**TUPEC019 - Asymptomatic Chlamydia trachomatis and Neisseria gonorrhoea urethritis among HIV-infected patients in Hong Kong detected by urine nucleic acid amplification Test**

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**Objectives:** Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) urethritis facilitates acquisition and transmission of HIV infection. However, many of these infections are asymptomatic and remain undetected. We sought to evaluate the prevalence and risk factors of these asymptomatic infections among HIV-seropositive persons in Hong Kong.

**Methods:** From September 2005 to May 2006, convenience samples of first-voided urine were collected from sexually active HIV-seropositive patients attending Kowloon Bay Integrated Treatment Centre, Hong Kong. Those subjects who had urogenital symptoms such as urethral discharge or dysuria were excluded. FDA-approved urine-based PCR test (Roche COBAS Amplicor Systems) was used to detect CT or NG.

**Results:** Among 986 active HIV-infected patients, 512 (51.9%) subjects were recruited, of which 433 (84.6%) were men. The mean age (SD) was 41.4 (9.6) years. Sexual exposure was the most common HIV risk factor (n = 493, 96%). Asymptomatic CT urethritis and NG urethritis were detected in 18 subjects (3.53%) and 5 subjects (0.98%) respectively. Co-infection of CT and NG was not found. There was no significant relationship between bacterial urethritis and gender, age, types of sexual activity or duration of HIV diagnosis. Nevertheless, subjects who have had 4-6 episodes of sexually transmitted disease in the past were 9 times more likely to suffer from asymptomatic CT urethritis than those subjects who have had fewer (0-3) episodes of sexually transmitted disease (odds ratio 9.57; P<0.05).

**Conclusions:** Asymptomatic Chlamydia trachomatis urethritis was found to be more common than asymptomatic Neisseria gonorrhoea urethritis. Past history of frequent sexually transmitted disease was a risk factor for CT urethritis. The high number of asymptomatic urethritis supports the routine screening of CT or NG infection in sexually active HIV-seropositive persons as recommended by the US CDC.

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