Introduction

Prevalence of Bacterial Vaginosis (BV) in various countries around the world is quite high and the highest prevalence is found in female sex workers (FSW). Resulting interference of BV epithelial vaginal infection, disturb balance of normal flora of the vagina and chancerosicity (pH), which could be a base for increased risk to HIV infection. Early BV detection among FSW is recommended for early treatment to prevent other serious infections. Screening was conducted to detect BV, calculate the prevalence and evaluate the medical staff of STD’s Program.

Methods

A crosssectional study was implemented in December 2014. Subjects were sex workers in Baturraden District, Central Java. Amsel criteria were used for diagnostic test and Hay/Ison criteria as a gold standard.

Results

There 99 women out of 200 sex worker in Baturraden were screened. Screening of BV as per Amsel criteria were 37 people (38%) and gold standard are 43 people (43%) positive for BV. The loss of acidity was found in most of them (78%) as an indicator with the highest level of agreement (97%). The fishy smell indicator using whiff test on were the lowest (78%) as an indicator with the highest level of agreement (97%).

Conclusion

Prevalence of BV among subjects were 43%. Amsel criteria can be used for screening method because it has good sensitivity and specificity to determine BV. The agreement between Health Centre Analyst and Hospital need to be improved (<80%). We recommend Banyumas Health Department to conduct workshop and training for laboratory staff for microscopic examination.

Disclosure of interest statement

This study is my field project as a FETP Trainee that are funded by FETP UGM. No funding were received for this study.
EASE AND COMFORT OF A NOVEL HERSWAB™ VAGINAL SELF-SAMPLING DEVICE FOR THE DETECTION OF SEXUALLY TRANSMITTED INFECTIONS

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Introduction Eve Medical Inc. (Toronto, Canada) has developed a novel HerSwab™ device for self-collection of vaginal samples for STI screening. The objective of this study was to survey opinions on ease and comfort from women using the HerSwab™.

Methods A total of 189 women with infection prevalence of 10.6% for C. trachomatis and 2.6% for N. gonorrhoeae by Aptima Combo 2 assay testing signed consent for a physician-collected sample with a vaginal swab and a self-obtained vaginal sample using the HerSwab™ device. The order of collection was randomised. A research coordinator demonstrated steps for proper self-sampling following instructions in the HerSwab™ package. Following self-collection, each participant completed a 5-point Likert Scale questionnaire indicating ease (5 steps) and comfort (5 steps) of self-collection. Additional questions included: whether the instructions were easy to follow; whether there was anything that participants would change about the device; whether participants preferred physician or self-collection and why; and whether participants would consider self-sampling at home.

Results The majority of women experienced high levels of ease and comfort. Instructions were easy to follow for 97.1% (169/175); 80.9% (140/173) preferred self-collection over physician-collection; and 79.7% (137/172) would consider self-collection at home. Reasons for preferring self-collection included convenience, privacy, confidentiality, an opportunity for self-education of own body, greater access for people with disabilities, comfort, and a reduction of physical and psychological stress. Suggestions to improve ease and comfort included making the brush bristles softer and including arrows on the handle of the device to better indicate the direction of turning.

Conclusion Vaginal self-sampling with the HerSwab™ device demonstrated high levels of ease and comfort. The majority of women found the instructions easy to follow, preferred self-sampling over physician sampling and would consider self-collection at home. Organisers of STI screening programs should benefit from this personal feedback on vaginal self-collection.

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