(RC) in test counts increased (RC 1.22; 95% CI 1.14 to 1.30) after campaigns, but no significant increase was seen for number of positive tests (RC 1.10; 95% CI 0.93 to 1.30) nor for test positivity rate (RC 0.93; 95% CI 0.81 to 1.07). Heterogeneity between studies was very high for all analyses. It was not possible to explore outcomes by type of campaign components. Seven major qualitative themes were identified: targeting of campaigns; quality of materials and message; language; anonymity; use of technology; relevance; and variety of testing options.

Conclusions Health promotion campaigns aiming to increase chlamydia testing in those aged 15–24 may show some effectiveness in increasing overall numbers of tests, however numbers of positive tests do not follow the same trend.

P216   **UMBRELLA COMBINED SEXUAL HEALTH SERVICES, CHLAMYDIA SCREENING AND DEPRIVATION: ARE WE ACHIEVING CONTINUED SCREENING OF HIGH-RISK POPULATIONS?**

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Introduction Combined sexual health services have been provided in Birmingham and Solihull by 'Umbrella' since 2015. The local population is younger and more deprived than the average English sexual health service population. We investigated if the 2015 Umbrella redesign, and subsequent health promotion campaigns, affected uptake of chlamydia screening in those aged 15–24 in the most deprived groups compared to the total population.

Methods Weekly aggregated data for gender, socioeconomic status (IMD-5) and chlamydia test status with test result were obtained from Public Health England's STI and HIV Surveillance Team for the period 2012 – 2018. Overall percent positivity and yearly moving averages for tests, positive tests and percent positivity, by gender, were calculated by the study team for total population, and the most deprived. Number of positive tests and percent positivity were graphically represented and mapped against dates of service redesign and subsequent campaigns. Data analysis was completed using Microsoft Excel.

Results Positive tests in all females decreased gradually between late 2014 and early 2016 before recovering partially in 2017: this effect was not replicated for all other groups, and neither Umbrella redesign nor health promotion campaigns showed any effect on absolute numbers. In females, percent positivity increased steadily during the study period, from 10% to 12% per week in the most deprived females and 8% to 10% per week in all females. Percent positivity showed a clear link with service redesign in males: in the year following redesign, rates in all males rose from 8% to 15% per week, and from 10% to 18% per week in the most deprived males.

Conclusion Umbrella redesign had a significant effect on detection of chlamydia cases in males; this effect is less obvious in females, and appears not to relate to the promotional campaigns. Deprived populations appear well served by Umbrella.

P217   **THE IMPACT OF UREAPLASMA INFECTIONS ON PREGNANCY COMPLICATIONS**

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The aim of this study was to assess if ureaplasmas are associated with pregnancy complications and diseases in newborns. Pregnant women with complaints and threatening signs of preterm delivery were included. A sample, taken from the endocervical canal and from the surface of the cervical portion, was sent to the local microbiology laboratory for DNA detection of seven pathogens: Chlamydia trachomatis, Mycoplasma hominis, Mycoplasma genitalium, Ureaplasma parvum, Ureaplasma urealyticum, Neisseria gonorrhoeae, and Trichomonas vaginalis. The Pearson Chi-Square test was used to determine the difference in unpaired categorical data. A two-sided p value <0.05 was considered to be statistically significant. In all, 50 pregnant women with complaints and threatening signs of preterm delivery were included. Premature rupture of uterine membranes was found in 23 (46%) of the patients and 38 women (76%) had preterm delivery. Ureaplasma infections were associated with a premature rupture of membranes ($p < 0.004$), the placental inflammation ($p < 0.025$), a newborn respiratory distress syndrome ($p < 0.019$). Ureaplasmas could have affected the preterm leakage of fetal amniotic fluid and are associated with the placental inflammation and a newborn respiratory distress syndrome.

P218   **MYCOPLASMA GENITALIUM: THE MOST PREVALENT STI IN SASKATCHEWAN, CANADA, HAS A HIGH PREVALENCE OF RESISTANCE TO MACROLIDES AND FLUOROQUINOLONES**

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Objectives Mycoplasma genitalium, a sexually transmitted infection (STI), is one of the most common causes of nongonococcal urethritis worldwide. An increase in resistance to antibiotics (i.e., azithromycin and moxifloxacin), recommended for treating M. genitalium infections has been observed. We describe the prevalence of M. genitalium and its antimicrobial resistance (AMR) in Saskatchewan (SK), Canada.

Methods M. genitalium was identified using the Aptima Mycoplasma genitalium Assay (MG-TMA) on 1977 specimens collected (January and March/April 2019) for the diagnosis of Chlamydia trachomatis and Neisseria gonorrhoeae. Mutations implicated in AMR were ascertained using PCR and DNA sequencing of 23S rRNA (azithromycin) and parC (moxifloxacin) from MG-TMA positive specimens.

Results The prevalence of M. genitalium in SK was 9.6% (189/1977) and was higher than the prevalence of N. gonorrhoeae (3.09%) and C. trachomatis (6.85%) during the same time. Mutations mediating macrolide resistance (positions 2058/2059 in 23S rRNA) were observed in 63.6% (70/110)