likely to use a condom than those in CNB (14.1% vs 5.5%, [age adjusted] AOR=0.32, 95%CI:0.18–0.56). In URB, condom use was associated with being male (16.7% vs 12.2% female, [age/region adjusted] AOR=1.47, 95%CI:1.12–1.94) and weakly associated with being older (16.5% among 17–19y vs 12.9% among 14–16y, AOR=1.27, 95% CI: 0.97–1.68, $p=0.08$). In CNB, condom use was associated with being female (10.5% vs 1.7% male, AOR=0.16, 95% CI: 0.04–0.58). Among URB participants, condom use was associated with sexual activity within the previous month (21.0% vs 4.4% non-recent activity, AOR=2.26, 95%CI:1.37–3.74). In univariable analysis, participants who reported sexual debut at ≥ 15 y (17.9%) were more likely to report condom use than < 15 y (17.9%, OR=1.24, 95%CI: 0.95–1.62, $p=0.08$).

Conclusions Reported condom use at last sexual encounter was low among adolescents in URB and CNB schools, particularly among adolescents of both sexes in CNB. Younger adolescents, those with a lower age of sexual debut, and especially females in URB and males in CNB, require targeted interventions to increase condom use at all encounters.

P229 PREVALENCE OF MACROLIDE AND TETRACYCLINE RESISTANT *TREPONEMA PALLIDUM* STRAINS IN SYPHILIS CASES, LIMA AND PUCALLPA, PERU

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Background Genetic resistance to macrolides has become widespread in *Treponema pallidum* subspecies *pallidum* (TP), while tetracyclines continue to be useful. Alternatives to injectable penicillin are needed globally, given outages and possible allergies. Monitoring of the frequency of resistance in TP isolates remains important for both classes of antibiotics, as unregulated antibiotic use could limit the utility of tetracyclines and macrolide antibiotics like azithromycin in Peru and many countries. Our objective was to determine the frequency of macrolide and tetracycline resistance in TP-positive lesion samples from syphilis cases at Peruvian sexual health clinics.

Methods We analyzed 58 lesion swab samples from patients diagnosed with active syphilis from five STI clinics in Lima and Pucallpa, Peru, from 2019–2020. We extracted DNA from clinical specimens and amplified *tp0548* and *tp0574* genes to detect the presence of TP. For macrolide resistance, we performed restriction fragment length polymorphism of the 23S rRNA gene to detect the A2058G and A2059G mutations. For tetracycline resistance, we analyzed the G1058C point mutation in the 16S rRNA sequences assembled from whole-genome sequencing and compared them with the standard TP Nichols strain sequence using snippy v.2 software.

Results Among the 58 lesion samples analyzed, 25 (44%) were positive for TP DNA. Among those, we found the A2058G macrolide resistance mutation in 22 samples (88%); none (0%) had the A2059G mutation. None (0%) of six 16S rRNA sequences analyzed contained the G1058C point mutation for tetracycline resistance.

Conclusions The frequency of macrolide-resistance mutations in these TP isolates remains elevated, confirming that

macrolides should not be used to treat syphilis. Conversely, as resistance to tetracyclines was absent, corroborating that tetracyclines continue to be useful as a safe and effective alternative for syphilis treatment in this context.

P232 ANTIMICROBIAL RESISTANCE OF NEISSERIA GONORRHOEA IN GERMANY 2016–2020, RESULTS FROM THE GONOCOCCAL RESISTANCE NETWORK (GORENET)

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Background In Germany, *Neisseria gonorrhoeae* (NG) infections are not reportable and limited data on epidemiology and antimicrobial resistance (AMR) are available. Within the Gonococcal Resistance Network (GORENET) we monitor the NG-AMR in Germany to inform treatment guidelines.

Methods Between 2016–2020, 75 laboratories sent NG-isolates to the German reference laboratory which were tested for ceftriaxone, cefixime, azithromycin, ciprofloxacin, and penicillin susceptibility using MIC-strip test. AMR-results were interpreted according to the EUCAST breakpoints version 11.0. The proportion of resistant isolates was calculated.

Results As of December 2020, 2437 isolates were tested, 89.2% were from men. Median age was 33 (men) and 29 years (women). Most isolates were urethral (77.7%), followed by cervical (4.6%) and rectal samples (4.5%).

One sample in 2018 was resistant to ceftriaxone (2018: 0.2%). Resistance to azithromycin was increasing from 2016–2020 (2016: 0.8%, 2017: 1.0%, 2018: 3.7%, 2019: 6.6%, 2020: 12.8%). Cefixime resistance was stable (2016: 0.6%; 2017: 0.6%, 2018: 0.9%; 2019: 1.9%, 2020: 0.8%).

On average, 60.4% of samples were ciprofloxacin- (2016: 54.3%; 2017: 63.8%, 2018: 58.5%; 2019: 66.2%, 2020: 59.5%) and 17.4% penicillin-resistant (2016: 16.1%; 2017: 15.1%, 2018: 17.0%; 2019: 21.2%, 2020: 17.9%).

Conclusion Comparable to other Western countries, the majority of isolates originated from men. The first-line substance ceftriaxone remains effective in Germany, whereas resistance to the important second first-line therapy component azithromycin reached high levels, nearly doubling from 2019 to 2020. Thus, ceftriaxone monotherapy is also recommended in Germany since 2019 if patient adherence is warranted.

Cefixime-resistance remained low considering that the substance is currently not available in Germany. Penicillin and ciprofloxacin resistance was stably high. NG susceptibility testing is crucial to monitor the AMR-situation in Germany and to inform treatment guidelines.

P234 'THERE IS NO MAGIC BULLET.' CONSIDERATIONS FOR ADOPTION OF MOLECULAR CHLAMYDIA AND GONORRHOEA POINT OF CARE TESTS INTO ROUTINE CARE

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