P3.295 RISK BEHAVIOR AND SEXUALLY TRANSMITTED INFECTIONS AMONG PEOPLE LIVING WITH HIV/AIDS IN BELIZE, 2012

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Background STIs among people living with HIV/AIDS (PLHIV) have a direct implication on spread of HIV and the effectiveness of prevention programmes. For the first time, risk behaviour and STI prevalence was determined for PLHIV in Belize, as part of the 2012 Central American Behavioral Surveillance Survey of HIV/STI.

Methods Participants were selected based on convenience sampling of active PLHWA in the Belize Health Information System. Data collection consisted of a behavioural survey questionnaire administered through audio computer-assisted self-interview (ACASI). A blood sample was drawn for syphilis and herpes simplex virus type 2 (HSV-2) testing. Additionally, genital samples were tested for Treponema pallidum (TP), Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG), Trichomonas vaginalis (TV) and Mycoplasma genitalium (MG). Participation was voluntary and anonymous, signed consent was required. Crude proportions for categorical variables and medians and interquartile range (IQR) for numerical variables were calculated using STATA 9.0.

Results A total of 252 PLHIV were enrolled (57% female), from three districts of Belize (concentrating 80% of the PLHIV in the country). Median age was 45 years old (IQR 28–42). Long-standing diagnosed HIV infection was detected, median 5 years (IQR 2.3–8). Low monthly income (< US$560) was found in 85% females and 50% males, 57.0% reported no current stable partners or occasional partners in the last year. Low percentage of consistent condom use with stable partners (40% female, 47.7% male) was reported. A high prevalence for HSV-2 (82.8%), followed by TV (40.3% female and 2.25% male) and MG (13.2% female and 17.98% male) and a low prevalence for syphilis (1.6%) and NG was observed (1.12%).

Conclusions Results from the first behavioural and biological survey among PLHIV demonstrate a need for implementation of a specific Sexual Health Program for this population. This programme would include education promoting a healthy lifestyle, and regular distribution of condoms.
The increase in the number of health facilities as well as the number of cases could reflect in part the positive impact of actions implemented by the state programme.

**P3.298** TRENDS AND ASSOCIATIONS OF TRICHOMONAS VAGINALIS INFECTION IN MEN AND WOMEN WITH GENITAL DISCHARGE SYNDROMES IN JOHANNESBURG, SOUTH AFRICA


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Objectives To better understand the epidemiology of Trichomonas vaginalis infection, we investigated the association between T. vaginalis and demographic, clinical, microbiological and behavioural characteristics of patients presenting with genital discharges to a primary healthcare clinic in Johannesburg, South Africa.

Methods During six annual surveys (2007–2012), 1,218 male urethral discharge syndrome (MUDS) and 1,232 vaginal discharge syndrome (VDS) cases were consecutively recruited. Diagnostic methods included nucleic acid amplification (Neisseria gonorrhoeae, Chlamydia trachomatis, T. vaginalis, Mycoplasma genitalium), microscopy (bacterial vaginosis, Candida) and serology (Treponema pallidum, HSV-2, HIV). Chi-squared tests and logistic regression analyses were used to identify predictors of T. vaginalis infection.

Results T. vaginalis prevalence decreased from 2007 to 2012 (men, 13.4% to 4.8%, p < 0.001; women, 33.3% to 23.1%, p < 0.001). Overall, 74 (6.1%) men and 291 (23.6%) women were T. vaginalis positive, with the highest prevalence in those aged ≥ 40 years (men, 13.6%; women, 30.9%). T. vaginalis infection occurred more often in pregnant women (adjusted odds ratio, aOR, 2.67; 95% confidence intervals, CI, 1.29–5.54) and women with serological evidence of T. pallidum (aOR, 1.63; 95% CI 1.08–2.45) or HSV-2 infections (aOR 1.75; 95% CI 1.16–2.64). T. vaginalis infection occurred less often in men with co-existent gonorrhoea (aOR 0.35; 95% CI, 0.21–0.57) and in women with either BV (aOR 0.60, 95% CI 0.44–0.82) or Candida morphotypes (OR 0.61, 95% CI 0.43–0.86).

