

A cut-off score was exceeded in an additionally prescribed PCA3 test. PBx was performed but histological examination revealed no evidence of PCa but prostate inflammation.

**Abstract P3-S1.04 Table 1** Abnormal prostate cancer markers in a man with symptomatic *C trachomatis* infection

	First visit	Follow-up visits	
		1 month	3 months
CT infection, tested by RT-PCR	Positive	Negative	Negative
Symptomatic	Yes	No	No
Digital rectal examination	Abnormal	Abnormal	Abnormal
WBCs, counted in hpf	30–40	0–2	0–1
PSA test, 0–4 ng/ml	13.9 Abnormal	9.8 Abnormal	1.5 Normal
PCA3 test, a cut-off score of 35		38 Abnormal	
Prostate biopsy, to diagnose cancer		Negative	

**Conclusions** Further studies to evaluate the time course of prostatitis/STIs on PrCa risk, particularly among a young cohort of men, have been warranted. New diagnostic markers are needed to investigate the pathways between the acquisition of CT and its impact on the prostate. This is the first report on detection of abnormal PSA and PCA3 tests in a Chlamydia-infected man suffering from LUTS, while no PrCa was histologically detected.

**P3-S1.05** INCIDENCE OF STI IN PATIENTS WITH CHRONIC PROSTATITIS

doi:10.1136/sextrans-2011-050108.405

A Khaikova, S Sohar, V Kazlouskaya. Gomel State Medical University, Gomel, Belgium

Chronic prostatitis is a common problem among male patients. Some authors indicate that 30–40% of males have chronic prostatitis when they are 20–40 years old. Last years the tendency to begin at the earlier age is seen in patients with prostatitis. STI should be excluded while examining of patients with prostatitis. We observed 96 sexually active men with chronic prostatitis (middle age  $34.2 \pm 12.7$  years). All patients were checked up for STI. Microscopy and cultural method were used to diagnose gonorrhoea and trichomonas infection, PCR for chlamydia and herpes infection and Mycoplasma IST test system to diagnose mycoplasma infection. STI were founded in 44 patients (45.8%). *Neisseria gonorrhoea* was founded in 10 patients (10.4%), *Trichomonas vaginalis*—in two patients (2.0%), *Mycoplasma hominis*—in seven patients (7.3%), Herpes genitalis—in two patients (2.0%), *Chlamydia trachomatis*—in 23 patients (23.9%). Still in 54.2% of patients the reason remained unknown. Patient with STI should be recommended to check up for all STI. As far as association with STI is quite common it is necessary to study their possible role in the development of chronic prostatitis. *Chlamydia trachomatis* infection seems to be associated with chronic prostatitis more commonly.

**P3-S1.06** ABSTRACT WITHDRAWN

**P3-S1.07** CHLAMYDIA TRACHOMATIS SEROVAR DISTRIBUTION AND OTHER SEXUALLY TRANSMITTED COINFECTIONS IN SUBJECTS ATTENDING A STD OUTPATIENTS CLINIC IN ITALY

doi:10.1136/sextrans-2011-050108.407

A Marangoni, M Donati, A D'Antuono, A Di Francesco, F Ostanello, C Foschi, P Nardini, N Banzola, R Cevenini. University of Bologna, Bologna, Italy

**Background** *Chlamydia trachomatis* is the leading cause of bacterial sexually transmitted diseases (STDs) in industrialised countries.

omp1 (ompA), the gene encoding the major outer membrane protein (MOMP), has been widely used for molecular epidemiology, because it contains four spaced variable domains.

**Methods** A total of 1625 patients attending the STD Outpatients Clinic of St. Orsola University Hospital of Bologna, Italy were enrolled for this study. Each patient was clinically visited, bled in order to perform serological tests, than three urethral or endocervical swabs were obtained. Two swabs were cultured for the detection of *C trachomatis* and *Neisseria gonorrhoeae*, whereas the third was stored at  $-80^{\circ}\text{C}$ . When a positive result was obtained by *C trachomatis* culture, the corresponding frozen sample was withdrawn, its DNA was extracted by VERSANT kPCR SP Module (Siemens Healthcare Diagnostics Inc.) and used as a template for omp1 gene fragment amplification. PCR products were purified and both strands were sequenced. Nucleotide sequences were compared to omp1 sequences using the BLAST search tool at the National Center for Biotechnology Information. The sequences were manually aligned using BioEdit (version 7.0.0) software.  $\chi^2$  Test was used and a p value of  $<0.05$  was considered statistically significant.

