

years test for *Chlamydia trachomatis* annually and on change of sexual partner. Since 2013, NCSP has also recommended re-testing three months after testing positive. We used a detailed dataset to investigate characteristics associated with repeated chlamydia testing.

Methods We used surveillance data of community-based chlamydia testing (excluding online testing and specialist sexual health services) among men and women aged 15–24 years in the Bristol area, January 2011–December 2017. Repeat-testing was defined as returning for further testing within the Bristol area, at least 42 days after initially testing. Initial tests <3 months from December 2017 were excluded. We used logistic regression to compare odds of repeat-testing by initial test result, testing service, residence, initial test result and sexual risk behaviour, adjusted for age and whether the 2013 guidance was operating.

Results 14.11% (n=76,758) of women and 7.81% (n=28,038) of men repeat-tested within the study period. Of those with a positive result, 31.21% (n=5,104) of women and 14.88% (n=2,386) of men repeat-tested. Repeat-testing was associated with positive initial tests (Females: Adjusted Odds Ratio 1.90, 95% Confidence Interval 1.76–2.05; Males: 1.98, 1.71–2.27), having ≥ 2 sexual partners in the last year (1.17, 1.11–1.23; 1.15, 1.02–1.31), having a new sexual partner in the last 3 months (1.31, 1.24–1.38; 1.55, 1.36–1.77), living in the city of Bristol (1.68, 1.57–1.80; 1.43, 1.25–1.65) and testing through Contraception and Sexual Health clinics, which can treat uncomplicated infections, rather than other settings (1.34, 1.28–1.41; 1.37, 1.23–1.53).

Conclusion It was encouraging that initial positive tests and riskier sexual behaviour, which mean individuals are more likely to be infected, were associated with re-testing. However, we observed low uptake of re-testing with disparities by residence and testing service. These results will inform strategies to increase the uptake of re-testing within the Bristol area.

Disclosure No significant relationships.

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PARTICIPATION AND RETENTION OF WOMEN IN A PROSPECTIVE MULTICENTER STUDY ON *CHLAMYDIA TRACHOMATIS* INFECTIONS (FEMCURE)

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Background The participation of women in prospective sexual health research is key to understanding mechanisms of their health, and best practices need to be shared. We here evaluate

participation, retention, and associated factors, of women in a multicenter prospective cohort (FemCure) providing insights in internal and external validity of this prospective study.

Methods *Chlamydia trachomatis* (CT) infected adult women, negative for HIV, syphilis and *Neisseria gonorrhoeae* were eligible to be pre-selected and included at three sexually transmitted infection (STI) clinics in The Netherlands (2016–2017). The planned follow-up for participants was 3 months with 2-weekly rectal and vaginal CT self-sampling and online questionnaires at home and at the clinic. We aimed to optimize participation by simultaneously implementing a mix of strategies (e.g. research in an existing clinical infrastructure, incentives, easy data collection, text message reminders). We calculated proportions of women pre-selected, included and retained (completed follow-up). Associations with non-pre-selection, non-inclusion and non-retention (attrition) were assessed (using logistic and Cox regression).

Results Of 4916 women attending the clinics, 1763 (35.9%) were pre-selected, of whom 560 (31.8%) were included. Study site, non-Western migration background, high education, and no STI history were associated with non-pre-selection and non-inclusion. Self-reported reasons for non-inclusion were: unable to attend clinic, language-barriers, or too much expected effort. Retention was 76.3% (n=427). Attrition was 10.71/100 person-months (95% confidence-interval 9.97, 12.69). Women who withdrew felt incapable or unwilling to invest more time. Attrition was associated with young age and low education. Retained women expressed a high study satisfaction.

Conclusion In an outpatient clinical setting, it proved feasible to include and retain women in an intensive prospective cohort with moderate (3 months) follow-up time. External validity may be limited as the study population was not representative (sampling-bias), but this need not affect internal validity. Selective attrition however (potential selection-bias) should be accounted for when interpreting the study-results.

Disclosure No significant relationships.

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TREATMENT FAILURE IN RECTAL *CHLAMYDIA TRACHOMATIS* AZITHROMYCIN TREATED WOMEN DRIVEN BY HIGH VIABLE BACTERIAL LOAD (FEMCURE)

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Background Rectal infections with *Chlamydia trachomatis* (CT) are prevalent in women visiting a STI outpatient clinic.