Conclusions Although the prevalence of T. vaginalis infection decreased over time, it remains an important cause of genital discharge in South Africa, particularly in older patients and pregnant women.

**P3.299** TETRACYCLINE RESISTANCE IN UREAPLASMA SPECIES ISOLATED FROM WOMEN PRESENTING FOR TERMINATION OF PREGNANCY IN PRETORIA, SOUTH AFRICA


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Background The risks of untreated sexually transmitted infections in association with termination of pregnancy are known to increase the risk of post-termination complications. Local studies have shown a high genital tract carriage of mycoplasmas. Tetracyclines are widely used as first line agents against when ureaplasma infection is detected However, there is limited data on the susceptibility profiles and mechanisms of resistance amongst Ureaplasma strains circulating in the Pretoria community. This study was undertaken to determine antimicrobial resistance to tetracycline among Ureaplasma species isolated from women presenting for termination of pregnancy at a tertiary referral hospital in South Africa.

Methods Two vaginal swabs were collected from each of 100 women after written informed consent was obtained. The first swab was used for PCR detection of genital ureaplasmas and tetracycline– resistance genes. The second swab was used for culture (Mycoplasma Duo kit) and phenotypic antimicrobial susceptibility testing (SIR Mycoplasma kit).

Results Ureaplasma species were isolated from 46 women (46%). Forty-two women were infected with U. urealyticum, 1 with U. parvum and 3 were dually infected. Susceptibility profiles were obtained for 41 isolates. Fifteen (36.6%) demonstrated resistance to tetracycline. Fourteen (34.1%) were also resistant to doxycycline with 1 isolate showing intermediate resistance. All 41 strains contained the tetM gene, 39 contained the 1.7kb fragment of the tetracycline resistance gene and 36 strains contained the int-Tn gene.

Conclusion Genital ureaplasmas were isolated from nearly half the study population of women presenting for TOP. The predominant species identified was U urealyticum. Tetracycline and doxycycline resistance was detected nearly a third of the isolates and this has implications for management of patients to prevent post-partum complications. The study will be expanded and communicated to the National Department of Health as this will impact future strategies of intervention in this country.

**P3.300** ASSESSMENT OF SEXUAL BEHAVIOUR OF ALBANIAN HIGH SCHOOL STUDENTS


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Background The aim of this study is to assess the sexual behaviour of high school youngsters in Albania in order to design better behaviour change interventions targeting this group of young people.

Methods This is a quantitative behavioural survey targeting young pupil attending high schools carried out in all regions in Albania. A representative sample of 2172 pupils of age group 15–19 years old was included in the study. A stratified random sampling technique was used to obtain this sample. A self administered structured questionnaire was used to collect data. Data analysis was made using SPSS version 12.

Results Almost 30% of participants of the study reported having had sexual intercourse, with a median age at first intercourse of 15 years. Only 23% of those experiencing sexual intercourse have ever used a condom. The reason for using it is to prevent an unwanted pregnancy and not to prevent sexually transmitted infections. 90% of the young people identified pharmacy stores as the only place to find condoms, while the family planning centres are not considered at all. Majority of young people did not discuss issues regarding condom use with their sexual partners.

Conclusion Although sexual education is part of the school curricula since few years, further strategies and interventions are needed to address issues regarding delaying first sexual intercourse and increasing condom use among high school young people in Albania.

**P3.301** MALE CLIENTS OF SEX WORKERS IN THE UNITED STATES: CORRELATES WITH STI/HIV RISK BEHAVIORS AND URBANIZATION LEVEL


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Background Men who have purchased sex from sex workers (“clients”) have been associated with an increased risk of acquiring STIs including HIV and in influencing the spread of infection in the