[1,2]**G A F S van Liere**, [1,2]C J P A Hoebe, [2]P F G Wolffs, [1,2]N H T M Dukers-Muijrers. *[1]Department of Sexual Health, Infectious Diseases and Environmental Health, Public Health Service South Limburg, Geleen, The Netherlands; [2]Department of Medical Microbiology, Maastricht University Medical Center, Maastricht, The Netherlands*

Introduction Symptom- and sexual history-based testing (testing on indication) for STD in (high risk) women has become part of standard operating procedures in STD clinics. However, little is known about alternative transmission routes for example by fingers and toys. We determined the proportion anorectal STD missed when applying testing on indication, such as STD due to alternative transmission routes.

Methods All women attending our STD clinic (consults: n = 395) [from May 2012–December 2012] were routinely tested for anorectal and urogenital Chlamydia trachomatis (Ct) and Neisseria gonorrhoeae (Ng) infections. Data were collected on demographics, anal symptoms, anal sex with casual/steady partner(s) and anal use of fingers and/or toys. We compared anorectal STD (Ct and/or Ng) prevalence between 3 groups of women: with indication (self reported anal symptoms and/or anal sex), without indication (no symptoms, no anal sex, no fingers/toys) and without indication but with self reported anal use of fingers/toys. Enrollment in the study is ongoing.

Results In total, 395 consults were included by 380 females. Overall prevalence of anorectal STD was 7.8% (n = 31). Of all consults, 31% (n = 122) had indication for anal testing, 60% (n = 237) no indication and 9% (N = 36) only used fingers/toys. Prevalence was 8.2% (10/122) with indication, 8.0% (19/237, P = 0.95) without indication and 5.6% (2/36, P = 0.61) without indication with use of fingers/toys. Testing on indication only would have missed 68% of all detected anorectal STD (21/31). Multiple infection (vaginal and anorectal) was present in all but one (with indication).

Discussion Large part of anorectal STD are missed in STD clinics, this was partly associated with alternative transmission routes. Also autoinoculation may be possible, all missed anorectal infections coincided with urogenital STD. However, treating urogenital Ct does not automatically imply appropriate co-treatment of anorectal Ct, since there is current debate on treatment of extragenital Ct.

P3.005 THE BURDEN OF BACTERIAL VAGINOSIS: WOMEN'S EXPERIENCE OF LIVING WITH RECURRENT BACTERIAL VAGINSOSIS

doi:10.1136/sextrans-2013-051184.0465

[1]J E Bilardi, [2]S Walker, [2]M Temple-Smith, [2]R McNair, [3]J Mooney-Somers, [2]C Bellhouse, [4]S Peterson, [5]C K Fairley, [5]M Y Chen, [5]**C Bradshaw**. *[1]Monash University, Melbourne, Australia; [2]The University of Melbourne, Melbourne, Australia; [3]The University of Sydney, Sydney, Australia; [4]Melbourne Sexual Health Centre, Melbourne, Australia; [5]The University of Melbourne & Melbourne Sexual Health Centre, Melbourne, Australia*

Background Bacterial vaginosis (BV) is a common vaginal infection, causing an abnormal vaginal discharge and/or odour in up to 50% of sufferers. Recurrence is common following recommended treatment. There are limited published data on women's experience of BV, and the impact of recurrent BV on their self-esteem, sexual relationships and quality of life. The aim of this study was to explore the experiences and impact of recurrent BV on women.

Methods Social constructionism informed the epistemological framework of this study. Thirty five women with male and/or female partners were interviewed face-to-face or by phone about their experience of recurrent BV. All interviews were digitally recorded, transcribed verbatim and imported into N-Vivo 9 for thematic analysis.

Results Interviews took 20–45 minutes. Median number of diagnosed BV episodes in participants was 3 (range 2–25). Most women attributed BV to some form of sexual contact including specific sexual partners, frequency of sex, unprotected sex or certain sexual practises. The impact of BV varied according to severity of symptoms - the more severe, the greater the impact. The most distressing symptom was abnormal odour, with women commonly feeling embarrassed, ashamed, unattractive, 'dirty' and concerned others may detect the odour. The biggest impact was on women's sex lives, with women commonly avoiding sexual activity, especially oral sex and employing preventative practises to minimise odour including frequent showering and self-help remedies. Women commonly felt confused and frustrated about why they were experiencing recurrent BV, the lack of effective treatment and preventative options and poor public and professional knowledge around BV.

Conclusion Recurrent BV impacted on women broadly and significantly in this study but varied according to symptom severity. Women would like a greater understanding about the cause of BV, better available treatment options and improved knowledge and support amongst clinicians.

