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 considered for potential long-term optimization of the vaginal environment.

Disclosure No significant relationships.

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. 30% of treated women did not have BV compared to 15% of untreated women (p=0.18). RBV 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: 2.1 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.