**Abstracts**

**Introduction** Recurrent vulvovaginal candidiasis (RVVC) results in significant physical, financial and psychological sequelae for women, and many women report that VVC affects their intimate relationships. The aetiology of RVVC remains uncertain, and some studies suggest sexual intercourse may be responsible for transmission of *Candida* species. No publications have documented the affect of sexual intercourse on vaginal candida colonisation.

**Methods** Fifty nine participants who were culture positive for *Candida* spp. at screening took part in a randomised controlled trial investigating the effect of oral garlic and placebo on vaginal candidal colonisation. Participants self-collected daily vaginal swabs during the two weeks before menstruation. They kept a daily diary and recorded incidence of sexual intercourse and abnormal vaginal symptoms. Swabs were analysed for quantitative colony counts of candida before and after sexual intercourse.

**Results** There were 149 episodes of sexual intercourse in participants reporting sexual activity (n = 38) over the two week study period. Colonisation levels rose the day following sexual intercourse in 51 episodes, and fell in 56 episodes. In 42 episodes of sexual intercourse, the levels remained the same or women were culture negative on the day following and two days following sexual intercourse. On fifty occasions women had symptoms (itch, abnormal vaginal discharge) on the day of sexual intercourse, and 41 women reported abnormal symptoms two days after sexual intercourse. In 75 episodes, there were no abnormal symptoms the day of, or the day following sexual intercourse.

**Conclusion** In this study, sexual intercourse, colonisation levels and abnormal vaginal symptoms appeared to be unrelated. Further investigation is recommended to dyspareunia and abnormal vaginal symptoms following sexual intercourse experienced by women with RVVC.

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**P07 - STI/HIV diagnosis**

**P07.01 MYCOPLASMA GENITALIUM TESTING PATTERN AND INFECTION RATES OVER A SIX-YEAR PERIOD IN MELBOURNE, AUSTRALIA**

1.2-4 S Tabrizi*, 2AM Costa, 3A Maroglia, 1,2-4 DA Machalek, 4CS Bradshaw, 4M Chen, 4CK Fairley, 1,2-4 SM Garland. 1M Murdoch Childrens Research Institute; 2The Royal Children’s and the Royal Women’s Hospitals; 3University of Melbourne; 4Melbourne Sexual Health Centre

**Introduction** *Mycoplasma genitalium* (Mg) is an emerging sexually transmitted pathogen with a strong association with urethritis, cervicitis and pelvic inflammatory disease. Detection of this bacterium using molecular assays has been limited due to lack of readily available commercial assays. However, in house 16S rRNA gene qPCR assays have been in use at the laboratory located at the Royal Women’s Hospital, in Melbourne Australia for detection of Mg since 2009. The aim of this study was to analyse Mg testing patterns and infection rates over this 6 year period.

**Methods** We analysed overall detection rates and site-specific positivity in clinical specimens received for testing for Mg between 1 January 2009 and 31 December 2014 from clinics at the Royal Women’s Hospital and Melbourne Sexual Health Centre.

**Results** A total of 46,112 specimens were tested for Mg; 2,853 (6.2%) samples were tested in 2009 with an increasing trend to 13,133 (28.5%) in 2014 (p-trend < 0.001). In total 54.7% were vaginal samples, 37.7% cervical/swabs and 7.6% were anal, urethral or from other non-specified sites. Overall positivity across all samples was 4.5% (95% CI: 4.3–4.7) without any significant change per annum (p-trend = 0.206). Overall, Mg detection rate was highest in urethral (9.0%, 95% CI: 6.7–11.7) and anal swabs (8.8%, 95% CI 6.8–11.1) followed by urine (5.8%, 95% CI: 5.5–6.7) and cervical/vaginal samples (2.6%, 95% CI: 2.4–2.8) (p < 0.001). A significant increase in positivity was observed in anal swabs, from 2.5% in 2009 to 12.7% in 2014 (p-trend = 0.005).

**Conclusion** Increased testing for Mg by qPCR has resulted in detection and treatment of over 2000 infections since 2009 in