chlamydia prevalence estimate was slightly lower than the reported prevalence in Natsal-2 among men (2.2% (95% CI, 0.4%–6.1%)) and women (2.5% (1.0%–4.9%)), due to the dominance of specificity error in a low prevalence population. However, there remained no statistically significant difference between surveys.

Conclusion Given the wide confidence intervals on prevalence estimates, the Natsal surveys are consistent with prevalence among sexually-experienced young adults in 2009–2012 being as little as half, or as much as double that in 1999–2001. Even large, national, population-based surveys face limitations in statistical power to detect moderate changes in population prevalence of chlamydia. Analyses of testing uptake, diagnoses rates and prevalence by the rich behavioural data in the Natsal surveys can contribute more to evaluation of chlamydia control.

Disclosure of interest statement Natsal-3 is collaboration between University College London (London, UK), the London School of Hygiene and Tropical Medicine (London, UK), NatCen Social Research, Public Health England (formerly the Health Protection Agency) and the University of Manchester (Manchester, UK). The study was supported by grants from the Medical Research Council and the Wellcome Trust, with contributions from the Economic and Social Research Council and Department of Health.

P08.14 *LYMPHOGRANULOMA VENEREUM* IN THE CZECH REPUBLIC

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Introduction *Lymphogranuloma venereum* (LGV) is caused by *Chlamydia trachomatis* serovars L1 – L3. LGV was considered as tropical disease with typical inguinal syndrome and it wasn't usual in Europe until 2003, when an outbreak was observed in the Netherlands. This was followed by series of outbreaks emerging in different European countries and North America. A common feature for this epidemic is men who have sex with men (MSM) with signs of severe proctocolitis. Most of the patients are co-infected with HIV and/or other sexually transmitted infections (STI).

Methods The National Reference Laboratory for Chlamydia Infections offers a diagnostic service to clinicians. The disease is confirmed by the presence of *Chlamydia trachomatis* and L1 – L3 serovars from multiplex PCR (Seegene). Multiplex PCR is very useful, because multiple infections are observed in many cases.

Results First case of LGV was diagnosed from a lymph node puncture in 2010. Then the number of patients was slowly increasing (5–10 patients per year) and the most cases were diagnosed in 2014 (23 patients). Until March 2015, a total of 56 patients with LGV were confirmed. Characteristics of these cases were similar to those in other European countries. LGV was confirmed among MSM with high prevalence of other STI. Forty-eight patients (85%) were co-infected with HIV. In some cases, HIV and LGV were diagnosed at approximately the same time. Forty-three patients (77%) were co-infected with syphilis. The data on other STI are not completed. The vast majority of patients manifested proctocolitis. Only in few cases the inguinal syndrome was observed.

Conclusion *Lymphogranuloma venereum* is also present among MSM in the Czech Republic. We observed, that the number of cases increases. Certainly, it is necessary to expand testing of chlamydial infection in MSM, because this disease could facilitate HIV transmission.

Disclosure of interest statement Nothing to declare.

P08.15 INCREASING NUMBER OF *LYMPHOGRANULOMA VENEREUM* CASES IN BELGIUM, OVERVIEW 2011–2014

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Introduction The surveillance of *Lymphogranuloma venereum* (LGV) in Belgium was reinforced in 2011 by a National Reference Centre of Sexually Transmitted Infections (NRC-STI) offering since then the confirmation of L serovar *Chlamydia trachomatis* by qPCR on biological material of suspected cases. The surveillance data of confirmed cases is send to the Institute of Public Health (IPH).

Methods Medical laboratories are asked to send biological specimens of LGV suspected cases and which are positive for *C. trachomatis* to the NRC-STI to confirm the presence of the *C. trachomatis* L type. Sociodemographic and clinical data are collected of suspected and confirmed cases.

Results The number of cases stayed stable in 2011 (N = 21) and 2012 (N = 23) but doubled (N = 45) and almost tripled (N = 59) in 2013 and 2014, respectively. Over the 4 years we observed 148 cases in 126 male patients and 1 transgender, the majority of them identified themselves as Men who have Sex with Men (MSM), being older (30–49 year) and HIV positive, with the exception of 7 HIV negative MSM in 2014. The patients were frequently co-infected with another STI. Gonorrhoea was the most frequently reported co-infection and proctitis was the predominant symptom. Sex work or contact with a sex worker was reported by four patients in 2014. Six patients experienced more than once (2–4) a LGV within 5 to 24 months since the last infection.

Conclusions Over 2011–2014, LGV was detected in mainly HIV positive MSM belonging to an older age group. STI co-infections were frequently detected.

The worrying finding is the multiple reinfections. It is not clear whether the re-infections are persistent infections due to treatment failure, re-infection caused by (an) untreated partner (s), or new infections.

The increasing number of LGV cases and the high number of re-infections calls for sensitisation and prevention campaigns for this population.

Disclosure of interest statement Nothing to declare.