[1,2]**K E Rogstad**, [3]G Hughes, [4]G Debelle, [5]J Evans, [6]R Reading. *[1]Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK, [2]University of Sheffield Medical School, Shefield, UK, [3]STI Section, Health Protection Services Colindale, Health Protection Agency, London, UK, [4]Birmingham Childrens' Hospital, Birmingham, UK, [5]Department of Genitourinary Medicine, Norfolk and Norwich University Hospital, Norwich, UK, [6]Jenny Lind Paediatric Dept, Norfolk and Norwich University Hospital, Norwich, UK*

Background Children who have been sexually abused (CSA) are potentially at risk of sexually transmitted infections (STI). It is not known how frequently such infections are identified within the population nor whether the implications of the mode of transmission are recognised and investigated appropriately.
Methods Active surveillance occurred through the British Paediatric Surveillance Unit system (www.rcpch.ac.uk/bpsu) which covers all paediatricians (estimated > 95%) in UK and Republic of Ireland. Consultant paediatricians were asked to report cases with laboratory confirmed Neisseria gonorrhoeae (Ng), Treponema pallidum (Tp), Chlamydia trachomatis (Ct) or Trichomonas vaginalis (Tv) in children aged 1 to 12 years between January 2010 and January 2012. Anyone reporting a case was sent a clinical questionnaire. The adequacy of the initial and confirmatory diagnostic tests was judged against relevant national guidelines. Child protection investigations undertaken were arranged into a hierarchical classification.
Results Fifteen cases were reported - 7 Ng, 6 Ct, 1 Tp and 1 Tv. Fourteen presented because of symptoms (5 with ophthalmic symptoms), 3 had isolated ophthalmic infections), 1 following alleged CSA. Eleven of 15 had other indicators of possible CSA including allegation, behavioural or previous child protection concerns. Tests used were adequate and all had additional STI testing undertaken including 10 HIV and 12 Tp and hepatitis B. All but one case were referred for multi-agency child protection investigations, in three cases sexual CSA was confirmed at court or case conference (some outcomes awaited).
Conclusion This is the first population-based study of bacterial STI incidence in under 13 year-olds in the UK. Incidence was very low. Once detected, there are high levels of screening for other STIs using appropriate tests in line with national guidelines, and assessments for CSA. This is an improvement on a previous study on HSV1 and may be a result of better guidance and evidence base.

P3.008 EPIDEMIOLOGICAL CORRELATES OF CHLAMYDIA PGP3 ANTIBODY IN A PROSPECTIVE COHORT OF MEN AND WOMEN

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[1,2]**P Horner**, [3]N Dickson, [4]G Wills, [3]A Righarts, [4]S Vieira, [3]S Young, [4]M McClure. *[1]University of Bristol, Bristol, UK; [2]University Hospitals Bristol NHS Foundation Trust, Brsitol, UK; [3]University of Otago, Dunedin, New Zealand; [4]Imperial College London, London, UK*

Background Epidemiological correlates of chlamydia (CT) antibody were investigated in a longitudinal cohort of just under 1000 men and women born in Dunedin, New Zealand in 1972/1973 at ages 26, 32 and 38.
Methods Subjects were questioned on sexual behaviour and sexually transmitted infections (STIs) at ages 21, 26, 32 and 38 (1993–2011), and sera collected at ages 26, 32 and 38 for CT antibody. All sera were assayed by Pgp3 ELISA, and the age 32 samples by MOMP peptide ELISA, and assayed blinded. Ethical approval was obtained.
Results Pgp3 antibody was strongly associated with history of CT, but not other STIs (p > 0.3). This association was much stronger for women (p = < 0.001, OR 8, 95% CI 4–16.1) than men (p = 0.07, OR 2.64, 95% CI 0.82–8). At age 26, 17.4% (72/411) of all the women were Pgp3 sero-positive, as were 56.8% (25/44) of those giving a history of CT infection. For both men and women at age 26, Pgp3 antibody correlates with age at first intercourse and the number of partners. More women who were seropositive at age 26 lost Pgp3 antibody between the ages of 26 and 32 (25/67, 37.3%), than did seropositive women between 32 and 38 (7/56, 12.5%) (p = 0.003). At age 32 women with previous CT infection were more likely to have Pgp3 antibody (23/52, 44.2%) than MOMP antibody (12/52, 23.1%).
Conclusion Pgp3 antibody in women is strongly associated with past diagnosed CT infection, and at age 32 a more sensitive measure than MOMP antibody. It is associated with earlier age of first sexual intercourse and increasing number of partners, but not with a past history of other STIs. Pgp3 antibody prevalence declined over time. These data provide further information to show that Pgp3 antibody provides a measure of past CT infection.

P3.009 PREVALENCE OF *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEA* INFECTION IN PREGNANT WOMEN ENROLLED IN A LARGE MULTICENTER CLINICAL TRIAL

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J Osiecki, J Duncan, M Lewinski, O Liesenfeld. *Roche Molecular Systems, Pleasanton, CA, United States*

Background Pregnant women infected with sexually transmitted diseases are at higher risk for miscarriage, pre-term delivery, low birth weight, and morbidity in the neonate associated with transmission of pathogenic agents. Treatment guidelines recommend screening pregnant women for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) on the first prenatal visit. This study was performed to determine the frequency of CT and NG infection observed in pregnant women enrolled in a large clinical trial study population.
Methods This multicenter retrospective cohort analysis was performed with data collected during the VENUS clinical trial, a study characterising the clinical performance of the cobas® CT/NG Test on the cobas® 4800 system. Two FDA-cleared nucleic acid amplification tests (NAATs) were used as comparator assays. Obstetrics-gynaecology practises, family planning clinics, and STD clinics from diverse settings in the United States served as specimen collection sites. Patient infection status (PIS) was defined as positive when results from NAATs with different target regions generated positive results with collected samples.
Results Of 5,269 enrolled participants, 281 of 4315 eligible women (6.5%) were found to be positive for CT infection and 69 of 4314 (1.6%) were positive for NG according to PIS outcomes. Alternatively, 16 of 178 eligible pregnant women (9.0%) were positive for CT, where 2 of 178 pregnant women (1.1%) were considered positive for NG by PIS.
Conclusion Screening of pregnant women for CT and NG with the cobas® CT/NG Test and two additional NAATs during the VENUS clinical trial revealed the prevalence of CT and NG infections are comparable to rates observed in the general female population.

P3.010 COMPARISON OF THE RATE OF HOSPITALISATION FOR PELVIC INFLAMMATORY DISEASE (PID) FOLLOWING A DIAGNOSIS OF CHLAMYDIA OR GONORRHOEA IN WOMEN RESIDENT IN NEW SOUTH WALES, AUSTRALIA

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[1]**J Reekie**, [1]B Donovan, [1]R Guy, [2]J Hocking, [3]L Jorm, [1]J M Kaldor, [1,4]J Ward, [1]B Liu, on behalf of the chlamydia & reproductive health outcome investigators. *[1]University of New South UK, Sydney, Australia; [2]University of Melbourne, Melbourne, Australia; [3]University of Western Sydney, Sydney, Australia; [4]Baker Institute, Alice Springs, Australia*

Aim Studies have demonstrated and quantified the relationship between chlamydia infection and pelvic inflammatory disease (PID). However there is relatively little information regarding the