many found the process of finger-prick blood sampling extremely challenging and this contributed to concerns that test results may be inaccurate. A minority of participants also missed the opportunity clinic-based testing offered to discuss symptoms or concerns with staff. Participants overwhelmingly found the process of receiving test results by SMS acceptable and preferable to alternatives.

Conclusions Internet-based testing is viewed positively by most users but uptake may be improved if providers emphasise the privacy and convenience it offers, as well as the accuracy of self-sampling. Providers should also consider measures to address user concerns around blood sampling and the lack of specialist advice. Further research involving larger numbers of users, and focusing specifically on populations with low uptake of internet-based testing, would be worthwhile.

P415 ESTABLISHMENT OF SPECIAL TREATMENT CLINIC FOR SEXUALLY TRANSMITTED INFECTIONS IN GOMBE NIGERIA: REALITIES AND PROSPECTS

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Background/Purpose The medical, socio-cultural and religious perspectives in managing sexually transmitted infections (STIs) have expanded and made more critical the need for multidisciplinary/'one health' approach to tackling this global menace. Expertise, convenience and efficiency have remained the major considerations in selecting approaches and avenues for diagnosis and treatment of STIs. The understanding and acceptability of patients and other healthcare workers is cardinal in the success of any STI clinic. We present our experiences/observations of establishing and maintaining a new STI clinic in a low resource setting.

Approach The Federal Teaching Hospital Gombe (FTHG) Special Treatment Clinic (STC), was established in 2015 with sole aim of providing quality care for patients with genital tract infections from within and outside the hospital. Specialist consultations, confirmatory laboratory investigations and record keeping are all brought together under one roof for convenience and efficiency. Other requests for genital tract microbiological investigations from all parts of the hospital are also pooled to the clinic for both specimen collection and immediate processing.

Outcomes/Impact The clinic has now provided avenue of combining both clinical consultation and laboratory diagnosis within the limited available resources. It has gained the confidence of patients from the community and healthcare workers within the hospital. Majority (60.1) of patients seen at the clinic were self-referrals followed by those referred from the general outpatient clinics of the hospital (27.0%) and a few (3.8%) from outside FTHG. This has provided the most needed alternative to a growing menace of quackery in managing STIs by unqualified traditionalists.

Innovation and Significance Improvement in confidentiality and efficiency has continued to make our clinic most preferred for consultations and treatment of STIs. The near obliteration of delays in specimen transportation with their immediate processing has made it possible to now identify pathogens such as *Neisseria gonorrhoeae*, *Trichomonas vaginalis*.

P416 SCREENING RATES AND FOLLOW-UP OF CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA INFECTIONS DURING PREGNANCY

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Introduction Doubts concerning the efficacy of prophylactic ocular topic antibiotics on newborns for prevention of ophtalmia neonatorum (ON) and its decreasing incidence lead the Canadian Pediatric Society to no longer recommend its systematic use. They rather recommend that prevention of ON should focus on systematic prenatal screening of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) and treatment of infected women and their partners. This study's primary endpoint was to evaluate compliance with Quebec's provincial pregnancy screening, test of cure (TOC) and re-screening guidelines.

Methods Charts of all women who delivered at the Centre hospitalier de l'Université de Montréal, a tertiary care hospital in Montreal, between April 1st, 2018 and March 31st, 2019 were reviewed to assess demographic, clinical and laboratory data.

Results Among 2557 women, 2481 (97.0%) were screened for CT/NG at least once during pregnancy. For 2278 women (89.1%) a laboratory report was retrievable for analysis. CT infection was detected in 20/2278 women (0.88%) whose mean age was 33 years old (range from 18 to 39). Treatment was appropriate according to guidelines in 18 (90%), a test of cure (TOC) was performed in 18 (90%), and re-screening between 3 and 6 months after diagnosis was done in 14 women (70%). Treatment of sexual partners was documented for 16 women (80%). The only NG infection detected (0.04%) was wrongly interpreted as a false positive; no treatment was administered.

Conclusion The proportion of pregnant women with at least one available CT/NG test result compares favorably to screening rates in other Canadian studies. However, the proportion of CT infected women for whom a TOC and re-screening was performed needs to be improved. The interpretation of positive NG tests in pregnant women and documentation of sexual partners management of infected women also needs improvement.

P417 RISK OF CHLAMYDIA AND GONORRHEA AMONG YOUNG AFRICAN AMERICAN WOMEN WITH PERSISTENT AND EPISODIC BACTERIAL VAGINOSIS

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This study aimed to assess the influence of episodic and persistent bacterial vaginosis (BV) on incident Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) infection among young African American women in the US.