

P1016

Abstract (poster session)

**Prevalence and risk factors associated with Chlamydia trachomatis, Neisseria gonorrhoeae and Mycoplasma genitalium infections in French pregnant women**

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**Objectives:** In France, screening for sexually transmitted infections (STIs) is recommended in at-risk populations to the exclusion of pregnant women, for whom screening is performed only if the patient is symptomatic. The objectives of this study were to estimate the prevalence and to identify risk factors of Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG) and Mycoplasma genitalium (MG) infections in pregnant women consulting at the Bordeaux University Hospital. **Methods:** Were included in the study pregnant women aged more than 18 years old (yo) for which a vaginal swab was realized during pregnancy follow-up. Patients received a note written information and gave their oral consent. Patients treated within 3 weeks by macrolides or beta-lactams were excluded from the study. Clinical, sexual behavior and sociodemographic patient's characteristics were collected. Real-time PCRs were performed on vaginal swabs by using the Roche Cobas® 4800 CT/NG test for CT and NG detection and an in-house Taqman assay for MG detection. **Results:** A total of 1070 patients were eligible. Among them, 42 patients refused to participate in the study, one patient did not understand the objectives of the study, 10 patients had antibiotics before and in 12 cases, the vaginal swab was not performed. Of 996 patients included, the prevalence of CT and MG infections were 2.5% (25/996) (95% CI: 1.6-3.7) and 0.8% (8/996) (95% CI: 0.6-1.6), respectively. Increased infection rates were found in patients aged 18 to 24 yo, with 7.9% for CT and 2.4% for MG. No NG infection was found and no dual CT/MG infection was diagnosed. Most infected patients were asymptomatic (81.8%, 27/33), 9.1% were symptomatic of urogenital infection (3/33) and 9.1% were hospitalized for premature rupture of membranes or threatened premature delivery (3/33). CT infection was associated with the following independent risk factors: age  $\leq$  24 yo ( $p=0.001$ ), being single ( $p=0.01$ ) and having more than five sexual partners in life ( $p=0.0001$ ). A younger age ( $p=0.001$ ), a history of abortion ( $p=0.01$ ) and having first sexual intercourse after 20 years ( $p=0.01$ ) were associated with MG infection. **Conclusions:** Our study shows that pregnant women aged 18 to 24 yo, mainly asymptomatic, represent a population at risk of CT infection. A systematic test screening for CT infection for pregnant women aged under 25 yo could be recommended.