Prevalence was the highest in young people, with 3.6% for women and 2.4% in men aged 18–24 yo. To face this problem, several countries have developed new strategies, mixing newer technologies and home-based self-sampling test. Inspired by evaluation of those dispositives, the French National Institute of Health Prevention and Education (INPES) decided to experiment the proposition of a free home-based self-sampling to screen this infection via internet in young people 18–24 yo. This study, named Chlamyweb, aims to compare CT screening rate from this intervention with traditional information system and screening centre. Study design was a random control trial, with a 1:2 randomization. Recruitment took place on an Internet information website on sexually transmitted infections, and support by web campaign from September 3 to October 14 2012. Home-based kits were composed by uriswab 3 sponges for men and dry vaginal swabs for women (Copan diagnostics). All samples were analysed by using the fully automated cobas 4800 (Roche diagnostics). Self-sampling was proposed to 5 531 people. Out of them, 47.3% accepted, with a higher rate in women (53.0%). A total of 1616 kits were provided (1002 from women (63.8%) and 614 from men (58.5%)) was return to the French National Reference Center for chlamydial infections. The global prevalence was 6.8% (5.3% in men, 4.4% in men). Sexual behaviour and sociodemographic patient’s characteristics were collected and their analysis is under investigation. These preliminary results show that Internet testing reaches a population with a high prevalence of CT infection and appears to be acceptable to young people.

**P3.026 LOW PREVALENCE OF CHLAMYDIA TRACHOMATIS INFECTION: FACT OR MISSED DIAGNOSIS?**

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**Background** Chlamydia trachomatis is reported to be the most common sexually transmitted infection (STI) in developed countries; this data depends on the sensitivity and specificity of the diagnostic test employed. Even when Nucleic acid amplification tests (NAAT s) are used to detect C.trachomatis infection, the occurrence of one or more false negative results may be responsible for negative test results, as was documented when using the new PCR assays.

**Methods** A total of 34 male patients reporting to the STI OPD of the Lok Nayak Hospital with urethritis were included in this study. A Gram staining and culture was done for detection of Neisseria gonorrhoeae and DFA and real-time PCR using COBAS *- TaqMan* CT Test, v2.0 to detect the presence of C.trachomatis. Results Among the 34 males, 55.9% cases were positive for N.gonorrhoeae by culture. DFA for C.trachomatis was positive in 17.6% cases, 5 out of 6 DFA positive cases were also positive for N.gonorrhoeae. PCR for C.trachomatis has so far been done in 19 cases, including 4 of the DFA positive cases, and none of them yielded a positive result. Neither C.trachomatis nor N.gonorrhoeae was found in 41.1% cases.

**Conclusion** C.trachomatis was detected only in 17.6% men with urethritis and that too only by DFA and none by PCR. This could be either an actual low prevalence of C.trachomatis or it may be due to the occurrence of new variant strains not detected by the molecular diagnostic test used by us. Sequencing of C.trachomatis isolated from patient specimens will be required to detect mutants that could be responsible for underdiagnosis, when relying only on NAATs.