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 3 months (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, 1.23–1.65) 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.

P463 PARTICIPATION AND RETENTION OF WOMEN IN A PROSPECTIVE MULTICENTER STUDY ON CHLAMYDIA TRACHOMATIS INFECTIONS (FEMCURE)
1Nicole Dukes-Müjres*, 2Titia Heijman, 3Hannelore Götz, 4Patricia Zaandam, 5Julien Wijers*, 6Jeanine Leenen, 7Genevieve Van Liere, 8Jeanne Heil, 9Astrid Wielemaker, 10Maarten Schim Van Der Loeff, 11Petra Wolls, 12Sylvia Bruisten, 13Mieke Steenbakkers*, 14Arjan Hogewoning, 15Titia Heijman, 16Kevin Janssen, 17Sylvia Bruisten, 18Arjan Hogewoning, 19Lucy Cherkes, 20Maarten Schim Van Der Loeff, 21Christian Hoebe. 1Public Health Service South Limburg, Maastricht University Medical Center (MUMC), Sexual Health, Infectious Diseases and Environmental Health, Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Maastricht, Netherlands; 2Public Health Service Amsterdam, Sexual Health, Amsterdam, Netherlands; 3Public Health Service Rotterdam, Public Health/Sexual Health, Rotterdam, Netherlands; 4Public Health Service South Limburg, Sexual Health, Infectious Diseases and Environmental Health, Heerlen, Netherlands; 5Public Health Service Rotterdam-Rijnmond, Infectious Disease Control, Rotterdam, Netherlands; 6Public Health Service Amsterdam, Amsterdam University Medical Center (UMC), Infectious Diseases, Infection and Immunity (AI and II), Amsterdam, Netherlands; 7Maastricht University Medical Center (MUMC), Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Maastricht, Netherlands; 8Public Health Service Amsterdam, Amsterdam University Medical Center (UMC), Infectious Diseases, Infection and Immunity Institute (AI and II), Epidemiology and Surveillance Unit, Amsterdam, Netherlands

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 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.

P464 TREATMENT FAILURE IN RECTAL CHLAMYDIA TRACHOMATIS AZITHROMYCIN TREATED WOMEN DRIVEN BY HIGH VISIBLE BACTERIAL LOAD (FEMCURE)
1Nicole Dukes-Müjres*, 2Petra Wolls, 3Henry De Vries, 4Hannelore Götz, 5Titia Heijman, 6Kevin Janssen, 7Sylvia Bruisten, 8Arjan Hogewoning, 9Lucy Cherkes, 10Maarten Schim Van Der Loeff, 11Christian Hoebe. 1Public Health Service South Limburg, Maastricht University Medical Center (MUMC), Sexual Health, Infectious Diseases and Environmental Health, Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Heerlen, Netherlands; 2Maastricht University Medical Center (MUMC), Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Maastricht, Netherlands; 3Public Health Service Amsterdam, Sexual Health, Amsterdam, Netherlands; 4Public Health Service Rotterdam, Public Health/Sexual Health, Rotterdam, Netherlands; 5Public Health Service South Limburg, Sexual Health, Infectious Diseases and Environmental Health, Heerlen, Netherlands; 6Public Health Service Rotterdam-Rijnmond, Infectious Disease Control, Rotterdam, Netherlands; 7Public Health Service Amsterdam, Amsterdam University Medical Center (UMC), Infectious Diseases, Infection and Immunity Institute (AI and II), Epidemiology and Surveillance Unit, Amsterdam, Netherlands; 8Municipal Public Health Service Rotterdam-Rijnmond, Public Health/Sexual Health, Rotterdam, Netherlands; 9Public Health Service Amsterdam, Sexual Health, Amsterdam, Netherlands; 10Maastricht University Medical Center (MUMC), Department of Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Maastricht, Netherlands; 11Public Health Service Amsterdam, Amsterdam University Medical Center (UMC), Infectious Diseases, Infection and Immunity (AI and II), Amsterdam, Netherlands; 12Public Health Service South Limburg, Sexual Health, Infectious Diseases and Environmental Health, Heerlen, Netherlands

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