months (immediate post-CVR) and 3–6 months (sustained
post-CVR) relative to the 1-month visit (pre-CVR).

Results Between April 2016 to November 2017, 151 women
(median age 27 y) were enrolled and 122 (81.9%) initiated
CVR; 30 (24.6%) were HIV-infected. Six women (4.9%) had
BV at the pre-CVR visit. Over a median duration of follow-up
of 4.7 months, BV incidence/recurrence was 10.2% at the
immediate post-CVR visit and 7.1% over the sustained post-
CVR visits. In a model combining CVR arms that adjusted for
age and unprotected sex, we observed a non-significant
increase in BV incidence/recurrence immediately post-CVR
(adjusted OR = 2.5 (0.9, 7.2), after which BV returned to a
level comparable to CVR insertion (AOR = 1.2 (0.8, 1.9).

Conclusion Cumulative incidence of recurrent BV in the 6
months after CVR initiation is lower than historically reported
rates in prospective studies, which are typically in ≥50%
range. Concomitant incidence of vulvovaginal candidiasis,
however, requires further study. The CVR should be consid-
ered for potential long-term optimization of the vaginal
environment.

Disclosure No significant relationships.

**P370**

**PREVALENCE OF CHLAMYDIA, GONORRHOEA,
M. GENITALIUM AND T. VAGINALIS IN THE GENERAL
POPULATION OF SLOVENIA, 2016–2017**

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Background To inform sexually transmitted infections (STIs)
prevention and control, objective of the second National
Survey of Sexual Lifestyles, Attitudes and Health was to estimate
the prevalence of Chlamydia trachomatis, Neisseria gon-
orhoeae, Mycoplasma genitalium and Trichomonas vaginalis
infections.

Methods A survey of the general population aged 18–49 was
conducted in 2016–2017. We used stratified two-stage proba-
bility sampling from the Central Population Registry. Survey
respondents were invited to contribute first void urine speci-
mens for testing for C. trachomatis and unlinked anonymous
testing for other STIs to obtain population prevalence esti-
mates. Specimens were tested for C. trachomatis with specific
real time PCR targeting both cryptic plasmid and bacterial
chromosome. Positive results were confirmed by Sanger
sequencing of the amplicon. Other STIs were detected by a
chromosome. Positive results were confirmed by Sanger
sequencing of the amplicon. Other STIs were detected by a

Results Urine specimens from 452 men and 635 women
(56.4% of all survey respondents) were tested for chlamydia.
Overall weighted prevalence was 0.5% (95% CI 0.1% to
1.4%) in men and 1.7% (95% CI 0.9% to 3.1%) in women.
Age-specific prevalence was the highest among 18–24 years
old (men: 2.8%; 95%CI 0.9% to 8.5%; women: 4.7%; 95%
CI 1.6% to 10.7%). Urine specimens from 430 men and 593
women (53.0% of all survey respondents), were tested for
other STIs. No infections with N. gonorrhoeae were found.
Weighted prevalence estimate for M. genitalium was 0.5%
(95% CI 0.2% to 1.5%) in men and 0.3% (95% CI 0.0% to
0.9%) in women. Parasite T. vaginalis was detected in one
woman only. Corresponding weighted prevalence was 0.2%
(95% CI 0.0%–0.9%).

Conclusion The prevalence of C. trachomatis infection in the
general population of Slovenians aged 18–24 was substantial.
The other three STIs were relatively rare.

Disclosure No significant relationships.

**P371**

**EFFECT OF METRONIDAZOLE TREATMENT ON
RECURRENT AND PERSISTENT BACTERIAL VAGINOSIS:
A PILOT STUDY**

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Background This study aims to investigate the effect of metro-
nidazole for the treatment of recurrent and persistent bacterial
vaginosis (BV).

Methods Stored vaginal swabs of 80 African American (AA)
women were randomly selected from a previously conducted
clinical trial for this pilot study. Women with BV were treated
with metronidazole. Vaginal smears were categorized by the
Nugent score (NS) [0–3, normal; 4–6, intermediate state; 7–
10, BV], Women were classified as recurrent BV (RBV), persis-
tent BV (PBV) or no BV based on three consecutive NS. RBV
occurs when an episode of BV occurs after successful treat-
ment of a prior episode. PBV occurs in instances when BV
treatment fails to restore healthy Lactobacillus levels. All
women were asymptomatic for BV at baseline and followed
every two months for four months.

Results After four months, 22.5% (CI: 13%, 32%) of women
did not have BV, 7.5% (CI: 2%, 13%) had RBV and 70% had
PBV (CI: 60%, 80%). 30% of treated women did not have BV
compared to 15% of untreated women (p=0.18). BV recurred
among 12.5% of treated women and 2.5% of untreated
women (p=0.2). BV persisted among 57.5% of treated women
and 82.5% of untreated women (p=0.03). Women that were
treated had 0.33 decreased odds (95%CI: 0.12, 0.92, p<0.05)
of having PBV as compared to untreated women. The mean
age was 21.4 years (SD: 2.11 years). Prior antibiotic use among
the sample was low (3.8%), and 75% of women were not
treated for BV during their lifetime. Among those who were
previously treated for BV, 60% were treated more than five
times. Douching was reported by 49% of the sample.

Conclusion These preliminary findings suggest, standard BV
treatment may not be effective among women with RBV or
adherence to treatment may be low among women with
asymptomatic BV.

Disclosure No significant relationships.