**Abstract title (max 150 characters):**

PREVALENCE OF SYMPTOMS AMONG PERSONS WITH DIAGNOSED AND UNDIAGNOSED CHLAMYDIAL (Ct) AND TRICHOMONAS VAGINALIS (Tv) INFECTIONS

**Abstract text (max 2000 characters):**

**Objective:** We estimate the prevalence of symptomatic and asymptomatic infections in a probability sample of the population of Baltimore, USA --- an urban community with historically high rates of diagnosed and undiagnosed STIs. **Methods:** Since September 2006, the Monitoring STIs Survey Program (MSSP) has drawn probability samples of young adults (ages 18- to 35) residing in households with landline telephones. Participants are interviewed using T-ACASI technology to provide maximum privacy. Consenting respondents mail in urine specimens for testing using APTIMA Combo2 (Gen-Probe, Inc.) for Ct diagnosis and transcription-mediated amplification (TMA) using analyte-specific reagents for Tv diagnosis. To date, 2,194 subjects have been interviewed and 1,559 have provided urine specimens adequate for testing. **Results:** 79.3% (se=4.0%) of persons found to have undiagnosed Ct or Tv infections reported neither dysuria or discharge in the 3 months prior to testing. In contrast, approximately one-half of respondents (48.4%, se=10.8%) who report being diagnosed with a Ct or Tv infection in the past 3 months also reported dysuria (8.6%, se=5.1%), discharge (36.5%, se=10.0%), or both (3.3%, se=2.5%) during that same time period. Discharge was more strongly associated with both diagnosed and undiagnosed infection than dysuria (see Table). **Conclusions:** While undiagnosed infections are more likely to be asymptomatic, the majority of both diagnosed and undiagnosed Ct and Tv infections occur among persons who report neither dysuria nor discharge. However, symptomatic infections are more closely associated with discharge than dysuria. **TABLE. Prevalence of Undiagnosed and Diagnosed Ct and Tv Infections among persons Reporting Dysuria or Discharge in the past 3 months. (Estimates weighted to reflect complex sample design.)**

| | Diagnosed Ct or Tv in past 3 mo. | Diagnosed Ct or Tv in past 3 mo. | Undiagnosed Ct or Tv | Undiagnosed Ct or Tv |
|---|---|---|---|---|
| SYMPTOMS (3 mo.) | No | Yes | No | Yes |
| None | 99.6% | 1.4% | 91.7% | 8.4% |
| Drip or Discharge | 87.7% | 12.3% | 83.4% | 16.6% |
| Dysuria | 94.3% | 5.7% | 94.8% | 5.2% |
| Both | 96.6% | 3.4% | 73.5% | 26.5% |
| | $p < 0.0001$ | $p < 0.0001$ | $p = 0.001$ | $p = 0.001$ |

**Mode of presentation (Abstract topics)**

14 Track C: 21-STI surveillance, monitoring & evaluation

16 Track C: 23-Observational epidemiological & socio-behavioural studies

**Presentation method**

Oral presentation preferred

**Abstract Authors**

CF Turner, City University of New York (Queens College and the Graduate Center), Flushing, NY , USA, CFTurner2@gmail.com (Presenting); SM Rogers, Statistics and Epidemiology Division, Research Triangle Institute, Washington, DC , USA; E Eggleston, Statistics and Epidemiology Division, Research Triangle Institute, Washington, DC , USA; AM Roman, Center for Survey Research, University of Massachusetts at Boston, Boston, MA, USA; S Tan, Statistics and Epidemiology Division, Research Triangle Institute, Washington, DC, USA; WC Miller, School of Medicine, University of North Carolina, Chapel Hill, NC , USA; M Hobbs, School of Medicine, University of North Carolina, Chapel Hill, NC, USA; E Erbelding, School of Medicine, Johns Hopkins University, Baltimore, MD, USA; L Ganapathi, Research Computing Division, Research Triangle Institute, Research Triangle Park, NC , USA