

compared to days without shedding (*L. crispatus*: 53% vs. 44%, *L. jensenii*: 56% vs. 49%, *Megasphaera*: 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.

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. Based on a successful pilot in urban Vancouver (BC's largest city) and alignment with regional health authority testing priorities, GCO was expanded to five other urban, suburban and rural communities across BC in Feb 2016. Here we examine differences in GCO uptake between Vancouver and expansion sites from the first year of scale-up in British Columbia (BC). **Methods** We used routinely collected GCO program data in combination with BC Public Health Laboratory testing data to describe differences between GCO clients in Vancouver and expansion sites. We compared demographic characteristics and testing history as well as key program measures including service uptake (percent creating a GCO account who submitted specimens) and positivity rates (percent positive of specimens submitted).

Results Between Feb-Dec 2016, of 2397 clients creating accounts, 1297 (54%) submitted specimens; uptake was slightly lower in expansion sites (577 specimens, 51%) vs. Vancouver (720, 57%; $p=0.001$), with comparable positivity rates (6% vs. 5%; $p=0.77$). Compared to Vancouver, GCO clients in expansion sites were more likely to be younger (20–24 years of age) (20% vs. 13%) and symptomatic (20% vs. 14%), and less likely to be men who have sex with men (22% vs. 42%; $p\leq 0.001$ for all). GCO clients in expansion sites were more likely to be testing for the first time for both HIV (22% vs. 9%) and STI (16% vs. 9%; $p<0.001$).

Conclusion Scale-up of GCO to five smaller urban, suburban and rural communities across BC demonstrated differences in uptake and populations reached, including greater engagement of individuals not previously tested. Our study highlights the importance of differing regional contexts on the impact of online testing services and the need for their evaluation during scale-up.

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{0.8%}) 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 predominate 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.

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