

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, 33.8% 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