Background As part of an on-going STI microbiological surveillance programme, we investigated associations between *Chlamydia trachomatis* infection and the demographic, clinical, microbiological and behavioural characteristics of patients presenting with either male urethral discharge syndrome (MUDS) or vaginal discharge syndrome (VDS) to a public healthcare facility in Johannesburg, South Africa

Methods 1,218 MUDS and 1,232 VDS cases were consecutively recruited during 6 annual surveys, starting in 2007. Genital discharge pathogens were detected using a molecular assay for *N. gonorrhoeae*, *Chlamydia trachomatis, Trichomonas vaginalis*, *Mycoplasma genitalium* and by microscopy of vaginal smears (bacterial vaginosis, *Candida*). Serology was used to detect syphilis, HSV-2 and HIV infections. Chi-squared tests and logistic regression analyses were used to identify predictors of *C. trachomatis* infection.

Results Overall, 286 (23.5%) men and 197 (16.0%) women were *C. trachomatis* positive, with the highest prevalence observed in men (30.5%) and women (25.9%) aged 20–24 years. In the multivariate analysis, *C. trachomatis* was less likely to be detected in MUDS patients co-infected with *N. gonorrhoeae* (aOR 0.36, 95% CI, 0.26–0.49) and HSV-2 (aOR 0.70, 95% CI, 0.51–0.95) as well as patients who had received antibiotics recently (aOR 0.43. 95% CI, 0.20–0.91). In contrast, the likelihood of *C. trachomatis* infection was higher in VDS patients co-infected with either *N. gonorrhoeae* (aOR 2.22, 95% CI, 1.48–3.32) or *M. genitalium* (aOR 2.24, 95% CI, 1.45–3.47) infection but lower in women who were older (aOR 0.68, 95% CI 0.60–0.77) or who had *Candida* morphotypes detected (aOR 0.66, 95% CI 0.44–0.98).

Conclusion The increased likelihood of co-existent gonococcal or *M. genitalium* infections, but the decreased likelihood of *Candida* infection, in women with VDS-associated chlamydial infection suggests that these women are at higher risk of STIs, and potentially

HIV. Paradoxically, gonococcal infection as well as recent antibiotic use, reduced the likelihood of MUDS patients having chlamydial infection.

P3.292 THE 2013 IUSTI EUROPEAN COLLABORATIVE CLINICAL GROUP (ECCG) REPORT ON THE DIAGNOSIS AND MANAGEMENT OF CHLAMYDIAL INFECTIONS IN EUROPE

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Background The European Collaborative Clinical Group (ECCG) is an expanding network of over 120 Sexually Transmitted Infection specialists from 36 European countries, who collaborate to conduct questionnaire based research across the European Region to identify variations in practise and inform development of international evidence-based guidelines for diagnosis and management of STIs.

The use of sensitive and specific assays and widespread screening has identified clearly the substantial burden of chlamydial infections across Europe. Infection remains common, despite established screening and treatment programmes in many European countries. Recent data has recently challenged the effectiveness of opportunistic screening and standard short course azithromycin therapy and guidance on tests of cure and partner management remain controversial.

Method The 2013 ECCG survey focuses on the diagnosis and management of chlamydial infection. An online survey constructed around clinical scenarios is gathering data on the type of test, site of testing, use of sample pooling and treatment choices. Follow up, including tests of cure and partner management is also being assessed.

Results Interim analysis of results to date show considerable variation in most of the areas studied. Despite their clear advantage many European populations are still denied the benefits of NAATs based testing. Importantly first line antibiotic choice varies as do test pooling strategies and timing and frequency of tests of cure. The survey is currently running and complete data will be available in late spring for full reporting at the conference.

Conclusion As in previous successful ECCG surveys the 2013 ECCG survey on the diagnosis and management of chlamydial infections includes a particular focus on areas where international guidance is currently lacking or poorly detailed. The ECCG has also recently expanded into parts of Eastern Europe and will be able to present data on STI care from this area for the first time.

P3.293 CONDYDAV: PROSPECTIVE OBSERVATIONAL STUDY OF PATIENTS WITH EXTERNAL GENITAL WARTS(EGWS) CONSULTING IN STI CLINICS IN FRANCE

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In this prospective, observational study, we analysed clinical features and treatments between January, 1 2011 and March, 31 2011 of patients consulting for EGWs in 15 STI clinics through France. 372 males and 111 women were included; mean age 31.2 years old. Women were younger than men (31.7 and 28.9 y.o respectively $p < 0.05$). 414 (85.7%) were heterosexuals, 13 bisexuals and 54 (11.2%) homosexuals; mean age at first sexual intercourse: 17 y.o. Males reported more sex partners in the last 12 months (more than 3 partners in 32.6% versus 11.9% $p < 0.01$). In males, 230 had an involvement of the penis alone and 46 had an involvement of the anus alone. 76 patients had EGWs of the anus, among them 26 were MSM. In females, 76 had an infection of the vulva alone and 22 a co-infection vulva and anus. Concerning cervical cancer screening, 13 had never been tested (mean age 24.8 y.o. [17–40]); mean delay for the last screening: 12 months [1–108]. Three women have been vaccinated against HPV. 3 males were newly diagnosed HIV positives and 8 for syphilis (7 were MSM RR: 50). In females, 2 patients were HIV positives and 13% had an infection by Chlamydia trachomatis (11/84 not known: 27). Women were significantly more treated with Imiquimod (35% Vs 19.9% $p < 0.001$).

P3.294 ASSOCIATION OF MYCOPLASMA GENITALIUM WITH CERVICITIS IN NORTH INDIAN WOMEN ATTENDING GYNECOLOGIC CLINICS

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Background The aetiology of mucopurulent cervicitis is not known in 50% of cases and cannot be attributed to the known cervical pathogens Neisseria gonorrhoeae, Chlamydia trachomatis, Genital Mycoplasmas are such organisms which can be easily overlooked as there is a lack of sufficient laboratory infrastructure for diagnosing them in developing countries. Also, there is the lack of awareness among physicians about M. genitalium infection. There is scarce literature showing the association of M. genitalium with cervicitis and no reports from India. The purpose of this study was hence to