhance future data collection activities. The tool saved time and effort at the country level by focusing on the data needed to conduct the MOT.

**Background**

For successful implementation of PrEP as a HIV prevention strategy, participant’s adherence to the intervention is vital. Frequent interruption of study product, impacts its effectiveness negatively. We documented the frequency and causes of study drug interruptions among participants enrolled in the Partners PrEP Study, Thika-Kenya.

**Methods**

Between October 2008 and November 2010, we enrolled 496 HIV serodiscordant couples who were followed up to 36 months. We categorised time off study drug into two, protocol-defined, in which the parameters of withholding study drug was clearly outlined in the study protocol and participant-initiated interruption where the participant opted to stop taking study drug. Data on study drug interruptions were captured on monthly basis and documented on specific case report forms in study drug.

Data on study drug interruptions were captured on enrolled 496 HIV serodiscordant couples who were followed up to

**Conclusions**

Pregnancy and possible seroconversion were some of protocol

**P3.232**

**PREVALENCE OF MYCOPLASMA GENITALITUS AMONG WOMEN ATTENDING SEXUALLY TRANSMITTED INFECTION CLINIC IN KUMASI, GHANA**

Background Mycoplasma genitalium (MG) has been identified over the past decade as an aetiological agent of non-gonococcal cervicitis in women. A multinational study in among female sex workers in West Africa which included Kumasi and Accra Ghana established Mycoplasma genitalium prevalence of 26.3%. The literature is however silent on prevalence of MG among women in the general population in Ghana. This study sought to determine the current state of affair in women patronising Sexually Transmitted Infection (STI) Clinics in Kumasi, Ghana.

**Methods**

Specimens for DNA polymerase chain reaction (PCR) determination, were collected from the vagina and cervix of 300 women: 150 sex workers (SW) and 150 non-sex workers (NSW), attending Suntreso STI Clinic in Kumasi for the first time, with complaint of vaginal discharge. Socio demographic characteristics of the women, symptoms and signs were recorded. Associations of factors with *Mycoplasma genitalium* were recorded and adjusted for other risk factors.

**Results**

Ten (10) out of the 300 women representing 3.3% (10/300), were found to have *Mycoplasma genitalium*; $p = 0.00$, OR $= 0.26$, 95% CI = 0.07–0.87, $X^2 = 0.27$. Prevalence of *Mycoplasma genitalium* in female sex workers was higher (4.7%, 7/150) than non-sex workers (2.0%, 3/150). Younger age (15–29 years, 5.4%, 9/167) was found to be the strongest predictor of *Mycoplasma genitalium*.

**Conclusion**

The study confirms *Mycoplasma genitalium* as an aetiological agent of vaginal discharge in women in Kumasi Ghana, conforming to other studies in West Africa with lower prevalence rate. It is possible that the actual rate, in the general population may be low as indicated by even lower rate among high-risk group like sex workers. Further study with larger sample size at the population level is required to guide the course of management.
comprising 18.0% (135/750) cervical lesions only, 11.7% (88/750) STI's only and 28.8% (216/750) both STI's and endocervical lesions. No abnormalities were detected in 19.9% of women (149/750), while results from 21.6% (162/750) were missing. STI prevalence was 40.5% (304/750); comprising HPV 20.0% (150/750), candidiasis 16.1% (121/750), BV7.9% (59/750), trichomonas vaginai in 5.5% (41/750). Prevalence of endocervical abnormalities was 46.8% (351/750); comprising Atypical Squamous Cells of Unknown Significance (ASCUS) 10.1% (76/750); Cervical Carcinoma (CACC) 0.5% (4/750) and High (HGSIL) and Low (LSIL) Grade Squamous Intra-epithelial Lesions of 12.1% (91/750) and 24.0% (180/750), respectively. The incidence HPV in this cohort was 24.8 per 100 women years (95% CI: 15.7 to 37.2), incidence of ASCUS 7.8, HGSIL 11.1, LSIL 25.9, and CACX 0 per 100 women years, respectively. HPV was present in 19.2% of LSIL, 0.4% of HGSIL, 0.1% of patients with ASCUS and CACX.

Conclusion HPV infections and LGSIL were the dominant genital tract abnormalities in TB-HIV co-infected patients accessing ART.

Background HIV and herpes simplex virus type-2 (HSV-2) are infections transmitted predominantly through sexual intercourse. We explored the ecological association between the prevalence of HIV and HSV-2 among human populations through a global review.

Methods We conducted a global systematic literature review of HIV and HSV-2 prevalence following the PRISMA guidelines. Sources of data used were Medline (PubMed) and Embase databases, and several country-level reports. No language, country, or year limitations were imposed. We included any publication with a serological measurement of HIV and HSV-2 prevalence in the same study population.

Results A total of 2,927 records were screened. Based on preliminary descriptive analysis, we found that HIV prevalence increased steadily with HSV-2 prevalence in all populations where the dominant mode of transmission was sexual. HSV-2 prevalence was consistently larger than HIV prevalence. Overall, among high-risk populations, both infections prevalence was high. Among general population groups, HIV prevalence varied across settings, but was correlated with HSV-2 prevalence, which also varied widely. Though HIV and HSV-2 prevalence levels were correlated across populations, there were settings with very low HIV prevalence regardless of HSV-2 prevalence. For children and injecting drug users where the dominant mode of HIV transmission was not sexual, there was no apparent ecological association between the two infections.

Conclusions Our findings support a strong ecological association between HIV and HSV-2 prevalence in all populations where the dominant mode of HIV transmission is sexual. Sexual networks conducive of HSV-2 transmission appear to be also conducive of HIV transmission. Further analytical work is needed to quantify the ecological association between the two infections, to determine whether HSV-2 could be predictive of HIV epidemic potential, and to assess whether there is a threshold of HSV-2 prevalence necessary for a sexual network to be sustainable for HIV transmission besides HSV-2 transmission.