P3.006 PREVALENCE OF HIV AND SYPHILIS AMONG VOLUNTARY BLOOD DONORS AT A REGIONAL BLOOD CENTRE IN SRI LANKA FOR THREE YEAR PERIOD

doi:10.1136/sextrans-2013-051184.0466

L Morawakage. *Regional Blood Centre, National Cancer Institute of Sri Lanka, Maharagama, Sri Lanka*

Background This study was conducted to estimate the prevalence of HIV and Syphilis among voluntary blood donors at a regional blood centre in western province of Sri Lanka, contributing to 7% of total blood collection in the country.

All units collected by the blood centre were screened for HIV1 & 2, HBV, HCV, syphilis and Malaria. 4th generation Enzyme immunoassay (EIA) for HIV p24 antigen and HIV-1 and 2 antibodies (Genscreen-ULTRA HIV Ag-Ab) was the screening test for HIV and confirmation was done by standard immunoblotting (western blot) technique.

Venereal Disease Reference Laboratory (VDRL) test was used for screening of syphilis confirmed by Treponema pallidum hemagglutination (TPHA) test.

Method This is a descriptive analysis of retrospective donor records from January 2010 to December 2012.

Results 66087 allogenic donation (Community, apheresis, in-house) records were analysed. 77.5% of donors were male and 37.3% of donors were within 26–35year age group. 91% of donations were collected from community based donation campaigns.

Overall prevalence of HIV was 0.00004% (3 cases) and incidence was 0.0001%, 0.000% and 0.00004 in 2010, 2011 and 2012 respectively. Overall prevalence of syphilis was 0.0005% (37 cases) and was 0.0007%, 0.0007% and 0.0006% in 2010, 2011 and 2012 respectively. There were no HIV positive female blood donors and HIV prevalence among male donors was 0.00005%. Prevalence of syphilis in female donors was 0.0002% and 0.0006% in male donors. The highest Syphilis prevalence of 0.0007% was in 26–35 year age group. All HIV cases were in 36–45 year age group.

Conclusion In 2011, HIV prevalence was < 0.1 in adult general population of Sri Lanka and reported cases of syphilis was 799. This study shows a low prevalence among blood donors due to the existing strategies of the National blood service which could further improved by strengthening of donor selection and testing strategies.

P3.007* GONORRHOEA, SYPHILIS, CHLAMYDIA AND TRICHOMONAS IN CHILDREN UNDER THIRTEEN YEARS OF AGE: NATIONAL SURVEILLANCE IN THE UK AND REPUBLIC OF IRELAND

doi:10.1136/sextrans-2013-051184.0467

[1,2]**K E Rogstad**, [3]G Hughes, [4]G Debelle, [5]J Evans, [6]R Reading. *[1]Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK, [2]University of Sheffield Medical School, Shefield, UK, [3]STI Section, Health Protection Services Colindale, Health Protection Agency, London, UK, [4]Birmingham Childrens' Hospital, Birmingham, UK, [5]Department of Genitourinary Medicine, Norfolk and Norwich University Hospital, Norwich, UK, [6]Jenny Lind Paediatric Dept, Norfolk and Norwich University Hospital, Norwich, UK*

Background Children who have been sexually abused (CSA) are potentially at risk of sexually transmitted infections (STI). It is not known how frequently such infections are identified within the population nor whether the implications of the mode of transmission are recognised and investigated appropriately.
Methods Active surveillance occurred through the British Paediatric Surveillance Unit system (www.rcpch.ac.uk/bpsu) which covers all paediatricians (estimated > 95%) in UK and Republic of Ireland. Consultant paediatricians were asked to report cases with laboratory confirmed Neisseria gonorrhoeae (Ng), Treponema pallidum (Tp), Chlamydia trachomatis (Ct) or Trichomonas vaginalis (Tv) in children aged 1 to 12 years between January 2010 and January 2012. Anyone reporting a case was sent a clinical questionnaire. The adequacy of the initial and confirmatory diagnostic tests was judged against relevant national guidelines. Child protection investigations undertaken were arranged into a hierarchical classification.
Results Fifteen cases were reported - 7 Ng, 6 Ct, 1 Tp and 1 Tv. Fourteen presented because of symptoms (5 with ophthalmic symptoms), 3 had isolated ophthalmic infections), 1 following alleged CSA. Eleven of 15 had other indicators of possible CSA including allegation, behavioural or previous child protection concerns. Tests used were adequate and all had additional STI testing undertaken including 10 HIV and 12 Tp and hepatitis B. All but one case were referred for multi-agency child protection investigations, in three cases sexual CSA was confirmed at court or case conference (some outcomes awaited).
Conclusion This is the first population-based study of bacterial STI incidence in under 13 year-olds in the UK. Incidence was very low. Once detected, there are high levels of screening for other STIs using appropriate tests in line with national guidelines, and assessments for CSA. This is an improvement on a previous study on HSV1 and may be a result of better guidance and evidence base.

