of the specimens, while resistance to moxifloxacin (S83I in ParC) was observed in 10.6% (9/85) of the specimens tested. Mutations predictive of dual resistance (both 23S rRNA and ParC) were observed in 2.12% (4/189) of the specimens. Females 20–24 years had the highest prevalence (18.3%, $p < 0.001$) of infection. In females, *M. genitalium* was significantly associated with *C. trachomatis* or *N. gonorrhoeae*/*C. trachomatis* ($p < 0.001$) co-infection. The prevalence of *M. genitalium* in a northern region was statistically significantly higher ($p = 0.012$), as compared to other regions in the province.

Conclusions The prevalence of *M. genitalium* (9.6%) and associated resistance to azithromycin (63.6%) in Saskatchewan is high, suggesting that empiric azithromycin therapy may not be adequate for treating these infections. A potential risk of azithromycin treatment failure could be avoided by performing resistance-guided therapy, as azithromycin is also a recommended drug for the treatment of *N. gonorrhoeae* (combined with ceftriaxone) and *C. trachomatis* infections in Canada.

P219 POLICY AND PROGRAM RECOMMENDATIONS FOR STBBI INCENTIVE-BASED TESTING IN HIGH-INCOME COUNTRIES: A SYSTEMATIC REVIEW

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Background Despite increasing access to treatment and testing, rates of sexually transmitted and blood-borne infections (STBBI) continue to rise. At the same time, screening uptake remains suboptimal. Incentives (e.g. cash, gift cards, prize draws) have been proposed as a way to increase the immediate rewards of STBBI testing and facilitate a greater uptake of screening. This systematic review was conducted to determine if patient incentives increase STBBI screening uptake in high-income countries.

Methods Our review was performed according to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and the Cochrane Handbook for Systematic Reviews of Interventions. MEDLINE, EMBASE, PsycINFO, CINAHL, Scopus, and Cochrane Library were searched from 2013 to 2020. Inclusion criteria were: English language, high-income countries, primary research studies, and age >13 years. Study quality was assessed using Joanna Briggs Institute quality assessment tools.

Results The search yielded 6217 abstracts. 13 studies met the inclusion criteria. Of these studies, five were located in the United States, three in the United Kingdom, and five in Australia. Seven studies took place in the community, five studies took place in clinical settings, and one study utilized a combination of community and clinical settings. Study design and intervention heterogeneity precluded meta-analysis or data pooling. Populations screened included: post-secondary students, parolees or probationers, youth, and inner-city emergency department patients. Incentivized STBBI tested were HIV ($n=5$), chlamydia ($n=7$), and multiple infections ($n=1$). Incentives offered were monetary (cash/gift cards/not specified) ($n=8$), non-monetary ($n=2$), and mixed ($n=3$).

Conclusion Both monetary and non-monetary incentives enhance STBBI screening in high-income countries.

Incentivized testing programs are most effective when developed specific to context and target population. Further research is needed to analyze incentivized screening across similar study designs and to evaluate long-term effectiveness.

P220 THE BURDEN OF HIV ON MALARIA AND SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS AMONG PREGNANT WOMEN OF RURAL, ZAMBIA

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Background Malaria and curable sexually transmitted and reproductive tract infections (STIs/RTIs) are important causes of adverse birth outcomes. HIV has been associated with STIs/RTIs and malaria infection. The study objectives were to estimate the prevalence of malaria and STIs/RTIs and to identify risk factors for infection in rural Zambia.

Methods A total of 1,086 pregnant women were enrolled at antenatal care booking, socio-demographic information and biological samples were collected for diagnosis of malaria, STIs/RTIs and routine HIV testing.

Results Participants had a mean age of 25.6 years. The prevalence of HIV was 13.2% (95% confidence interval [CI], 11.3, 15.3) and the highest burden was in multigravidae (15.9%) followed by secundigravidae (13.9%) and was lowest in primigravidae (8.0%), $P = 0.018$. Of 1084 women, 700 had at least one STI/RTI (95% CI, 64.6%; 95% CI, 61.7, 67.4). The prevalence of STIs/RTIs was as follows: chlamydia 5.2% (95% CI, 4.0, 6.6); gonorrhoea 3.1% (95% CI, 2.2, 4.4); trichomoniasis 24.8% (95% CI, 22.3, 27.5); bacterial vaginosis 48.7% (95% CI, 45.2, 51.2) and syphilis 7.1% (95% CI, 5.6, 8.7). The malaria prevalence measured by PCR was 57.8% (95% CI, 54.9, 60.8).

HIV infection was associated with having gonorrhoea, (aOR = 2.80; 95% CI: 1.25, 6.26); bacterial vaginosis (aOR = 2.41; 95% CI: 1.66, 3.51); syphilis infection (aOR = 2.56; 95% CI: 1.48, 4.41); having any STIs/RTIs (aOR = 2.10; 95% CI: 1.39, 3.19) and malaria infection (aOR = 1.46; 95% CI 1.00–2.13, $P = 0.045$).

Conclusion HIV infection plays an important role in the prevalence of malaria and STIs/RTIs although its effect on malaria prevalence in this population was neutralised by its concentration in multigravidae who have acquired immunity against malaria. Preventive and control efforts against malaria and STIs/RTIs should be targeted at the groups that needs them most in resource limited settings.

P221 SYNDROMIC MANAGEMENT OF CURABLE SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS AMONG PREGNANT WOMEN IN RURAL ZAMBIA

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Background This study estimated the prevalence of curable sexually transmitted and reproductive tract infections (STIs/RTIs) among pregnant women attending antenatal care (ANC) in rural Zambia and evaluated the effectiveness of syndromic