P469 SPONTANEOUS RESOLUTION TO NEGATIVE AND NON-VIABLE STATUS OF VAGINAL AND RECTAL *CHLAMYDIA TRACHOMATIS* INFECTION (FEMCURE)

[1]Nicole Dukers-Muijrers*, [2]Kevin Janssen, [3]Hannelore Götz, [4]Maarten Schim Van Der Loeff, [4]Sylvia Bruisten, [5]Henry De Vries, [6]Christian Hoebe, [7]Petra Wolffs. *[1]Public Health Service South Limburg, Sexual Health, Infectious Diseases and Environmental Health, Heerlen, Netherlands; [2]Maastricht University Medical Centre (MUMC), Department of Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Maastricht, Netherlands; [3]Public Health Service Rotterdam Rijnmond, Public Health/Sexual Health, Rotterdam, Netherlands; [4]Public Health Service Amsterdam, Amsterdam University Medical Center (UMC), Infectious Diseases, Infection and Immunity (AI and II), Amsterdam, Netherlands; [5]Public Health Service Amsterdam, Amsterdam University Medical Center (UMC), National Institute of Public Health and the Environment (RIVM), Infectious Diseases Infection and Immunity Institute (AI and II), Epidemiology and Surveillance Unit, Amsterdam, Netherlands; [6]Public Health Service South Limburg, Maastricht University Medical Center (MUMC), Sexual Health, Infectious Diseases and Environmental Health, Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Heerlen, Netherlands; [7]Maastricht University Medical Center (MUMC), Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Maastricht, Netherlands*

10.1136/sextrans-2019-sti.551

Background Spontaneous resolution (clearance) of *Chlamydia trachomatis* (CT) infections can occur between diagnosis by nucleic acid amplification assays (NAAT) and treatment. Moreover, viability polymerase chain reaction (V-PCR) techniques showed that part of non-resolved NAAT positives represent non-viable CT. This may impact clinic policies aiming to restrict antibiotic treatment (i.e. to viable CT only). We followed 560 CT diagnosed women to assess the proportion without viable CT at follow-up, and associated risk factors.

Methods Vaginal (vCT) or rectal (rCT) NAAT positive adult women, negative for HIV, syphilis and *Neisseria gonorrhoeae*, who not recently used antibiotics, were included at three STI outpatient-clinics (Netherlands, 2016–2017; FemCure). At clinic-diagnosis women were (a) vCT positive, rCT untested (n=351), (b) vCT, rCT positive (n=155), (c) vCT positive, rCT negative (n=25), (d) vCT negative, rCT positive (n=29). After a median of 8 [IQR:7–12] days, before treatment, samples were tested using NAAT and V-PCR. We present percentages of women without viable CT at follow-up, and tested which factors (group [a-d], age, education, non-western-background, symptoms, anal/vaginal sex, sexpartners) were associated, using logistic regression.

Results At follow-up, percentages of women NAAT negative at both anatomic sites were 5.4% (a), 0.6% (b), 32.0% (c), and 27.6% (d). Percentages of women without viable CT (i.e. NAAT negative or NAAT positive and V-PCR undetectable) at both anatomic sites were 9.4% (33/351, a), 3.9% (6/155, b), 52.0% (13/25, c), and 41.4% (12/29, d). Alongside group ($p<0.001$), older age was independently associated (odds ratio: 1.07 per year (95%CI: 1.01–1.13; $p=0.029$) with lack of viable CT.

Conclusion Less than ten percent of STI-clinic women diagnosed with vaginal and rectal CT (or were rectally untested) did not have viable CT one week after diagnosis (when they return for treatment). Yet, this percentage was higher in women with single vaginal or rectal infection and in older women; this may affect treatment-choices.

Disclosure No significant relationships.

P470 SCREENING RATES AND FOLLOW-UP OF *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* INFECTIONS DURING PREGNANCY

[1]Victoria Ivensky, [2]Romain Mandel, [1]Annie-Claude Boulay, [3]Christian Lavallée, [4]Janie Benoit, [3]Annie-Claude Labbé*. *[1]University of Montreal, Faculty of Medicine, Montreal, Canada; [2]Hôpital Maisonneuve-Rosemont, CIUSSS de l'Est-de-l'Île-de-Montréal, Pediatrics, Montreal, Canada; [3]Hôpital Maisonneuve-Rosemont, CIUSSS de l'Est-de-l'Île-de-Montréal, Infectious Diseases and Medical Microbiology, Montreal, Canada; [4]Hôpital Maisonneuve-Rosemont, CIUSSS de l'Est-de-l'Île-de-Montréal, Obstetrics and Gynecology, Montreal, Canada*

10.1136/sextrans-2019-sti.552

Background While the US Preventive Services Task Force recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum, the Canadian pediatric society no longer recommends its use. Systematic prenatal screening for *C. trachomatis* (CT) and *N. gonorrhoeae* (NG), as well as treatment and test of cure (TOC) are considered the most effective ways of preventing vertical transmission and neonatal conjunctivitis. The aim of this study was to assess compliance with Quebec pregnancy screening guidelines.

Methods The list of all women who delivered at a tertiary care hospital in Montreal, between April 2015 and March 2016, was cross-referenced with the list of samples tested for CT/NG. Maternal medical records were reviewed for demographic, prenatal and diagnostic information.

Results Amongst 2688 women, 2256 were sampled at least once but only 2218 (82.5%) had at least one valid result available before the day of delivery. Screening rates leading to a valid result were higher among nulliparous women (86%; 1071/1243 vs 79%; 1138/1432; $p<0.001$) as well as in women <25 years old (yo) (86%; 298/347 vs 82%; 1920/2341; $p=0.08$). Infection was detected in 45/2218 (2%) women: CT (43; 1.9%) and NG (4; 0.2%); two were co-infected. CT infection was more frequent in women aged <25 yo (9.4%; 28/298) than among those aged ≥25 yo (0.8%; 15/1920; $p<0.001$). Amongst the 43 CT-infected women, 39 (91%) were treated and 31 (72%) had a TOC which was positive in four (13%) women. All NG-positive women were treated and had a negative TOC.

Conclusion Compliance with CT/NG screening and follow-up guidelines is insufficient to stop current universal ocular prophylaxis. Repeating universal screening in pregnancy should be considered: in addition to identifying women who become infected later in pregnancy, such strategy could decrease the number of women who are not screened at all during pregnancy.

Disclosure No significant relationships.