

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  $\geq 50\%$  range. Concomitant incidence of vulvovaginal candidiasis, however, requires further study. The CVR should be considered 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 gonorrhoeae*, *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 probability sampling from the Central Population Registry. Survey respondents were invited to contribute first void urine specimens for testing for *C. trachomatis* and unlinked anonymous testing for other STIs to obtain population prevalence estimates. 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.

### 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 metronidazole 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), persistent BV (PBV) or no BV based on three consecutive NS. RBV occurs when an episode of BV occurs after successful treatment 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,  $p\leq 0.05$ ) 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.