32.7; p<0.01). Men with urogenital NG had higher urine Cq values than men without urogenital NG (33.9 vs 32.6;p<0.01). Cq values were higher in urines of HIV positive men compared to HIV negative men (33.9 vs 32.7;p<0.01). In women, Cq-values were higher in oropharyngeal swabs and anorectal swabs compared to vaginal swabs (36.7 and 33.9 vs 30.8;p<0.001). Cq-values were higher in vaginal swabs of HIV positive women compared to HIV negative women (35.1 vs 31.0;p=<0.01).

Conclusion Vaginal swabs and urine samples had much lower Cq values, i.e. higher CT loads, compared to oropharyngeal swabs which could have impact on transmission potential and sequelae. We hypothesize that high risk populations, such as HIV and NG positive patients, likely have repeat CT infections leading to partial immunity and therefore lower CT loads.

Disclosure No significant relationships.

P484 THE IMPACT OF *CHLAMYDIA TRACHOMATIS* NAAT DETECTION PROBABILITY ON TEST-OF-CURE RESULTS

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Background In spite of excellent analytical sensitivity, NAAT assays for *Chlamydia trachomatis* (CT) do not have a 100% detection probability (DP), especially at low concentrations of CT. This might especially impact test results after treatment, when CT concentrations are expected to be very low. The aim of this study was to use repeat testing to investigate the CT DP after treatment.

Methods As part of the FemCure study, women with vaginal or rectal CT infection were followed for 12 weeks after treatment. Single NAAT testing (Cobas 4800 CT/NG) of vaginal and rectal swabs at 1, 2, 4, 6, 8, 10 and 12 weeks after treatment was performed. For this project after initial NAAT, a selection of 63 swabs (29 vaginal and 34 rectal) was tested 4 additional times using again the COBAS 4800 CT/NG assay. DP was defined as the percentage of positive detections/5 repeat tests.

Results A selection of 47 follow-up swabs which tested CT negative with initial NAAT were investigated. Overall, 70% of swabs remained negative in all repeat samples (DP=0%). However, ≥10% of swabs showed a DP ≥60% in spite of the initial negative NAAT. The results were independent of sampling site (vaginal or rectal) and follow-up time-point during the study and included 15 swabs taken at 4–8 weeks (time-points sometimes used for test-of-cure). Additionally, 16 positive swabs prior to subsequent negative testing were also investigated. Results showed a DP of 100% in ~30% of samples confirming initial NAAT, but showed also a DP ≤40% in ~25% of samples.

Conclusion It is important to be aware of limitations in NAAT inherent DP, especially at low CT concentrations found after treatment. Further research will combine current data with CT viability testing which will potentially shed more light on the clinical relevance of NAAT testing below 100% DP.

Disclosure No significant relationships.

P485 PREDICTORS OF LOSS-TO-FOLLOW-UP AMONG HIV INFECTED MSM ON TREATMENT AT A (TRUSTED) COMMUNITY HEALTH CENTRE IN LAGOS, NIGERIA

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Background Antiretroviral Therapy(ART) has been shown to reduce transmission of HIV and HIV-related morbidity and mortality. Despite improved and highly successful coverage with ART, HIV programmes around the world have recorded appreciable rise in the numbers of clients who drop out of care at different points. The objective of this study was to determine the predictors of Lost-To-Follow-Up(LTFU) among HIV infected Men Who Have Sex with Men (MSM) on treatment at a (Trusted) Community Health Centre in Lagos,Nigeria.

Methods A descriptive cross-sectional study was conducted among clients who have been LTFU amongst MSM in HIV care at a (Trusted) Community Health Centre. Active clients on ART were separated from those LTFU, those transferred out and those who died using the PEPFAR software, Retention and Audit Determination Tool(RADET). The clinic folders of the LTFU clients was the source of sociodemographic information (age at start of ART, employment status, occupation etc) as well as clinical information such as staging, last clinic visit date. A semi-structured questionnaire adapted from literature was modified and administered via telephone or in person at any venue of participant's choice to all the selected participants.Data analysis was done using SPSS. Chi-square statistics was used to determine association between variables and binary logistic regression was used to determine the predictors of LTFU. The level of significance was placed at 5%.

Results The mean age of the cohort was 25±5years. Of 150 patients identified, 108(72%) patients were genuinely defined as LTFU as they were not enrolled for treatment anywhere else. Patients with low income, no children, suffered stigma and discrimination among family were at higher risk of LTFU. Travelled out of town, medication side effects were the most common reasons for LTFU.

Conclusion Many MSM on treatment were LTFU. Effective control measures targeting high-risk population should be implemented to improve retention and reduce LTFU.

Disclosure No significant relationships.

P486 POPULATION STRUCTURE OF LYMPHOGRANULOMA VENEREUM IN BELGIUM: SURVEILLANCE DATA FROM 2010 UNTIL 2017

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Background The number of *Chlamydia trachomatis* (CT) L genotypes/serovars or Lymphogranuloma venereum (LGV) is on the rise in Belgium, however the genetic diversity of the CT L genotypes in Belgium remained unknown. Our aim was