Abstracts

1.2; respectively) or between the first and fourth week (RR 1.02, 95% CI 0.94 to 1.11; RR 0.93, 95% CI 0.84 to 1.03; respectively). Antibiotic treatment does not led to a lower recurrence (RR 1.28, 95% CI 0.68 to 2.43) in women, but increases the frequency of adverse events reported by sexual partners (RR 2.55, 95% CI 1.55 to 4.18).

Conclusion High quality evidence shows that antibiotic treatment for sexual partners of women with BV, does not increase the rate of clinical or symptomatic improvement and does not led to a lower recurrence rate into the women, but increases the frequency of adverse events reported by sexual partners.

P2.05 A SILENT EPIDEMIC: THE PREVALENCE, INCIDENCE AND PERSISTENCE OF MYCOPLASMA GENITALIUM IN YOUNG ASYMPTOMATIC WOMEN IN THE UNITED STATES

Introduction: Mycoplasma genitalium (MG) is an emerging sexually transmitted infection (STI) associated with cervicitis, pelvic inflammatory disease, and adverse pregnancy outcomes in women, yet little is known regarding its natural history. We conducted a secondary analysis of specimens collected from young women enrolled in a multi-centre study of asymptomatic bacterial vaginosis (BV) in order to determine the natural history of MG and associated factors with infection.

Methods Sexually active women aged 15–25 years were recruited from 10 US clinical sites. Eligible women had asymptomatic BV at baseline, and >/=<2 STI risk factors. Self-collected vaginal swabs were collected at enrollment, and by home-based testing at 2, 4, 6, 8, 10 and 12 months. MG nucleic acid amplification testing was performed using a transcription mediated assay (Hologic Inc, San Diego, California). Prevalent, incident and persistent MG were estimated with 95% confidence intervals (CI). Univariate analyses and logistic regression modelling were performed to assess associations between participants’ baseline demographic, sexual, and clinical characteristics with prevalent MG infection.

Results Specimens were tested for MG from 1365 predominantly Black (85.4%) women. At baseline, 233 women were MG+ (prevalence 20.5% [95% CI: 18.2–22.9%]); among 204 participants with follow-up specimens, 42 (20.6%) had persistent MG, remaining MG+ on all follow-up testing. Among 801 women who were MG negative at baseline with follow-up testing, 220 had at least one subsequent MG+ test for an incidence of 27.5% (95% CI: 24.4–30.7%). Black race (adjusted odds ratio (AOR) 1.92, 95% CI: 1.09–3.38) and younger (15–21 years) age (AOR 1.40, 95% CI: 1.03–1.91) were significantly associated with prevalent MG infection.

Conclusions We identified high rates of prevalent, incident, and persistent MG infections among sexually active young women followed over 12 months. As national programs consider the impact of MG as an STI, the implications of asymptomatic infections should be considered among at-risk populations.

P2.06 TRENDS IN CD4 COUNT AND WHO STAGING AMONG NEWLY DIAGNOSED HIV PATIENTS AttENDING AN ANTI-RETROVIRAL THERAPY CENTRE IN TERTIARY CARE HOSPITAL

Introduction Patients diagnosed with HIV infection late in course of disease are usually more severely...