**Results** *C trachomatis* was detected in 103 out of 1625 (6.3%) swabs by culture. Prevalence was significantly higher in men ( $p < 0.01$ ), with 60 positives out of 525 tested (11.4%), than in women (43/1100; 3.9%), as well as presence of clinical symptoms: 81.7% (49/60) of infected men and 44.2% of infected women (19/43) were symptomatic. Also prevalence of STD coinfections was significantly higher ( $p < 0.01$ ) in men (35/60; 58.3%) than in women (8/43; 18.6%). In our population the most common serovar was E, with a prevalence of 38.8%, followed by G (23.3%), F (13.5%), D/Da (11.6%), and J (4.8%). Statistically significant differences ( $p = 0.042$ )

**Abstract P3-S1.07 Table 1** Primary demographic, epidemiological, and clinical data and rates of infection with *C trachomatis* serovars for male and female patients

	Sex No (%) of patients		p Value ( $\chi^2$ test)
	Males	Female	
Place of birth			
Italy	42 (70.0)	22 (51.2)	0.052
Other	18 (30.0)	21 (48.8)	
Symptoms			
Yes	49 (81.7)	19 (44.2)	0.000*
No	11 (18.3)	24 (55.8)	
<i>N gonorrhoeae</i> coinfection			
Yes	27 (45.0)	3 (7.0)	0.000*
No	33 (55.0)	40 (93.0)	
<i>T pallidum</i> coinfection			
Yes	5 (8.3)	2 (4.7)	0.696
No	55 (91.7)	41 (95.3)	
Human papillomavirus coinfection			
Yes	6 (10.0)	3 (7.0)	0.592
No	54 (90.0)	40 (93.0)	
HIV coinfection			
Yes	5 (8.3)	0 (0.0)	0.073
No	55 (91.7)	43 (100)	
<i>C trachomatis</i> serovar			
B	0 (0.0)	2 (4.7)	0.042*
D/Da	10 (16.7)	2 (4.7)	
E	24 (40.0)	16 (37.2)	
F	11 (18.3)	3 (7.0)	
G	10 (16.7)	14 (32.6)	
H	0 (0.0)	2 (4.7)	
I/Ia	2 (3.3)	0 (0.0)	
J	2 (3.3)	3 (7.0)	
K	1 (1.7)	1 (2.3)	

\*Statistically significant ( $p < 0.01$ ).

in serovar prevalence between men and women were detected. Finally, significant differences ( $p=0.035$ ) were detected when serovar distribution among patients with or without coinfection was studied: patients with an infection due to D/Da had the highest coinfection rate (75.0%), whereas coinfection rates among patients with serovars F, E, and G were 57.1%, 37.5%, and 29.2%, respectively see Abstract P3-S1.07 table 1.

**Conclusions** The present study contributed to increase the knowledge on serovar distribution of *C trachomatis* in Italy.

**P3-S1.08 ARE THERE ACCEPTABLE ALTERNATIVES TO SYNDROMIC MANAGEMENT FOR THE DIAGNOSIS OF SEXUALLY TRANSMITTED INFECTIONS IN HIV POSITIVE KENYAN WOMEN?**

doi:10.1136/sextrans-2011-050108.408

<sup>1</sup>V Woo, <sup>2</sup>C R Cohen, <sup>3</sup>E A Bukusi, <sup>2</sup>M J Huchko. <sup>1</sup>Stanford University, School of Medicine, Stanford, USA; <sup>2</sup>University of California, San Francisco, USA; <sup>3</sup>Kenya Medical Research Institute, Nairobi, Kenya

**Background** Control of sexually transmitting infections (STIs) is an important aspect of HIV prevention and care. Syndromic management for vaginal discharge, despite a recognised low sensitivity and specificity, is widely employed for STI management among HIV-1 infected women in resource-limited settings. In this pilot study, we evaluated the incremental increase in sensitivity and specificity of multiple, low-cost diagnostic strategies for non-ulcerative STIs diagnosed among HIV-1 infected women receiving care in Kenya.

**Methods** This cross-sectional study was done among a cohort of HIV-1 infected women enrolled at Family AIDS and Care and Treatment Services (FACES) clinics in Kisumu, Kenya. During their routine clinic visit, participants reported any health complaint and later were asked about general vaginal symptoms (brief symptom ascertainment) and specific complaints of pruritis, odour and discharge (detailed symptom ascertainment). Clients were then examined for cervicitis and vaginal discharge, followed by specimen collection for STI testing. Results of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* nucleic acid amplification test and *Trichomonas vaginalis* (TV) by wet mount was used as the gold standard for sensitivity and specificity calculations.

**Results** Of the 155 women who were screened between the ages of 23–53 years, the prevalence of *N gonorrhoeae* was 1.9% (3/155), TV was 6.4% (10/155) and no cases of *C trachomatis* were detected. See Abstract P3-S1.08 table 1.

