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.

P371 EFFECT OF METRONIDAZOLE TREATMENT ON
RECURRENT AND PERSISTENT BACTERIAL VAGINOSIS:
A PILOT STUDY

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Background To inform sexually transmitted infections (STIs)
prevention and control, objective of the second National Sur-
vey of Sexual Lifestyles, Attitudes and Health was to estimate
the prevalence of Chlamydia trachomatis, Neisseria gon-
rhoeae, 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-
bonility sampling from the Central Population Registry. Survey
respondents were invited to contribute first void urine speci-
dums 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
commercially available multiplex PCR (FTD Urethritis plus,
fast-track Diagnostics). To avoid false negative results, the
human house keeping gene was amplified in all tested samples.

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.