Abstracts

TRICHOMONAS VAGINALIS POSITIVITY RATES BY HIV STATUS AMONG WOMEN IN A CLINICAL STUDY

Background Numerous studies have shown that Trichomonas vaginalis (TV) infection is related to risk of HIV infection, but fewer studies have compared positivity rates based on HIV status. Further, the majority of studies that have looked at this topic have either been performed outside the US, or in HIV specialized care settings. We performed a secondary analysis of data collected for evaluation of a molecular diagnostic assay for Sexually Transmitted Infections (STI) diagnostics.

Methods Study data from patients with evaluable results obtained using a BD MAX CTGCTV study for detection of Chlamydia trachomatis (CT), Neisseria gonorrhoeae (GC) and TV were reviewed for HIV status. These women were recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; OB/GYN clinics and other clinic types. No HIV care specialty clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Paren

Results HIV status data from 2339 women were available. Among HIV negative women the positivity rates for CT, GC, and TV were 6.2%, 1.9%, and 10.3% respectively. Among HIV positive women the positivity rates for CT and TV were 2.1% and 27.1% respectively. No GC coinfection was detected among HIV positive women. For TV, the positivity rate among women with HIV (27.1% (13/48)) was significantly higher than that of among HIV (-) women (10.3% (236/2291)) (p<0.001).

Conclusion While women engaged in HIV specialty care may be tested for STIs routinely, as services are being pushed to more primary care settings, it is important for clinicians to be aware of the importance of STI screening among HIV (+) women, particularly for TV.

Disclosure No significant relationships.

BACTERIAL VAGINOSIS MARKERS DETECTED BY BD MAX™ VAGINAL PANEL IN RELATION TO ABSENCE AND PRESENCE OF TRICHOMONAS VAGINALIS

Background The three most frequent causes of vaginitis are bacterial vaginosis (BV), vulvovaginal candidiasis (VVC) and Trichomoniasis (TV). Within women presenting with symptoms of vaginitis, the concomitant detection of two or more pathogens is common; however, little is known about the biology of pathogen interactions during co-infections. Using a NAAT