**Conclusions** Syndromic management had a very poor sensitivity for detecting STIs in HIV-1 infected women. The addition of specific questions about STI-related symptoms improved STI detection rates, while a speculum exam led to greater sensitivity and specificity. The feasibility and effectiveness of alternative approaches such

Abstract P3-S1.08 Table 1 Sensitivity and specificity of multiple diagnostic strategies for STI diagnosis among HIV-1 infected women receiving care at FACES

Evaluation technique N=155	Per cent positive results	Sensitivity for any STI*	Specificity for any STI*	Positive predictive value
Self report (current standard of care)	3% (5)	0 (0)	97% (137)	0 (0)
Intensified symptom ascertainment, brief	26% (40)	23% (3)	75% (107)	8%
Intensified symptom ascertainment, detailed	26% (40)	31% (4)	75% (106)	10%
Gynaecologic exam	9.0% (14)	46% (6)	94% (134)	46%

\*Includes *N gonorrhoeae*, *C trachomatis* and *T vaginalis*.

as routine use of speculum exams, and point-of-care testing for *T vaginalis* should be explored to improve the management of STIs among HIV-1 infected women in similar low-resource settings.

**P3-S1.09 VALIDATION OF COBAS® 4800 HPV AND CT/NG TEST IN CLINICAL SAMPLES**

doi:10.1136/sextrans-2011-050108.409

<sup>1</sup>M Basaras, <sup>1</sup>E Arrese, <sup>2</sup>D Andia, <sup>2</sup>S Hernaez, <sup>2</sup>V Esteban, <sup>3</sup>M Camara, <sup>4</sup>R Cisterna. <sup>1</sup>Universidad del País Vasco, Leioa-Bizkaia, Spain; <sup>2</sup>Hospital de Basurto, Spain; <sup>3</sup>Centro de ETS Bombero, Etxaniz, Spain; <sup>4</sup>Hospital de Basurto, Universidad del País Vasco, Spain

**Background** Roche cobas® 4800 system performs sample preparation, real-time PCR amplification and detection using an internal control in a single tube. The cobas® 4800 human papillomavirus (HPV) test is a multiplex assay that can detect HPV 16, HPV 18 and 12 other high-risk (12-HR) carcinogenic HPV genotypes. We compared this HPV test with the Linear Array (LA) HPV genotyping assay (Roche Molecular System). Therefore, this system can simultaneously detect *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) in urine and swab specimens, and it was evaluated and compared with routine techniques in our clinical laboratory.

**Methods** 462 clinical samples collected in PreseV Cyt® liquid media were used for the HPV test study and compared using cobas® 4800 HPV test and LA-HPV. There were also included 688 clinical samples for CT and NG testing (206 urine samples only and 241 urine and swab specimens respectively) and compared with a real-time PCR assay for CT and bacteria culture for NG.

**Results** For the HPV analysis, 439 out of 462 samples examined (95%) showed positive (160 cases) and negative (302 cases) concordant results; the remaining 3 (0.65%) were invalid by the cobas® 4800 system. The positive samples were distributed: 26 samples of HPV 16, 4 of HPV 18, 110 of 12-HR and 20 samples with mixed infection (15 were 12-HR+HPV 16, four 12-HR+HPV 18 and one HPV 16+18). For CT/NG total analysis, there were only three invalid samples (0.43%) and only 4 (0.58%) discordant results. For the 206 urine samples, there were 19 CT positive, eight NG positive and two mixed CT and NG infections. These positive samples were from male with Chlamydia contact, urethritis and persons who was to STI control. For urine and swab specimens (241 of each), there were a total correlation between both types of samples. In total, there were 5% of positive samples corresponding to 13 CT positive, two NG positive and four mixed CT and NG infections. These positive samples presented clinical manifestations as urethritis or were women to get in touch with Chlamydia infected person.

**Conclusions** the cobas® 4800 system is an easy system for cervical HPV screening and to detect simultaneously CT and NG in a single tube. These test and our lab techniques correlated well in this analysis. Moreover, in the case of CT/NG test the correlation between urine and swab specimens was total, therefore to use urine as clinical sample to detect these two bacteria could be easier than to use swab specimens.

**P3-S1.10 USING ELECTRONIC MEDICAL RECORD DATA TO GUIDE EXPEDITED PARTNER THERAPY IMPLEMENTATION IN AN URBAN STD CLINIC SYSTEM, 2009**

doi:10.1136/sextrans-2011-050108.410

<sup>1</sup>T Mulder, <sup>2</sup>K Johnson, <sup>2</sup>A Lifflander, <sup>2</sup>J Schillinger, <sup>2</sup>M Rogers, <sup>2</sup>S Blank. <sup>1</sup>US Centers for Disease Control and Prevention, Atlanta, USA; <sup>2</sup>NYC Department of Health, US Centers for Disease Control and Prevention, New York, USA

**Background** Expedited partner therapy (EPT) is the practice of providing treatment without a clinical assessment to sex partners of