### Abstracts

**P166 PREVALENCE OF CHLAMYDIA AMONG PREGNANT WOMEN, GYNECOLOGY CLINIC ATTENDEES, AND SUBFERTILE WOMEN IN GUANGDONG, CHINA: A CROSS-SECTIONAL SURVEY**

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**Background** Chlamydia is a major cause of infertility, but its epidemiology among women of reproductive age remains unclear in China. This study investigated the prevalence of chlamydia and associated factors among Chinese women aged 18–44 years who were either 1) pregnant; 2) attending gynecology clinics; or 3) subfertile.

**Methods** We conducted a cross-sectional survey and recruited participants from obstetrics, gynecology, and infertility clinics in Guangdong, between March to December, 2019. We collected information on individuals' socio-demographic characteristics, previous medical conditions, and sexual behaviours. First-pass urine and cervical swabs were tested using nucleic acid amplification testing. We calculated the prevalence in each population and subgroup by age, education, and age at first sex. Multivariable binomial regression models were used to identify factors associated with chlamydia prevalence.

**Results** We recruited 1730 participants, including 881 pregnant women, 595 gynecology clinic attendees, and 254 subfertile women. The overall prevalence was 6.7% (95% Confidence Interval (CI): 5.2%-8.5%), 8.2% (95% CI:6.2%-10.7%), 5.9% (95% CI: 3.5%-9.3%) for the above three populations, respectively. The subgroup-specific prevalence was highest among those who first had sex before 25 years and older pregnant women (>35 years). The proportion of asymptomatic chlamydia was 83%, 40%, and 60% among pregnant women, gynecology clinic attendees, and subfertile women, respectively. Age at first sex (<25 years), multipara, and ever having more than one partner increased the risk of chlamydia.

**Conclusion** Women of reproductive age in China have a high prevalence of chlamydia. As most women with chlamydia were asymptomatic, routine chlamydia screening is urgently needed in China.

### IMPACT OF COVID-19 ON ADOLESCENT GIRLS AND YOUNG WOMEN IN A COMMUNITY-BASED HIV PREP PROGRAMME IN SOUTH AFRICA


**Background** Young people living in remote Aboriginal communities experience some of the highest rates of chlamydia (CT) and gonorrhoea (NG) infection globally. A cluster-randomised controlled trial (TTANGO) in 11 remote primary health services demonstrated point-of-care (POC) testing for CT/NG was acceptable, accurate, improved the uptake and timeliness of treatment, and was cost-saving. Subsequently, POC testing was scaled-up and implemented in a further 20 remote health services (TTANGO2 program) across four jurisdictions (31 in total). We determine whether the uptake of POC testing observed in the trial was also achieved and sustained during the long-term program.

**Methods** We conducted interrupted time series and trajectory analyses to compare POC testing patterns over two