determine the frequency of detection of M. genitalium and to investigate causal relationship between M. genitalium and cervicitis.

**Methods** Two hundred women who attended gynecologic clinics were recruited. Mucopurulent cervicitis was defined as presence of either visible yellow mucopus or presence of > 30PMNL/1000 X microscopic field on gramme stain smear of cervical mucus. First void urine (FVU), three endocervical swabs (ECS) were collected from the study group and control group. All the samples were tested by PCR amplification for presence of M. genitalium by targeting MgPa gene as described previously. Samples were also subjected to culture for other genital Mycoplasmas and PCR amplification for Chlamydia trachomatis and Neisseria gonorrhoeae.

**Results** Mycoplasma genitalium was found in 6% from ECS and 5% from Urine of women with Cervicitis and overall M. genitalium was detected in 11% of women and 1% from Controls (P < 0.05). Disordered proliferative endometrium was observed in 4 of the M. genitalium positive cases. All the patients who were positive for Chlamydia trachomatis (5%) and Mycoplasma hominis(7%) and Ureaplasma urealyticum(4%) were excluded from the study. Prior miscarriage, menstrual cycle, whisth vaginal discharge and pelvic discomfort were positively associated with M. genitalium.

**Conclusions** The study suggests association of M. genitalium infection and Cervicitis and this microbiomorph should be routinely screened in patients of cervicitis.

**Reference**

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**P3.296** PREVALENCE OF CHLAMYDIAL INFECTIONS WITHIN EIGHT SOUTH AFRICAN PROVINCES (2006–2011)

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**Background** The microbiological surveillance was undertaken in eight provinces of South Africa during 2006–2011 to determine the aetiology of the male urethritis syndrome (MUS), vaginal discharge syndrome (VDS) and genital ulcer syndrome (GUS) and the prevalence of HIV, HSV-2 and syphilis.

**Methods** 1361 MUS, 1691 VDS and 465 GUS cases were consecutively recruited in eight South African provinces (2006–2011). Laboratory-based diagnostic methods included nucleic acid amplification to detect Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, Trichomonas vaginalis, Herpes Simplex Virus 2, Haemophilus ducreyi, Treponema pallidum and Chlamydia trachomatis serovars L1–3.

**Results** Overall, 202 (14.9%) MUS and 240 (14.2%) VDS cases were positive for C. trachomatis while 6 (1.3%) GUS cases were positive for C. trachomatis serovars L1–3. The highest prevalence of C. trachomatis was 21.1% in Gauteng among men and 19.4% in women. The prevalence in other provinces was: Mpumalanga (men 18.4%; women 17.4%), Limpopo (men 14.0%; women 16.7%), Eastern Cape (men 16.4%; women 13.5%), Western Cape (men 13.8%; women 14.9%), Northwest (men 10.3%; women 11.1%), Free State (men 8.0%; women 9.8%) and Northern Cape (men 8.1%; women 9.6%). C. trachomatis serovars L1–3 prevalence was 3.2% in the Free State, 2.8% in Mpumalanga and 0.7% in Gauteng. No C. trachomatis serovars L1–3 were detected in other five provinces.

**Conclusions** The prevalence of C. trachomatis infection was high in this population and remains an important cause of genital infection in South Africa particularly in men. This may fuel the HIV epidemic which was high in most of the provinces in this study.

**Reference**

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**Background** The programme of STD/AIDS in the state of São Paulo has been implementing several actions toward to control and prevent sexually transmitted infections (STI): - congenital syphilis elimination plan, - access to diagnosis and treatment of acquired syphilis, - availability of syphilis rapid test in STD clinics. The report of syphilis confirmed cases was included in the Brazilian surveillance notification system since 2010, but the surveillance of STIs in the state of São Paulo began in 1998. The objective of this study is to describe the occurrence of syphilis cases reported in the state of São Paulo.

**Methods** It was performed a series of all cases reported in the state of São Paulo from 1998 to June 2012.

**Results** From 2007 42,965 cases were reported, 59% were male, 37% young adults, 45% had schooling up to 8 years; 49% self-reported their race/ethnicity as white. From 1998 to 2003 4124 cases were reported, 1447 in 2006, and 10,022 cases in 2011. The number of cases increased approximately 7 times from 2006 to 2011. It was found an increase of 132% (586/2007–1365/2011) in the number of services which has sent the syphilis notification.

**Conclusion** There was a significant increase of syphilis cases reported during this period analysed in the state of São Paulo. This result could be explained for: - inclusion of this condition on the national list of notification, - adhesion of surveillance teams to the syphilis notification, - increase of syphilis rapid test in STD services.
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

Johannesburg, South Africa; 2HIV and STI Department, Health Protection Services

Results

Chi-squared tests and logistic regression analyses were used to identify predictors of infection. T. vaginalis, HSV-2, HIV). Chi-squared tests and logistic regression analyses were used to identify predictors of infection. T. vaginalis, HSV-2, HIV). Chi-squared tests and logistic regression analyses were used to identify predictors of infection. T. vaginalis, HSV-2, HIV).

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 techniques were used to obtain this sample. A self administered structured questionnaire was used to collect data. Data analysis was made using SPSS version 12.

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.

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

Poster presentations

Johannesburg, South Africa; 2HIV and STI Department, Health Protection Services

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. This was used for culture (Mycolab Duo kit) and phenotypic antimicrobial susceptibility testing (SIR Mycolab duo 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 (35.6%) 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 of 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 strategic goals in this country.

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

Poster presentations

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Background

The risks of untreated sexually transmitted infections are increased 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.