P372  BACTERIAL VAGINOSIS AND HIGH-RISK HUMAN PAPILLOMAVIRUS CO-INFECTION AMONG AFRICAN AMERICAN WOMEN IN THE UNITED STATES

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Background  Bacterial vaginosis (BV) increases the risk of many sexually transmitted infections. The co-occurrence of persistent BV and high-risk HPV (hrHPV) increases the risk of developing cervical cancer. This study aims to investigate the co-occurrence of hrHPV and BV among young women in the US.

Methods  Stored vaginal swabs were acquired from a previously completed clinical trial. The kinds of bacteria present in the samples were identified by classifying 16S rRNA gene sequences in each sample using high-throughput pyrosequencing. HPV genotyping was performed using quantitative polymerase chain reaction using TaqMan probes in a customized plate (Thermo Fisher Scientific; Waltham, Massachusetts). BV was classified using Nugent Scores of Gram stain.

Results  Eighty reproductive age African American (AA) women were included in the analysis. The point prevalence of hrHPV was 48.1% (95% CI: 37–59%). The mean age of the participants was 21.4 years (SD: 2.11), 81.2% graduated high school. Prior antibiotic use was low (3.8%), and 75% of women had not been treated for BV during their lifetime. Among those who were previously treated, 60% were treated five or more times. Douching was reported by 49% of the sample. 55% of TV cases had concurrent BV; while 11.1% of TV cases also had intermediate vaginal flora. There were no association with prior antibiotic use, hormonal contraception, douching or prior treatment.

Conclusion  Young African American women of reproductive age found to have abnormal vaginal flora should be screened for Trichomonas vaginalis infection.

Disclosure  No significant relationships.

P373  CO-OCCURRENCE OF BACTERIAL VAGINOSIS AND TRICHOMONAS VAGINALIS AMONG YOUNG AFRICAN AMERICAN WOMEN

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Background  While the etiology of bacterial vaginosis (BV) is still not known, it is described as a polymicrobial condition that lacks lactic-acid producing Lactobacillus species with an overgrowth of anaerobic bacteria and elevated vaginal pH. This study aims to evaluate the relationship between BV assessed by Nugent scoring of vaginal Gram stain and Trichomonas vaginalis infection among African American young women in the U.S.

Methods  Stored vaginal swabs from a previously completed clinical trial were acquired for this study. The kinds of bacteria present in the samples were identified by classifying 16S rRNA gene sequences using high-throughput pyrosequencing. Vaginal smears were also categorized by the Nugent Gram stain score (0–3, normal; 4–6, intermediate state; 7–10, BV). TV genotyping was performed using quantitative polymerase chain reaction, performed using TaqMan probes in a customized plate (Thermo Fisher Scientific; Waltham, Massachusetts). Descriptive statistics were conducted to determine the odds of TV infection among women with BV.

Results  This study included 80 African American reproductive age women with a mean age of 21.4 years (SD: 2.11). Most common TV cases had intermediate BV (3.8%), and 75% of women had not been treated for BV during their lifetime. Among those who were previously treated for BV, 60% were treated five or more times. Douching was reported by 49% of the sample. 55% of TV cases had concurrent BV; while 11.1% of TV cases also had intermediate vaginal flora. There were no association with prior antibiotic use, hormonal contraception, douching or prior treatment.

Conclusion  Young African American women of reproductive age found to have abnormal vaginal flora should be screened for Trichomonas vaginalis infection.

Disclosure  No significant relationships.

P374  OVERLAP BETWEEN AMSEL’S CRITERIA, NUGENT’S GRAM STAIN SCORE, AND VAGINAL MICROBIOTA COMMUNITY STATE TYPES

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Background  Bacterial vaginosis (BV) is characterized by low-Lactobacilli and increased anaerobes. BV can be determined by clinical assessment (Amsel’s criteria) or microscopy (Nugent scoring); molecular methods are also under study. We investigated concordance between Amsel-BV, Nugent-BV and low-Lactobacillus vaginal microbiota identified via 16S rRNA gene sequencing.

Methods  Vaginal swabs and clinical data were collected from young African American women in the U.S. Amsel’s criteria were determined clinically and Nugent scoring (Nugent-BV=7–10, intermediate=4–6) was determined by microscopy. Vaginal microbiota were characterized using 16S rRNA gene sequencing and categorized into 7 community state types (CSTs): 4 dominated by Lactobacillus spp. (CST I, II, III and V), and 3 by Streptococcus spp. (CST VI), Bifidobacterium spp. (CST VII), or a variety of anaerobes (CST IV).