laser capture microdissection and compared with pre-vaccine era data.

Results In sub-study A, 1095 participants were recruited (18% were virginal so no swab was collected) and 774 (77%) completed all study requirements. Vaccine-targeted HPV genotypes were detected in only 13 samples (1.7%); 11 HPV16 and two HPV6: none were in participants vaccinated prior to sexual debut. In sub-study B, 333 women (62.9%) had a HPV16/18 positive CIN3 detected. The pre-vaccine era population included 98 women aged 18–25, and 115 women aged 26–32, recruited between 2001 and 2005. Compared to the pre-vaccine cohort, the proportion of HPV16/18 positive CIN3 was significantly lower in the post-vaccine 18–25 year old group (71.4% vs 54.9%, $p=0.009$), but was not significantly different in the 26–32 year old age group (61.7% vs 65.9%, $p=0.409$).

Conclusion The VACCINE study demonstrates that vaccine-related HPV genotype prevalence is remarkably low amongst vaccine-eligible Victorian women, and also demonstrates a reduction in the proportion of CIN3 caused by vaccine preventable HPV types in younger, vaccine-eligible women.

Support: I Professor Suzanne Garland, have received Grants to my institution from Commonwealth Department of Health for HPV genoprevalance surveillance post vaccination, Merck and GSK (GlaxoSmithKline) to perform phase 3 clinical vaccine trials; Merck to evaluate HPV in RRP post vaccination programme, CSL for HPV in cervical cancer study, and VCA (Victoria Cancer Agency) for a study on effectiveness of public health HPV vaccine study plus a study on associations of early onset cancers. I have received speaking fees from MSD and SPMSD for work performed in my personal time. Merck paid for travel and accommodation to present at HPV Advisory board meetings.

P3.217 HUMAN IMMUNODEFICIENCY VIRUS (HIV) SERODISCORDANCE AND ASSOCIATED FACTORS AMONG HIV POSITIVE CLIENTS ACCESSING ANTI-RETROVIRAL THERAPY IN NIGERIA

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10.1136/sextrans-2017-053264.452

Introduction In Africa, there is increasing evidence that a large proportion of new HIV infections occur in cohabitating couples, many of whom are unaware of both partners' serostatus. Sub-Saharan Africa has the highest prevalence and incidence of HIV infection worldwide, mostly attributable to heterosexual transmission. In Nigeria, the bulk of the new infections occur in persons who are not engaging in high risk sex, a sub-population that includes cohabiting or married sexual partners. This study was undertaken to determine the prevalence and assess factors associated with HIV serodiscordance status among HIV positive patients accessing ART in secondary health facilities in Ogun State, South West Nigeria.

Methods This is a descriptive cross-sectional study conducted in four secondary health facilities offering HIV services in Ogun State over a six months period. Sample size of 650 was determined using the Cochran formula and the respondents were consecutively recruited into the study. Data was collected using a structured interviewer administered questionnaire and

analysis was done using the statistical package for social sciences (SPSS) version 17.0. Results was presented using frequency tables, tests of associations was done using the Chi-square test and multiple Logistic regression with level of significance set at 0.05.

Results A total of 637 questionnaires was retrieved (response rate 98%). Two hundred and Seventy eight (43.6%) of the respondents did not know their spouse HIV status while 359 knew partners status. Of the 359, 166 clients are serodiscordant (46.2%) while 193 (53.8%) were seroconcordant. 50.7% were aged 30–39 years, the mean age was 35.8 ± 9.1 years. Significantly more females (74.7%) than males (25.3%) had serodiscordant partners (p -value=0.002). Clients who did not consume alcohol were significantly more likely to have serodiscordant partners compared with clients who consumed alcohol (p -value=0.001). Serodiscordant partners were significantly more among clients with infrequent sexual activities compared with clients with frequent sexual activities (p -value=0.001). Predictors of serodiscordance status among partners were clients who were <35 years old (odd ratio (OR)=1.727, confidence interval (CI)=1.107–2.693) and did not consumed alcohol (OR=2.204, CI=1.070–4.542), with partners whose occupation were skilled (OR=7.159, CI=1.440–35.604) and semi-skilled (OR=6.189, CI=1.216–31.503) and clients with infrequent sexual activities (OR=3.182, CI=1.437–7.046).

Conclusion The study indicates that HIV positive clients could have serodiscordant partners if they could modify their life-style, have infrequent sexual activities (Not more than twice in a month) with partners that are gainfully engaged. It is therefore recommended that for early identification of at risk partners, couple HIV counselling and testing needs to be scaled up in addition to group-based interventions in order to pick serodiscordant partners early and provided all the necessary behavioural change support required to remain serodiscordant.

P3.218 DEMOGRAPHIC AND CLINICAL PROFILES OF WOMEN WITH BACTERIAL VAGINOSIS AND SEXUALLY TRANSMITTED INFECTIONS: IMPLICATIONS FOR THE MANAGEMENT OF VAGINAL DISCHARGE SYNDROME IN SOUTH AFRICA

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10.1136/sextrans-2017-053264.453

Introduction Current South African syndromic management guidelines for vaginal discharge syndrome (VDS), recommend only metronidazole and clotrimazole therapy for women 35 years or older, whose partners have no urethral discharge. This guidance assumes the older women have bacterial vaginosis or candidiasis without STIs and that their partners are not asymptomatic. We describe demographic, behavioural and clinical characteristics of women with VDS comparing those with BV and candida to those infected with STI pathogens.

Methods Cross sectional study, in which women ≥ 18 years presenting with VDS to five primary healthcare centres between January 2015 - September 2016 were enrolled. Demographic and clinical data were collected using a nurse-administered questionnaire. Vaginal smears, endocervical swabd and venous blood specimens were collected for laboratory testing. Presence