- Symptomatic genitourinary medicine (GUM)
- Asymptomatic GUM
- Symptomatic primary care
- Asymptomatic primary care

Methods The Aptima TV NAAT test was performed on 9241 samples from women undergoing chlamydia and gonorrhoea NAAT testing in GUM and primary care.
Results The positivity of TV determined by TV NAAT was 4.8% (26/543) and 1.8% (28/1593) in women with and without symptoms attending GUM and 2.7% (95/3512) and 1.1% (41/3593) respectively in primary care. TV positivity rates were high, as expected, in those of black ethnicity attending GUM (15.5% in those with symptoms). However TV positivity rates in primary care varied by practice (0–5.8%) in a way that could not be attributed to ethnicity alone.
Conclusion This is the first study to report TV positivity, using a TV NAAT, in unselected women presenting for STI testing in primary care. Positivity proportions were higher than anticipated based on conventional testing methods particularly for symptomatic women in primary care. In view of the wide variation in TV positivity by locality, other factors e.g. deprivation may be important. This should be taken into consideration should targeted testing for TV be found to be cost effective, as targeting by ethnicity alone may miss cases.
Disclosure of interest statement Hologic provided the tests for the Aptima TV NAAT research study and have sponsored the authors to present this data at ISSTDR.

O10.2 *TRICHOMONAS VAGINALIS* NUCLEIC ACID CLEARANCE FOLLOWING TREATMENT OF HIV NEGATIVE WOMEN

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Background Rescreening women for *Trichomonas vaginalis* (TV) post treatment is important as repeat infections are common, ranging from 5%–31%. Nucleic acid amplification testing (NAAT) too soon after treatment may result in false positive results due to detection of remnant TV nucleic acids. The goal of this study was to determine the rate of false positive NAAT results at weeks 1–4 post treatment completion using culture as the gold standard.
Methods Women attending an STI clinic in New Orleans who were InPouch culture positive and treated with metronidazole (MTZ) were included. Participants were scheduled for 4 weekly follow up visits beginning one week post-treatment completion. They provided self-obtained vaginal swabs (SOVS) and information regarding sexual exposure at each visit. SOVS were tested using InPouch culture and the Gen-Probe AptimaTV (GPATV) assay which targets ribosomal RNA. Women who were culture positive at follow-up were considered re-infected/treatment failure and were not followed further.
Results 39 women were InPouch+ at baseline and were followed. Of these, 3 (7.7%) were InPouch TV+ at follow-up (1 at 1 week and 2 at 2 weeks) and reported no sexual exposure. Thus, these women were considered to be treatment failures and were no longer followed. Of the remaining cases, 5/29 (17.2%) were GPATV+ at the 1 week follow up visit, and 1/34 (2.9%) was GPATV+ at 2 weeks. The six positive women denied vaginal sexual re-exposure. None of the women were InPouch TV culture positive at any of the follow up visits and no woman was GPATV+ at 3 and 4 weeks post treatment.
Conclusions These data demonstrate that TV ribosomal RNA is cleared from the vagina by 3 weeks post completion of successful MTZ treatment and that the GPATV assay can be relied on as a test-of-cure at this point and beyond.
Disclosure Drs Martin and Taylor have served as consultants for Hologic Inc.

O10.3 LOW EFFECTIVENESS OF SYNDROMIC DISEASES MANAGEMENT IN WOMEN INFECTED WITH *CHLAMYDIA TRACHOMATIS*, *TRICHOMONAS VAGINALIS* AND *NEISSERIA GONORRHOEAE* LEADS IN DELHI INDIA

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Introduction Besides a range of effective diagnostic tests and treatments, the extent of Sexually transmitted diseases (STDs) epidemic remains challenging. STDs are associated with enormous physical, psychological and economical consequences on the population of developing countries. World Health Organization emphasises on the syndromic approach, especially in areas having inadequate laboratory and transport facilities. *Chlamydia trachomatis* (CT), *Trichomonas vaginalis* (TV) and *Neisseria gonorrhoeae* (NG) are the most common STIs worldwide. They present similar clinical spectra in both women and men and are the leading cause of acquired infertility in women.
Methods In this prospective study (from June 2012 to Feb 2015), the accuracy and performance of syndromic treatment given at Safdarjung hospital, as per NACO-NACP III Syndromic diagnosis of STI/RTI and treatment guidelines (Provision of directly observed therapy for single-dose regimes) were validated by comparing the diagnosis carried out by PCR based assay.
Results Out of 6000 visited patients, 820 female patients (14%) had vaginal discharge syndrome and given treatment as per NACO guidelines; using Kit-I, Grey Kit (UD, ARD, Cervivitis), Kit-II, Green Kit (Vaginitis) and Kit-VI, Yellow Kit (LAP). Out of 824, 634 (77%) patients were enrolled in this study. Based on syndromic management 20%, 0.5%, 46%, pateints were infected with CT, NG, TV respectively. Co-infections were common: 7%, 11%, 1%, 12%, with CT+TV, CT+NG, NG+TV, CT+NG+TV respectively. However, with Specific PCR assays, out of 634, 110 (17%) were positive and 524 (83%) patient were negative and/or positive for other STDs. Out of 110 patients, 7%, 5%, 2%, were CT, NG, TV infected while 1%, 2%, 1%, were co-infected with CT+TV, CT+NG, CT+NG+TV respectively.
Conclusion Our results provide evidence that, symptom based disease management leads to inaccurate diagnosis and over treatment of patients resulting in huge economic wastage and may also contribute towards the development of drug-resistance.

O10.4 PERFORMANCE OF SELF-COLLECTED PENILE SWABS FOR THE DETECTION OF *CHLAMYDIA TRACHOMATIS*, *NEISSERIA GONORRHOEAE*, *TRICHOMONAS VAGINALIS*, AND *MYCOPLASMA GENITALIUM*

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