

#### 004.4 THE NETHERLANDS CHLAMYDIA COHORT STUDY (NECCST): RISKS OF LONG-TERM COMPLICATIONS FOLLOWING CHLAMYDIA TRACHOMATIS INFECTIONS IN WOMEN

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**Introduction** The Netherlands Chlamydia Cohort Study (NECCST) follows a cohort of women of reproductive age for  $\geq 10$  years to investigate *Chlamydia trachomatis* (CT) related risk (factors) for late complications including the role of host genetic biomarkers. This cohort builds on a prior large-scale Chlamydia Screening Implementation (CSI, 2008–2011). Here outcomes from the first NECCST collection round are described.

**Methods** In 2015–16 CSI women were invited to participate in NECCST. Data on CT-infections, pregnancies and the late complications Pelvic Inflammatory Disease (PID), ectopic pregnancy (EP) and tubal infertility (TI) were collected by questionnaires. CT Immunoglobulin G (IgG) was measured in self-collected blood samples. A positive CT history was defined as  $\geq 1$  positive outcome, either a positive CSI CT Polymerase Chain Reaction (PCR) result, a self-reported CT-infection or CT IgG presence. Risks were compared between women with/without a positive CT-history in NECCST-data combined with CSI-data.

**Results** Among the 5704 women enrolled, CT IgG prevalence was 14.5%. Of women with self-reported CT-infection or who had been CSI-PCR positive, 38.1% was CT-IgG positive. Of women without a self-reported CT-infection and who had been CSI-PCR negative, 7.0% was CT-IgG positive. Overall 29.2% ( $n=1,665$ ) had a positive CT-history. Women with a positive CT-history reported less planned pregnancies compared to women with a negative CT-history (19.5% vs 27.4%,  $p<0.001$ ). In contrast, unplanned pregnancies were more common among women with a positive CT-history (24.7% vs. 12.4%,  $p<0.001$ ). Women with a positive CT-history had a significantly higher risk of PID and TI compared to women with a negative CT-history: 5.0% vs. 2.0% ( $p<0.001$ ) and 1.1% vs. 0.3% ( $p<0.001$ ), respectively.

**Conclusion** Intermediate outcomes of NECCST after 4–7 years follow-up from CSI suggest a higher risk for PID and TI in women with a positive CT-history. NECCST is expected to yield valuable results for identification of risk factors for CT-complications which might enable targeted preventive methods.

#### 004.5 A PSYCHOSOCIAL EVALUATION OF THE ZIKA VIRUS: U. S. PREGNANT WOMEN'S KNOWLEDGE AND ATTITUDES ABOUT PREVENTION

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**Introduction** Zika, when transmitted during pregnancy, can be associated with significant infant morbidity. Little is known about pregnant women's knowledge and attitudes regarding the Zika virus.

**Methods** Pregnant women in the US ( $n=362$ ) completed an online survey about health and pregnancy. Questions regarding Zika assessed worry about infection (1 item), knowledge (9 items), feasibility of behavioural preventive strategies (6 items), and vaccine attitudes (3 items).

**Results** Participants were mostly 25–35 years old (67%), non-Hispanic White (65%), had at least some college education (84%) and had been pregnant before (71%). Thirty-three percent were very worried about Zika, 41% somewhat, and 26% not at all worried. The mean knowledge score was  $5.2 \pm 2.3$  (range=0–9). Most answered that mosquitos transmit Zika correctly (86%); only 29% knew that adults could not die from it. The percent correct for the other items ranged from 48% (the virus can stay in semen for an unknown period of time) to 68% (mother-baby transmission). Women reported it would be 'very hard' to do the following during pregnancy: not travel to a Zika infested area (31%), abstain from sex (28%), use condoms (25%), use repellent (24%), not have their partner travel to a Zika infested area (19%), and wear long sleeves/pants (18%). A vaccine was viewed as very important (72%). Strategies were endorsed as follows: vaccinate all women/men, 14–40 years old (38%); only women 14–40 years (20%), women or women/men planning a pregnancy (28%) and women whose partner has Zika (6%). Few (8%) reported not believing in vaccines. Seventy-two percent of the sample said they would agree to a Zika vaccine, 15% said they would decline.

**Conclusion** Despite intensive media reporting on Zika, pregnant women had gaps in knowledge, other than mosquito transmission. A significant minority of women found it very hard to implement behavioural strategies during pregnancy, particularly prevention of sexual transmission. A Zika vaccine appears to be acceptable with a preference for universal strategies.

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#### 004.6 THE "MALE PARTNER IN THE PRENATAL CARE STRATEGY" AS A RELEVANT OPTION TO REDUCE CONGENITAL SYPHILIS

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**Introduction** The increase in congenital syphilis rates represents near-failure to the usual public health resources, making room for new approaches such as the inclusion of the partner in prenatal care. To evaluate the influence of this new strategy "Male Partner in the Prenatal Care Strategy (MPPCS)" on: 1) The vertical transmission (VT) rate of syphilis; 2) The syphilis rate among pregnant women; 3) The syphilis rate in the partners who joined the strategy; 4) What variables influence partner's adherence in the MPPCS.

**Methods** This was a longitudinal study carried out in Ribeirão Preto (São Paulo State, Brazil). It was enrolled pregnant women (PW) and live births (LB) divided in two groups. The group in which had their partners participating in the MPPCS