

cells/hpf) in patients with U.urealyticum, though this may be attributed to coexisting NG. Agents isolated from endocervix were Ureaplasma parvum 26(40.6%), N.gonorrhoeae, 17 (26.6%), Mycoplasma hominis 11(17.2%), HSV2, 9(14.1%), Ureaplasma urealyticum 5(7.8%), T.vaginalis 4(6.3%), HSV1 and C.trachomatis, 1 each(1.6%) and Mycoplasma genitalium (0%). Bacterial vaginosis was diagnosed in 14(21.9%) patients. Multiple, two, three, four and five agents were isolated in 10, 6, 6 and 1patients respectively. Isolation of M.hominis and U. parvum was significantly associated with bacterial vaginosis (p value 0.04 & 0.003 respectively). Non-usage of condoms predisposed to cervicitis.

Conclusion Few C.trachomatis isolates, absence of M.genitalium and increasing prevalence of HSV, highlights the changing etiological pattern of cervicitis. Though U.parvum and M. hominis are usually commensals their high isolation, association with bacterial vaginosis and propensity to cause diseases in preterm infants and extragenital infections puts forth the need for further studies and regular monitoring of agents implicated in cervicitis.

P370 WHAT ARE THE RISK FACTORS FOR CHLAMYDIA IN WOMEN ATTENDING AN ABORTION SERVICE IN THE UK?

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Background The 2019 updated NICE abortion guidance suggested that prophylactic antibiotics should no longer be routinely given for medical abortions and instead recommended individual risk assessment.

Untreated *Chlamydia trachomatis* is an important cause of severe infection post abortion. In 2002, 75 (7.5%) of 998 women having an abortion tested chlamydia-positive using a nucleic acid amplification test (NAAT). Women attending our abortion service have been tested for *Chlamydia* using a NAAT. We wished to obtain contemporary estimates of *Chlamydia* prevalence and examine associated risk factors.

Methods Data from 13,427 women aged 15–50 years having an abortion between April 2010 and March 2020, was retrospectively analysed (SPSS, IBM). Ethics approval was sought and all data was anonymised.

Results Of 13,337 with *Chlamydia* NAAT results available, 4.2% (565) were *Chlamydia*-positive. *Chlamydia* was associated with younger age (p<0.0001, Chi-square) thus 7.1% (164/2135) of 15–19 year olds, 5.5% (222/3782) of 20–24 year olds and 2.5% (174/6774) of women over 24 years old were *Chlamydia*-positive. *Chlamydia* detection was associated with 2 or more partners within the past year in women aged 20–24 years old, 8%(94/1181) vs 4.6% (106/2304) (p<0.0001, OR 1.8; 95%CI, 1.35–2.39) and women over 25years old, 4.2% (53/1270) vs 2.1% (95/4507)(p<0.0001, OR 2.0; 95% CI 1.44–2.85) but not women aged 15–19 years old, 7.8%(50/643) vs 6.1%(83/1367)(p=0.27 OR 1.3; 95% CI 0.91–1.9). For women who had a new partner in the last 3 months, findings were similar regardless of age.

Conclusion *Chlamydia* prevalence in women undergoing an abortion is lower than that observed in 2002 but is higher than the general population. Although *Chlamydia* was associated with 2 or more partners in the previous year in women

aged over 19 years, the association is weaker than that observed in the general population and no association was observed with partner change in women aged 15–19 years old

P371 COMBINATION HIV/HCV/HBV/STIS PREVENTION AMONG MSM AND USE OF MOBILE APPLICATIONS/SOCIAL NETWORKS AT THE COVID-19 CONDITIONS IN UKRAINE

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Background/Purpose Restrictions of COVID-19 pandemic have made it more difficult to provide HIV testing and PrEP services to MSM in large Ukrainian cities. The purpose of the intervention is to maintain the effectiveness of the provision of these services during COVID-19 and to implement new/innovative and more mobile interventions in this regard.

Approach The methodology consists of conducting two national campaigns aimed at MSM recruiting in 3 largest cities of Ukraine, for conducting of HIV/STI/HCV testing, as well as to attract to the PrEP program, through targeted advertising on gay dating applications and social networks for directing to web-resources <https://gettest.com.ua> and <https://prep.com.ua>, for passing of testing and/or to receive equal counseling on PrEP, at Alliance.Global`s testing points. All confirmed HIV-positive MSM have been provided a social support to receive ART; for HIV-negative MSM, we proposed to become a member of the free PrEP program.

Outcomes/Results Thanks to advertising on two web resources, during September-December 2020, 841 MSM registered for HIV/HCV/STI testing through the GetTest website and 80% of them were tested (the number of HIV-positive results was approximately 4%). 3244 MSM have learned about the PrEP program during this period, approximately 300 new MSM have been attracted to the PrEP program (the coverage of the PrEP intervention in 2020 amounted about 1,300 MSM).

Innovations/Conclusions Thanks to the introduction of two advertising campaigns on the Internet, at the COVID-19 conditions, as well as such innovative interventions as delivery of clients by taxi to receive PrEP in a medical institution, receiving the free premium accounts in the mobile gay application Hornet, compliance with sanitary norms (free masks, disinfectants, etc.) and mandatory pre-registration (to avoid queues), we were able to successfully saved services, and increase the intensity of testing and staging to PrEP for MSM compared to the first half of 2020.

P374 CHARACTERISTICS OF PREGNANT WOMEN, PARTNERS, AND PARTNER TREATMENT PREFERENCES AMONG WOMEN UNDERGOING SEXUALLY TRANSMITTED INFECTION SCREENING, RAWALPINDI, PAKISTAN

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