engaged in formal sex work. STIs including *Ureaplasma urealyticum* (UU), *Chlamydia trachomatis* (CT), *Mycoplasma hominis* (MH), *Trichomonas vaginalis* (TV), *Mycoplasma genitalium* (MG) and *Neisseria gonorrhoea* (NG) were detected using the Seegene Anyplex qPCR panel. The cervicovaginal microbiome and cytokines were also characterized in a subset of 168 participants.

**Results** The prevalence of any STI was 25.1% (95% CI, 22.3–28.0%). The most common STIs were UU (13.2%) and MH (11.3%), followed by CT (6.6%), TV (3.2%), NG (0.3%), and MG (0.5%). *U. urealyticum* was more prevalent among sex workers compared to non-sex workers (19.7 vs 10.4%, \(p=0.001\)). Number of partners positively correlated with UU (\(P=0.004\)), while duration of sexual activity was positively correlated with MH (\(P<0.001\)) and UU (\(P=0.023\)). Recent history of STI treatment did not correlate with any STI. MH was most associated with symptoms, including vaginal discharge, itching, and painful urination (\(P<0.001\)). All STIs except CT were positively correlated with pro-inflammatory cytokines. UU and MH were correlated with vaginal microbiota alpha diversity (\(P<0.001\)).

**Conclusion** *U. urealyticum* and *M. hominis* were the most prevalent STIs among young women from Mombasa, Kenya, and these organisms were associated with sexual exposure and an inflammatory mucosal milieu that has been linked to increased HIV acquisition.

**Disclosure** No significant relationships.

**Abstracts**

**P340 TRENDS IN HIGH-RISK SEXUAL RISK BEHAVIORS IN THE UNITED STATES, 2002–2015**

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**Background** Reportable STIs have largely been increasing in the United States; yet, few national-level studies have examined potential reasons for the increase. We used data from the 2002 and 2011–15 National Survey of Family Growth to examine trends in high-risk sexual behavior among key subpopulations with disproportionate STI rates.

**Methods** The subpopulations we examined included sexually active: men who have sex with men (MSM) and adolescent, young adult, Hispanic, and non-Hispanic black women who had sex with men (WSM) and men who had sex with women (MSW). High-risk sexual behavior (HRSB) was a composite variable (yes, no) that included endorsement of any of the following: giving or receiving money or drugs for sex or having a partner who was bisexual, non-monogamous, HIV-positive, or who injected drugs. We used weighted data to examine the prevalence of HRSB over time for each subpopulation and conduct logistic regressions adjusting for race/ethnicity, age, marital status, poverty and education.

**Results** HRSB either did not change or declined over time. Overall, among WSM, reported HRSB significantly declined over time (15.1% in 2002 and 12.4% in 2011–15). Among men, we also found significant declines in reported HRSB for MSW (15.4% in 2002 and 12.2% in 2011–15) and MSM (25.9% in 2002 and 13.1% in 2011–15). In subgroup analyses, there were more declines among WSM than MSM or MSW. However, in adjusted analyses, we found significant declines in reported HRSB, comparing 2002 to 2011–15, among non-Hispanic black (aOR=0.78, 0.65–0.95) and adolescent (aOR=0.64, 0.50–0.95) WSM; Hispanic (aOR=0.49, 0.35–0.67) and adolescent (aOR=0.57, 0.41–0.79) MSW; and all MSM (aOR=0.42, 0.24–0.75).

**Conclusion** While STIs are increasing, HRSB was steady or declined among key subpopulations with disproportionate STI rates. Results from adjusted analyses suggest these findings are not the result of changing population demographics. Further research is needed to explain the STI increases.

**Disclosure** No significant relationships.