compared to days without shedding (L. crispatus: 53% vs. 44%, L. jensenii: 56% vs. 49%, Megaspheera: 58% vs. 41%, BVAB-2: 49% vs. 37% of days, respectively), although these findings were not statistically significant. The study is 80% completed; data for at least 12 additional women is anticipated, which will provide additional statistical power.

**Conclusion** Genital HSV-2 shedding may be associated with dynamic shifts in the vaginal microbial community and may increase the presence of BVAB. A study to assess whether the use of suppressive treatment for HSV (daily valacyclovir) decreases the presence of BVAB, or BV (twice weekly metronidazole) decreases HSV shedding, is ongoing.

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**P2.12 DIFFERENCES IN UPTAKE, CHARACTERISTICS, AND TESTING HISTORY OF CLIENTS OF GETCHECKEDONLINE DURING SCALE-UP TO URBAN, SUBURBAN AND RURAL COMMUNITIES IN BRITISH COLUMBIA, CANADA**

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**Introduction** In Sept 2014, the BC Centre for Disease Control (BCCDC) launched GetCheckedOnline (GCO), an online testing service for STI/HIV which is integrated with clinical and public health services and developed to reduce testing barriers. In most parts of the world. We determine the aetiology of vaginal discharge in women patronising Sexually Transmitted Infection (STI) Clinic in Kumasi, Ghana, as a follow up to similar study in 2006.

**Methods** Specimen for wet mount preparation, pH determination, whiff test, Gram’s stain, culture and polymerase chain reaction were collected from the vagina and the cervix of 500 women: 250 sex workers (SW) and 250 non-sex workers (NSW), attending Suntreso STI Clinic in Kumasi, Ghana with complaint of vaginal discharge on their first attendance. Details regarding demographics, symptoms and signs as well as sexual behaviour were recorded. Associations of these factors with each infection were determined and adjusted for other risk factors.

**Results** 39.4% had bacterial vaginosis (197/500, p=0.000, SW-114/250 (45.2%); NSW- 83/250 (33.2%), 29.1% with Candida species (145/500: p=0.000, SW- 67/250 (26.7%); NSW-78/250(31.2%)), 4.5% with Trichomonas vaginalis (23/500: p=0.000 SW-18/250 (7.1%); NSW- 5/250(2.0%)); 3.1% with Chlamydia trachomatis (16/500: p=0.001 SW-12/250 (4.8%); NSW-4/250(1.6%)), 2.2% with Neisseria gonorrhoeae (11/500: p=0.014, SW- 8/250 (3.2%); NSW-3/250 (1.2%)) and 3.0% with Mycoplasma genitalium (15/500, 3.0%, p=0.000, SW-10/250(4.0%);NSW-5/250(2.0%)).

**Conclusion** The study found bacterial vaginosis the most predominant aetiological agent of vaginal discharge among women in Kumasi Ghana with an increase in prevalence from 37.8% in 2006 to 39.4% in 2016. The result confirms the existing literature, making the inclusion of bacterial vaginosis in the syndromic management of STI still relevant.

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**P2.13 BACTERIAL VAGINOSIS: LEADING CAUSE OF VAGINAL DISCHARGE AMONG WOMEN ATTENDING SEXUALLY TRANSMITTED INFECTION CLINIC IN KUMASI, GHANA**

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**Introduction** Vaginal discharge is the most common complaint of women who seek services in the various units in the health delivery system including in most parts of the world. We determine the aetiology of vaginal discharge in women patronising Sexually Transmitted Infection (STI) Clinic in Kumasi, Ghana as a follow up to similar study in 2006.

**Methods** Specimen for wet mount preparation, pH determination, whiff test, Gram’s stain, culture and polymerase chain reaction were collected from the vagina and the cervix of 500 women: 250 sex workers (SW) and 250 non-sex workers (NSW), attending Suntreso STI Clinic in Kumasi, Ghana with complaint of vaginal discharge on their first attendance. Details regarding demographics, symptoms and signs as well as sexual behaviour were recorded. Associations of these factors with each infection were determined and adjusted for other risk factors.

**Results** 39.4% had bacterial vaginosis (197/500, p=0.000, SW-114/250 (45.2%); NSW- 83/250 (33.2%), 29.1% with Candida species (145/500: p=0.000, SW- 67/250 (26.7%); NSW-78/250(31.2%)), 4.5% with Trichomonas vaginalis (23/500: p=0.000 SW-18/250 (7.1%); NSW- 5/250(2.0%)); 3.1% with Chlamydia trachomatis (16/500: p=0.001 SW-12/250 (4.8%); NSW-4/250(1.6%)), 2.2% with Neisseria gonorrhoeae (11/500: p=0.014, SW- 8/250 (3.2%); NSW-3/250 (1.2%)) and 3.0% with Mycoplasma genitalium (15/500, 3.0%, p=0.000, SW-10/250(4.0%);NSW-5/250(2.0%)).

**Conclusion** The study found bacterial vaginosis the most predominant aetiological agent of vaginal discharge among women in Kumasi Ghana with an increase in prevalence from 37.8% in 2006 to 39.4% in 2016. The result confirms the existing literature, making the inclusion of bacterial vaginosis in the syndromic management of STI still relevant.

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**P2.14 THE EFFECT OF FOLLICULAR VERSUS LUTEAL PHASE MENSTRUAL CYCLE TIMING ON GENITAL HERPES SIMPLEX VIRUS-2 SHEDDING AND LESIONS**

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**Introduction** The effect of female sex hormones on the natural history of herpes simplex virus (HSV) is poorly understood. Studies suggest that vaginal immunity varies throughout the menstrual cycle, with increased inflammatory cytokines and decreased innate immune factors observed during the luteal (post-ovulatory) phase. Whether HSV shedding or presence of genital lesions vary throughout the menstrual cycle is unknown.

**Methods** We studied HSV-2 seropositive women enrolled in prospective studies of genital herpes at the University of Washington Virology Research Clinic. Participants were eligible if they had established HSV-2 infection, performed daily genital swabbing for HSV DNA, recorded a menstrual diary, and...