

(63.4%) men who have sex with men only; 34 (8.2%) men who have sex with both men and women. Among the women: 74 (73.3%) African-American; 18 (17.8%) White; 6 (5.9%) women who have sex with women only; 8 (7.9%) women who have sex with women and men. Among men, the prevalence of CT was 10.7% (2.7% throat, 5.8% rectal and 3.4% urine); for GC 8.5% (6.5% throat, 3.4% rectal and 1.2% urine). Among women, the prevalence of CT 12.9% (4.9% throat, 8.9% rectal and 8.9% urine); GC 3.0% (1.0% throat, 3.0% rectal and 1.0% urine). 95.9% of the individuals reported high acceptance of self-testing with 97.6% willing to do repeat testing and 96.7% to recommend self-testing to someone else.

Conclusion HIV-negative, asymptomatic adults testing for HIV are infected with other STIs. Self-testing for CT and GC was implemented successfully among men and women. Self-testing can mitigate HIV infection by increasing detection and treatment of STIs amongst those seeking HIV testing only.

P3.183 BORDERNETWORK: BRIDGING GAPS IN BIOBEHAVIOURAL STI SURVEILLANCE IN EUROPE

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Background Within the BORDERNETwork-project a biobehavioural sentinel surveillance was established in Austria, Bulgaria, Romania and Slovakia in 2010–12. The objectives were to record lab-confirmed STI (chlamydia, gonorrhoea, syphilis, HIV) in clinical settings and merge them with demographic and behavioural data to assess migration aspects, vulnerable groups and risk factors and recognise necessity for targeted interventions.

Methods On a monthly base, physicians reported aggregated STI testing data. Individual data was provided for each positive patient including demographics, re- and co-infections and assumed risk behaviour. Via patient questionnaires, information on socio-demographics, way of transmission and sexual behaviour was collected. All questionnaires were sent via regional to coordinating partners for merging and analysis.

Results Overall, 467797 tests were performed in 45 sentinel sites (Austria 13, Slovakia 14, Romania 13, Bulgaria 5). The countries varied in the number of STI tests (range: 6071 – 298645), positivity rate (range: 2–13%), patient characteristics and sexual behaviour. 75% of all women with an STI in Austria were sexworkers, compared to 5% and 8% in Bulgaria and Romania. 34% of all men with an STI in Slovakia had sex with men, compared to 4% in Romania. STI patients, especially women had a migration background in 79% in Austria, but less than 7% in the other three countries. Casual partners were the presumed cause of infection in the majority of MSM in all countries, whereas condom use in the last 6 months with these partners varied significantly between the 4 countries.

Conclusions Although not representative, sentinel surveillance gathers useful information on groups most at risk and can be compared between countries when using the same instruments. Legal and social issues can hinder disclosure of sexual preferences and practises and hamper targeted prevention. Enhancement of condom use with casual partners in MSM seems to be crucial, particularly in the East.

P3.184* SEXUALLY TRANSMITTED INFECTIONS AND PREGNANCY OUTCOMES, FLORIDA 2008–2010

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Background A prior population based study found the odds of low birth weight for women with inadequate weight and history of Chlamydia trachomatis (Ct) infection during the pregnancy was nearly twice that of women without Ct infection (AOR 1.98, $p < 0.02$). A stronger association was observed with pre-term low birth weight (AOR 2.34, $p < 0.01$). Subsequently, 2005–2006 ratified state laws and regulations required Ct screening during pregnancy.

Objectives To examine associations between Ct infections during pregnancy and birth outcomes among women who gave birth in Florida after implementation of mandated Ct testing.

Methods Logistic Regression analysis of Florida birth records (548,407) linked to records for women who tested positive for Ct (12,334), were treated and gave birth from 01/01/2008 to 12/31/2010.

Results Among 18–35 years old, with singleton births, 2.7% were reported with chlamydia during pregnancy and 6.5% experienced low birth weight (LBW) outcome, less than 2500 grammes. After controlling for smoking, prenatal care, race, education, marital status, inadequate weight gain and nine other covariates, Ct infection treatment in gestation weeks 17 through 28 was associated with increased odds of delivering a moderately LBW infant (1500 to 2499 grammes) (AOR 1.29, 95% CI 1.12 to 1.49). No association was found for very LBW infants (< 1500 grammes) or for Ct infections treated before 17 weeks gestation. The increased odds for moderately LBW were observed for preterm (< 37 weeks gestation) moderately LBW infants (AOR 1.28, 95% CI 1.07 to 1.53) and term (≥ 37 weeks gestation) moderately LBW infants (AOR 1.27, 95% CI 1.03 to 1.57).

Conclusions Proactive public health policies for chlamydia screening during pregnancy and intensified treatment timeliness may have contributed to improved pregnancy outcomes, but Ct infection continues to be associated with increased odds of moderately LBW. Prospective examination of treatment dosage and timeliness may prove informative.

P3.185 CHLAMYDIA TRACHOMATIS IN THE GENITAL TRACT OF HIV-INFECTED WOMEN, PREGNANT AND NON-PREGNANT, FOLLOWED IN A REFERENCE CENTRE IN BAHIA, NORTHEAST BRAZIL

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Background Genital tract infection by *Chlamydia trachomatis*(CT) is associated with complications such as pelvic pain, infertility and ectopic pregnancy, besides increased risk of HIV sexual transmission. Its occurrence during gestation worsens perinatal morbidity and mortality. In HIV-infected pregnant women also increases the risk of HIV mother-to-child transmission despite the use of HAART. In Brazil, there are few data on the prevalence of HIV/CT co-infection and associated risk factors.

Methods Cross-sectional study of HIV-infected women attending in a reference outpatient clinic for gynaecology and prenatal care between October 2010 and September 2011 was conducted, evaluating laboratory and clinical data. The search of CT was performed using Hybrid Capture II collected from endocervix, and clinical data were obtained from standard questionnaire and survey data in medical records.