Background As part of an on-going STI microbiological surveillance programme, we investigated associations between Chlamydia trachomatis infection and the demographic, clinical, microbiological and behavioural characteristics of patients presenting with either male urethral discharge syndrome (MUDS) or vaginal discharge syndrome (VDS) to a public healthcare facility in Johannesburg, South Africa.

Methods 1,218 MUDS and 1,232 VDS cases were consecutively recruited during 6 annual surveys, starting in 2007. Genital discharge pathogens were detected using a molecular assay for N. gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, Mycoplasma genitalium and by microscopy of vaginal smears (bacterial vaginosis, Candida). Serology was used to detect syphilis, HSV-2 and HIV infections. Chi-squared tests and logistic regression analyses were used to identify predictors of C. trachomatis infection.

Results Overall, 286 (23.5%) men and 197 (16.0%) women were C. trachomatis positive, with the highest prevalence observed in men (30.5%) and women (25.9%) aged 20–24 years. In the multivariate analysis, C. trachomatis was less likely to be detected in MUDS patients co-infected with N. gonorrhoeae (aOR 0.36, 95% CI, 0.26–0.49) and HSV-2 (aOR 0.70, 95% CI, 0.51–0.95) as well as patients who had received antibiotics recently (aOR 0.43, 95% CI, 0.20–0.91). In contrast, the likelihood of C. trachomatis infection was higher in VDS patients co-infected with either N. gonorrhoeae (aOR 2.22, 95% CI, 1.48–3.32) or M. genitalium (aOR 2.24, 95% CI, 1.45–3.47) infection but lower in women who were older (aOR 0.68, 95% CI 0.60–0.77) or who had Candida morphotypes detected (aOR 0.66, 95% CI 0.44–0.98).

Conclusion The increased likelihood of co-existent gonococcal or M. genitalium infections, but the decreased likelihood of Candida infection, in women with VDS-associated chlamydial infection suggests that these women are at higher risk of STIs, and potentially HIV. Paradoxically, gonococcal infection as well as recent antibiotic use, reduced the likelihood of MUDS patients having chlamydial infection.

Background The European Collaborative Clinical Group (ECCG) is an expanding network of over 120 Sexually Transmitted Infection specialists from 36 European countries, who collaborate to conduct a questionnaire-based research across the European Region to identify variations in practice and inform development of international evidence-based guidelines for diagnosis and management of STIs.

The use of sensitive and specific assays and widespread screening has identified clearly the substantial burden of chlamydial infections across Europe. Infection remains common, despite established screening and treatment programs in many European countries. Recent data has recently challenged the effectiveness of opportunistic screening and standard short course azithromycin therapy and guidance on tests of cure and partner management remain controversial.

Method The 2013 ECCG survey focuses on the diagnosis and management of chlamydial infection. An online survey constructed around clinical scenarios is gathering data on the type of test, site of testing, use of sample pooling and treatment choices. Follow up, including tests of cure and partner management is also being assessed.

Results Interim analysis of results to date show considerable variation in most of the areas studied. Despite their clear advantage many European populations are still denied the benefits of NAATs based testing. Importantly first line antibiotic choice varies as do test pooling strategies and timing and frequency of tests of cure.

The survey is currently running and complete data will be available in late spring for full reporting at the conference.

Conclusion As in previous successful ECCG surveys the 2013 ECCG survey on the diagnosis and management of chlamydial infections includes a particular focus on areas where international guidance is currently lacking or poorly detailed. The ECCG has also recently expanded into parts of Eastern Europe and will be able to present data on STI care from this area for the first time.

In this prospective, observational study, we analysed clinical features and treatments of patients with external genital warts (EGWs) consulting in STI clinics in France.

Background Recent data has recently challenged the effectiveness of opportunistic screening and treatment programmes in many European countries. Infection remains common, despite established guidance is currently lacking or poorly detailed. The ECCG has also recently expanded into parts of Eastern Europe and will be able to present data on STI care from this area for the first time.

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