but is hindered by asymptomatic infections and analyses based on people tested for clinical reasons that could differ by age and gender. If improved serological detection of CT infection were available, epidemiological studies could more confidently estimate past exposure. We have explored CT incidence by age period in a cohort study, using a combination of a recently characterised serological assay (with higher sensitivity and high persistence) and self-reports.

Methods Sexual health and behaviour information was collected from a cohort of initially 1,037 participants born in Dunedin, New Zealand in 1972/3, at regular intervals up to age 38. Sera drawn at ages 26, 32 and 38 were tested for antibodies to CT-specific Pgp3 antigen using a double-antigen sandwich enzyme-linked immunosorbent assay. CT incidence was examined by gender, age and number of partners.

Results By age 38, 31.5% (146/464) women and 21.8% (102/469) men had been seropositive and/or self-reported CT infection. More occurred before age 26 than in the 12-year period 26–38 years, the difference being more marked in women than men. In all age periods the risk of acquiring CT increased with number of partners. Once the age-period specific incidence rates were adjusted for the number of partners there was no relationship between CT risk and age period. Overall the partner number adjusted risk was lower in men, although this may reflect that men are less likely to seroconvert than women.

Conclusions CT infection was very common amongst this cohort by age 38. Adjusted analyses showed a major risk factor was number of partners, with no interaction by age-period. The increased risk in men must be interpreted cautiously due to the known difference in serological responses between men and women.

Disclosure of interest statement This study was funded by Health Research Council of New Zealand. No pharmaceutical grants were received in the development of this study.
chlamydia prevalence estimate was slightly lower than the reported prevalence in Natsal-2 among men (2.2% (95% CI, 0.4%–6.1%)) and women (2.5% (1.0%–4.9%)), due to the dominance of specificity error in a low prevalence population. However, there remained no statistically significant difference between surveys.

Conclusion Given the wide confidence intervals on prevalence estimates, the Natsal surveys are consistent with prevalence among sexually-experienced young adults in 2009–2012 being as little as half, or as much as double that in 1999–2001. Even large, national, population-based surveys face limitations in statistical power to detect moderate changes in population prevalence of chlamydia. Analyses of testing uptake, diagnoses rates and prevalence by the rich behavioural data in the Natsal surveys can contribute more to evaluation of chlamydia control.

Disclosure of interest statement Natsal-3 is collaboration between University College London (London, UK), the London School of Hygiene and Tropical Medicine (London, UK), NatCen Social Research, Public Health England (formerly the Health Protection Agency) and the University of Manchester (Manchester, UK). The study was supported by grants from the Medical Research Council and the Wellcome Trust, with contributions from the Economic and Social Research Council and Department of Health.

PO8.14 LYMPHOGRANULOMA VENEREUM IN THE CZECH REPUBLIC

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Introduction Lymphogranuloma venereum (LGV) is caused by Chlamydia trachomatis serovars L1 – L3. LGV was considered as tropical disease with typical inguinal syndrome and it wasn’t usual in Europe until 2003, when an outbreak was observed in the Netherlands. This was followed by series of outbreaks emerging in different European countries and North America. A common feature for this epidemic is men who have sex with men (MSM) with signs of severe proctocolitis. Most of the patients are co-infected with HIV and/or other sexually transmitted infections (STI).

Methods The National Reference Laboratory for Chlamydia Infections offers a diagnostic service to clinicians. The disease is confirmed by the presence of Chlamydia trachomatis and L1 – L3 serovars from multiplex PCR (Seegene). Multiplex PCR is very useful, because multiple infections are observed in many cases.

Results First case of LGV was diagnosed from a lymph node puncture in 2010. Then the number of patients was slowly increasing (5–10 patients per year) and the most cases were diagnosed in 2014 (23 patients). Until March 2015, a total of 56 patients with LGV were confirmed. Characteristics of these cases were similar to those in other European countries. LGV was confirmed among MSM with high prevalence of other STI.

Fourty-eight patients (85%) were co-infected with HIV. In some cases, HIV and LGV were diagnosed at approximately the same time. Forty-three patients (77%) were co-infected with syphilis. The data on other STI are not completed. The vast majority of patients manifested proctocolitis. Only in few cases the inguinal syndrome was observed.

Conclusion Lymphogranuloma venereum is also present among MSM in the Czech Republic. We observed, that the number of cases increases. Certainly, it is necessary to expand testing of chlamydial infection in MSM, because this disease could facilitate HIV transmission.

Disclosure of interest statement Nothing to declare.