**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 analyzing 16S rRNA gene sequences using high-throughput pyrosequencing. HPV genotyping was performed using quantitative polymerase chain reaction performed 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% were not treated for BV during their lifetime. Among those who had been treated previously for BV, most women were treated five or more times (60%). According to Nugent Scores, 70% had BV, 13.7% had intermediate and 16.3% had healthy vaginal flora. TV was diagnosed among 11.1% (95% CI: 4–8%) of the women. 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 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 was 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.

**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 Gram stain and *Trichomonas vaginalis* infection among African American young women in the US.

**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 analyzing 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 years). Most (81.2%) women had graduated high school. 70% (95% CI: 37–59%) had BV, 13.7% had intermediate and 16.3% had healthy vaginal flora. TV was diagnosed among 11.1% (95% CI: 4–8%) of the women. 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 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 was 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.

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