type 2 (HSV-2) among female sex workers (FSWs) in the Middle East and North Africa (MENA), a neglected research area.

Methods Literature was systematically reviewed, with findings reported following PRISMA guidelines. Pooled prevalences of current and/or lifetime infection for each STI were estimated using random-effects meta-analyses. Sources of between-study heterogeneity were determined through meta-regressions.

Results One *T. pallidum* incidence study and 144 STI prevalence studies were identified for 45,812 FSWs in 13 MENA countries. Pooled prevalence of current infection was 12.7% (95% confidence interval-CI: 8.5–17.7%) for *T. pallidum*, 14.4% (95% CI: 8.2–22.0%) for *C. trachomatis*, 5.7% (95% CI: 3.5–8.4%) for *N. gonorrhoeae*, and 7.1% (95% CI: 4.3–10.5%) for *T. vaginalis*. Pooled prevalence of lifetime infection was 12.8% (95% CI: 9.4–16.6%) for *T. pallidum*, 80.3% (95% CI: 53.2–97.6%) for *C. trachomatis*, and 23.7% (95% CI: 10.2–40.4%) for HSV-2. The multi-variable meta-regression for *T. pallidum* prevalence demonstrated strong subregional differences, with the Horn of Africa and North Africa showing, respectively, six-fold (adjusted odds ratio (AOR): 6.4; 95% CI: 2.5–16.8) and five-fold (AOR: 5.0; 95% CI: 2.4–10.6) higher odds for prevalence than Eastern MENA. There was also strong evidence for a declining *T. pallidum* prevalence at a rate of 7% per year (AOR: 0.93; 95% CI: 0.88–0.98). Study-specific factors including diagnostic method, sample size, sampling methodology, and response rate, were not associated with syphilis prevalence.

Conclusion STI infection levels among FSWs in MENA are considerable, supporting a key role for commercial heterosexual sex networks in transmission dynamics, and highlighting the health needs of this neglected and vulnerable population. Syphilis prevalence in FSWs appears to be declining for at least three decades. Gaps in evidence persist for multiple countries.

Disclosure No significant relationships.

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HIV AMONG FEMALE SEX WORKERS AND CLIENTS IN THE MIDDLE EAST AND NORTH AFRICA: SUBREGIONAL DIFFERENCES AND EPIDEMIC POTENTIAL

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Background This study addresses the gap in our understanding of HIV epidemiology among female sex workers (FSWs) and clients in the Middle East and North Africa (MENA) region.

Methods An exhaustive systematic review of population-size estimation and of HIV prevalence studies was conducted. Findings were reported following PRISMA guidelines. The pooled mean HIV prevalence was estimated using random-effects meta-analyses. Associations with prevalence, sources of heterogeneity, and temporal trends were investigated using meta-regressions.

Results We identified 270 size-estimation studies in FSWs and 42 in clients, as well as 485 HIV prevalence studies on

287,719 FSWs, and 69 on 29,531 clients/proxy populations (male sexually transmitted infections clinic attendees). The median proportion of reproductive-age women reporting current/recent sex work was 0.7% (range=0.2–2.4%), and of men reporting currently/recently buying sex was 5.7% (range=0.3–13.8%). HIV prevalence ranged from 0–70% in FSWs (median=0.1%), and 0–34.6% in clients (median=0.4%). The regional pooled mean HIV prevalence was 1.4% (95% CI=1.1–1.8%) in FSWs and 0.4% (95% CI=0.1–0.7%) in clients. Country-specific pooled HIV prevalence in FSWs was <1% in most countries, 1–5% in North Africa and Somalia, 17.3% in South Sudan, and 17.9% in Djibouti. Meta-regressions identified strong subregional variations in prevalence, where compared to Eastern MENA, the adjusted odds ratios (AORs) ranged from 0.2 (95% CI=0.1–0.4) in Fertile Crescent to 46.3 (95% CI=25.9–82.6) in Horn of Africa. There was also strong evidence for increasing prevalence post-2003, at a rate of 14% per year (AOR=1.14, 95% CI=1.08–1.20).

Conclusion HIV epidemics among FSWs are emerging in MENA, with some already in an established phase, though still some countries have limited epidemic dynamics. The epidemic has been growing for over a decade, with strong regionalization and heterogeneity.

Disclosure No significant relationships.

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FEASIBILITY OF HPV SELF-COLLECTION FOR CERVIX SCREENING IN UNDER-SCREENED STREET ENTRENCHED WOMEN

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Background HPV self-collection is a promising approach to improve uptake of cervical screening in under-screened women. The aim of this feasibility study was to measure uptake of HPV self-collection, HPV positivity, and screening history of street entrenched women in a rural region centre.

Methods Women 30–69 years of age, attending drop-in community-based primary care and integrative reproductive health clinics in Northern British Columbia (BC), Canada and self-reported not having received cervix screening in the last 3 years, were offered self-collection for HPV testing. A convenience sample of all comers was administered a questionnaire and underwent a medical chart review, including the provincial cervix screening registry. Demographics, HIV status, and cervix screening history were collected. All women who tested HPV16/18 positive were referred for colposcopy.

Results A total of 66 eligible women were analyzed (mean age 43.3 years), with population saturation reached after 3 months recruitment. An additional 11 women were deemed ineligible due to age or prior hysterectomy. 83% self-reported as Indigenous. Based on the provincial cervix screening registry, 48% of women were up-to-date on cervix screening based on