

P471 **LYMPHOGRANULOMA VENERUM IN QUEBEC, CANADA: FIVE YEARS OF EPIDEMIOLOGICAL SURVEY, 2013–2017**

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Background Reported cases of lymphogranuloma venereum (LGV) were unusual in Quebec before 2005, when a first epidemic occurred (25 cases in 2005, 44 cases in 2006). This was followed by a low-endemicity period between 2007 and 2012 (2 to 13 cases/year). Since 2013, the number of reported LGV cases strongly increased with a peak in 2016 (2013: 49, 2014: 61, 2015: 105, 2016: 124 and 2017: 105). We hereby report on enhanced LGV surveillance between January 1st 2013 and December 31st 2017.

Methods We used data from the notifiable diseases records, epidemiological investigation questionnaires and genotyping to describe the evolution of this resurgence. Since June 2016, all Chlamydia-positive anorectal samples are sent to the *Laboratoire de santé publique du Québec* for genotyping. Collected information includes demographics, risk factors (for the past year unless otherwise indicated), clinical manifestations, laboratory tests and treatments.

Results All male reported cases (442, 97% confirmed) were analyzed (399 with available questionnaire). Most cases were L2b genotype (98%) and lived in Montreal (81%). Mean age was 40 years. Almost all (97%) were men who have sex with men (MSM), 94% reported past sexually transmitted infection (STI) and 78% were HIV-infected (243/311). LGV-specific symptoms were reported by 69% of cases, 11% mentioned non LGV-specific symptoms and 21% were asymptomatic. Sex partners outside Quebec were reported by 37% of cases, 51% have had more than 10 sex partners and 58% have used recreational drug. LGV reinfection occurred among 45 persons (11%): 36 had 2 episodes, 9 had 3 episodes and 1 had 4 episodes. In 2017 (first complete year of routine genotyping on Chlamydia-positive anorectal samples), 100/1591 (6.3%) were LGV genotypes.

Conclusion The LGV epidemic is still ongoing. Cases are mostly from urban regions, are almost exclusively MSM and frequently report past STIs, a high number of sex partners and drugs use.

Disclosure No significant relationships.

P472 **DO CHLAMYDIA TESTING PATTERNS IN NEW ZEALAND EXPLAIN THE HIGH DIAGNOSIS RATES?**

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Background Diagnosis rates of *Chlamydia trachomatis* (CT) are high in New Zealand (NZ), affecting 4.1% of women and

1.5% of men aged 15–29 from national laboratory surveillance in 2014. National data also shows high rates of testing in women. We sought to understand CT testing by demographic and behavioural characteristics, information not available in routine surveillance.

Methods CT testing in the past year, sexual behaviour and demographic characteristics were self-reported by participants in the nationally representative 2014/15 NZ Health Survey (N= 10,198 adults aged 16–74). Those aged 16–44 who had an opposite or same-sex sexual partner in the past year were included in this analysis. The prevalence of testing was calculated and Poisson regression used to investigate associations.

Results Of 3,917 eligible participants, 5.5% (95% CI 4.2–7.2%) of men and 16.6% (14.7–18.8%) of women had tested in the past year, higher among 16–29 year-olds (11.2% [7.8–15.7%] of men and 29.5% [24.5–35.1%] of women). Having multiple partners (adjusted relative risk 3.79, 95% CI 1.50–9.54) and condomless sex (2.98, 1.49–5.96) were associated with more testing in men. For women, testing was positively associated with multiple partners (2.46, 1.71–3.53) and pregnancy (1.67, 1.22–2.27) and negatively associated with lower income and Asian ethnicity. Men and women reporting a same-sex partner had elevated, but not statistically significantly, testing rates. A general check-up was the most common reason for testing; however, 18.1% of men tested because their partner was diagnosed (versus 2.2% of women, $p < 0.001$).

Conclusion The study confirms men are much less likely to be routinely tested than women in NZ, and more likely to test due to risk factors. A lack of routine CT testing among NZ men is one potential reason for ongoing high incidence and diagnosis rates among both sexes.

Disclosure No significant relationships.

P473 **EPIDEMIOLOGY OF CHLAMYDIA TRACHOMATIS IN ONTARIO AND IMPLICATIONS FOR CHANGES TO PRACTICE GUIDELINES**

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Background Similar to other regions, CT remains the most common reportable infection among teenagers and young adults in Niagara. Females, in general, have higher reported incidence than males; however, this may be at least partially due to their higher health seeking behavior. Most guidelines recommend annual screening of young women. Data supporting routine screening of men is limited. The objective of this study is to analyze and summarize the epidemiological data of chlamydial infections in Niagara Region and to provide support for routine testing of young men.

Methods We extracted CT data and the number of CT tests from the provincial databases. Using SaTScan, we examined spatiotemporal clusters of CT within Niagara Region. We examined how the rates of CT differed by deprivation index using ON-MARG.

Results The incidence of chlamydia in Niagara Region was higher in females with rates of 2535 and 2772 per 100,000 in 15–19 and 20–24 years old, respectively, in 2018. Likewise, rates of 811 and 1691 per 100,000 were seen in males aged 15–19 and 20–24, respectively. We also saw 12% and 9% of CT test positivity in females in these age groups during 2018.