P3.008 EPIDEMIOLOGICAL CORRELATES OF CHLAMYDIA PGP3 ANTIBODY IN A PROSPECTIVE COHORT OF MEN AND WOMEN

doi:10.1136/sextrans-2013-051184.0468

[1,2]**P Horner**, [3]N Dickson, [4]G Wills, [3]A Righarts, [4]S Vieira, [3]S Young, [4]M McClure. *[1]University of Bristol, Bristol, UK; [2]University Hospitals Bristol NHS Foundation Trust, Brsitol, UK; [3]University of Otago, Dunedin, New Zealand; [4]Imperial College London, London, UK*

Background Epidemiological correlates of chlamydia (CT) antibody were investigated in a longitudinal cohort of just under 1000 men and women born in Dunedin, New Zealand in 1972/1973 at ages 26, 32 and 38.
Methods Subjects were questioned on sexual behaviour and sexually transmitted infections (STIs) at ages 21, 26, 32 and 38 (1993–2011), and sera collected at ages 26, 32 and 38 for CT antibody. All sera were assayed by Pgp3 ELISA, and the age 32 samples by MOMP peptide ELISA, and assayed blinded. Ethical approval was obtained.
Results Pgp3 antibody was strongly associated with history of CT, but not other STIs (p > 0.3). This association was much stronger for women (p = < 0.001, OR 8, 95% CI 4–16.1) than men (p = 0.07, OR 2.64, 95% CI 0.82–8). At age 26, 17.4% (72/411) of all the women were Pgp3 sero-positive, as were 56.8% (25/44) of those giving a history of CT infection. For both men and women at age 26, Pgp3 antibody correlates with age at first intercourse and the number of partners. More women who were seropositive at age 26 lost Pgp3 antibody between the ages of 26 and 32 (25/67, 37.3%), than did seropositive women between 32 and 38 (7/56, 12.5%) (p = 0.003). At age 32 women with previous CT infection were more likely to have Pgp3 antibody (23/52, 44.2%) than MOMP antibody (12/52, 23.1%).
Conclusion Pgp3 antibody in women is strongly associated with past diagnosed CT infection, and at age 32 a more sensitive measure than MOMP antibody. It is associated with earlier age of first sexual intercourse and increasing number of partners, but not with a past history of other STIs. Pgp3 antibody prevalence declined over time. These data provide further information to show that Pgp3 antibody provides a measure of past CT infection.

P3.009 PREVALENCE OF *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEA* INFECTION IN PREGNANT WOMEN ENROLLED IN A LARGE MULTICENTER CLINICAL TRIAL

doi:10.1136/sextrans-2013-051184.0469

J Osiecki, J Duncan, M Lewinski, O Liesenfeld. *Roche Molecular Systems, Pleasanton, CA, United States*

Background Pregnant women infected with sexually transmitted diseases are at higher risk for miscarriage, pre-term delivery, low birth weight, and morbidity in the neonate associated with transmission of pathogenic agents. Treatment guidelines recommend screening pregnant women for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) on the first prenatal visit. This study was performed to determine the frequency of CT and NG infection observed in pregnant women enrolled in a large clinical trial study population.
Methods This multicenter retrospective cohort analysis was performed with data collected during the VENUS clinical trial, a study characterising the clinical performance of the cobas® CT/NG Test on the cobas® 4800 system. Two FDA-cleared nucleic acid amplification tests (NAATs) were used as comparator assays. Obstetrics-gynaecology practises, family planning clinics, and STD clinics from diverse settings in the United States served as specimen collection sites. Patient infection status (PIS) was defined as positive when results from NAATs with different target regions generated positive results with collected samples.
Results Of 5,269 enrolled participants, 281 of 4315 eligible women (6.5%) were found to be positive for CT infection and 69 of 4314 (1.6%) were positive for NG according to PIS outcomes. Alternatively, 16 of 178 eligible pregnant women (9.0%) were positive for CT, where 2 of 178 pregnant women (1.1%) were considered positive for NG by PIS.
Conclusion Screening of pregnant women for CT and NG with the cobas® CT/NG Test and two additional NAATs during the VENUS clinical trial revealed the prevalence of CT and NG infections are comparable to rates observed in the general female population.

P3.010 COMPARISON OF THE RATE OF HOSPITALISATION FOR PELVIC INFLAMMATORY DISEASE (PID) FOLLOWING A DIAGNOSIS OF CHLAMYDIA OR GONORRHOEA IN WOMEN RESIDENT IN NEW SOUTH WALES, AUSTRALIA

doi:10.1136/sextrans-2013-051184.0470

[1]**J Reekie**, [1]B Donovan, [1]R Guy, [2]J Hocking, [3]L Jorm, [1]J M Kaldor, [1,4]J Ward, [1]B Liu, on behalf of the chlamydia & reproductive health outcome investigators. *[1]University of New South UK, Sydney, Australia; [2]University of Melbourne, Melbourne, Australia; [3]University of Western Sydney, Sydney, Australia; [4]Baker Institute, Alice Springs, Australia*

Aim Studies have demonstrated and quantified the relationship between chlamydia infection and pelvic inflammatory disease (PID). However there is relatively little information regarding the