**Methods** The HARF study enrolled HIV-positive women aged 25–50 in Burkina Faso (BF) and South Africa (SA). A stratified sampling strategy was used, with 2/3 of women on ART. Three cervical cancer screening methods were evaluated; (1) visual inspection (VIA/VILI); (2) high-risk HPV DNA (HC-2); (3) conventional cytology. Four-quadrant cervical biopsies were obtained among women with abnormalities detected by at least one test or by colposcopy.

**Results** 1252 women were enrolled (628 in BF; 624 in SA). The distribution of CD4 count (cells/µL) was similar in both sites: 68% with CD4+ ≥ 350 and 10% with CD4 < 200. Prevalence of high risk (HR)-HPV was 45% in BF and 61% in SA, and decreased with increasing CD4+ count (P-trend < 0.001). VIA/VILI positivity was 24% in BF and 41% in SA (P < 0.001) but did not vary by CD4+ count (P-trend = 0.30). Prevalence of abnormal cytology (≥LSIL & ≥HSIL) was higher in SA (89% & 30%) than in BF (24% & 5%). 62% and 97% women were biopsied in BF and SA respectively, with CIN2+ prevalence of 6% and 29%, respectively (155 of 949 evaluated women thus far). CIN2+ prevalence decreased with increasing CD4+ (Table). Sensitivity of the single screening methods to detect CIN-2 decreased with increasing CD4+ count, whilst specificity tended to increase with increased CD4+ count (Table). Overall, HR-HPV DNA was the most sensitive test (94%) and HSIIL + cytology the most specific (90%). Further analyses with combination of tests did not show much improvement on performance.

**Conclusions** Cervical cancer screening tests among HIV-positive women are most sensitive among women with CD4+ count below 200 cells/µL. Screening strategies may vary according to CD4+ count but this will need to be evaluated prospectively.

**P5.010 PREVALENCE AND PREDICTORS OF A POSITIVE CERVICAL CANCER SCREENING TEST IN A SEXUALLY TRANSMITTED INFECTION CLINIC IN LILONGWE, MALAWI**

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**Background** In Malawi, cervical cancer is the most common cancer among females and a leading cause of cancer-related mortality. Cervical cancer can be averted if pre-cancerous lesions are detected early and treated. Visual Inspection with Acetic Acid (VIA) is an effective screening method for preventing cervical cancer and is sustainable in resource-limited settings. We assessed prevalence and predictors of a positive VIA following its introduction in a sexually transmitted infection (STI) clinic in Lilongwe, Malawi.

**Methods** From October 2012 to January 2013 all females 25–45 years and females < 25 years at clinician discretion received VIA screening at the Kamuzu Central Hospital STI Clinic. We calculated the prevalence of a positive VIA result and used logistic regression to identify predictors of a positive result.

**Results** During this 3.5-month period, 86 women had VIA screening results. Median age was 29, 77% were married, 43% had at least some secondary education. Forty three percent were HIV-infected and 63% had an STI using Malawi’s syndromic management algorithm. Nineteen percent were VIA-positive, 79% VIA-negative, and 2% VIA-uncertain. The prevalence of a VIA-positive result was 7% in HIV-uninfected women and 33% in HIV-infected women. Factors significantly associated with a positive VIA result were HIV infection (OR: 6.1, 95% CI: 1.5, 24.4) and pain during intercourse (OR: 4.5, 95% CI: 1.2, 16.1). Genital warts (OR: 2.4, 95% CI: 0.5, 10.8) and genital ulcers (OR: 3.1, 95% CI: 0.5, 20.3) were associated with an increased odds of being VIA-positive, though this trend was not statistically significant.

**Conclusions** The prevalence of an abnormal VIA was high among Malawian women attending an STI clinic, especially for those with HIV. To prevent cervical cancer mortality, further expansion of VIA screening is needed in Malawi for women at high risk.