

screening in pregnancy, with the now-a-day available point-of-care tests, and treating within the same visit with at least one dose of penicillin.

P3.354 VERTICAL TRANSMISSION OF SYPHILIS: CURRENT REALITY IN THE CITY OF BAURU

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Introduction Syphilis, a sexually transmitted disease caused by *Treponema pallidum* transmitted vertically during pregnancy, resulting in congenital syphilis.

Methodology This study results from a qualitative study from the research of statistical information system for Notifiable Diseases - SINAN, through the Division of Surveillance, the Municipal Health Secretariat of Bauru, referring to pregnant women with syphilis diagnosed during the prenatal period March 2009 to December 2011, residents in the city of Bauru, and the growing number of cases reported annually.

Results In 2009, 15 cases were reported of syphilis in pregnant women, and 3 (20%) resulting in congenital syphilis. In 2010, there were 24 reported pregnancy resulting in 9 cases of congenital syphilis reported (37.5%). In 2011, there were 33 reported cases of syphilis in pregnant women, and 17 cases of congenital syphilis (51.5%). In 2011, of the 33 cases of syphilis in pregnant women, 14 of them were reported by Santa Izabel Hospital at delivery, fetal death being 1 and 5 miscarriages.

Conclusion The results show an increasing number in the last 3 years, confirming the reality for the city of Bauru, which equates to the epidemiological profile of the State of São Paulo. The notification by the epidemiological surveillance all syphilis cases ensures epidemiological measures of disease control. The increasing cases pointed to the need to evaluate in detail the data to have knowledge of the scale of the problem, whether the late onset of the inadequate treatment of syphilis or even underreporting to develop control measures and planning of health policies public aimed at elimination of the disease.

P3.355 COINCIDENCE OF SYPHILIS AND PREGNANCY IN SZABOLCS-SZATMÁR-BEREG COUNTY BETWEEN 1990–2011

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The treatment of infected cases, active case finding and the follow-up are the tasks of the dermato-venereological network. Since data on treated syphilis cases were available from decades back, a retrospective analysis was done.

Objective Syphilis patients treated between 1990–2011 in Szabolcs-Szatmár-Bereg county compared with national data, with the following criteria:

- Changes in morbidity in the county and in the country with sex distribution,
- Analysis by age group among women, especially during pregnancy,
- Distribution by diagnosis in women and in pregnant women including the trimester,

Results between 1990–2011, the outpatient clinic in Szabolcs-Szatmár-Bereg county treated a total of 469 syphilis cases (women n = 243/52%, male n = 226/48%),

- out of 243 patients, 69 had applied the syphilis diagnosis during pregnancy,

- The diagnosis of syphilis among pregnant women was as follows: primary syphilis 1/1.5%, secondary syphilis: 17/25%, early latent: 48/69.5%, late latent: 3/4%.
- between 1990–2000 the syphilis occurred sporadically among pregnant women, the number of however the cases between 2003–2008 increased significantly (in 1990–2000 n = 6; in 2001–2011 years n = 63),
- According the age group distribution, syphilis infection in pregnant women were most common in the 20–34 age-group (20–24/30%, 25–29/20%, 30–34/23%) and the 15–19 age group was also affected (16%)
- In terms of ethnicity, 49% of pregnant women (n = 34) was roma, 22% of them was from Ukraine, (n = 15) and 29% of them was Hungarian (n = 20),

Conclusions

The following factors played a role in spreading of syphilis in Szabolcs-Szatmár-Bereg county

- The county's geographic location.
- Significant illegal prostitution (cross-border, massage parlours, roadside, living prostitution),
- The lack of knowledge of the professions about syphilis
- Lack of knowledge of the population

P3.356 SYPHILIS SCREENING AMONG 27150 PREGNANT WOMEN IN RURAL SOUTHERN CHINA USING POINT-OF-CARE TESTS

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Background Guangdong province in southern China is at the centre of a national syphilis epidemic, with a tenfold increase of reported syphilis cases in the past ten years. However, the epidemic remains poorly described in rural areas of Guangdong, where hygiene stations (community-level clinics) lack the capacity to undertake routine prenatal syphilis screening. The purpose of this research was to determine the prevalence of syphilis and its risk factors among pregnant women, and to assess the acceptability of point-of-care tests in resource-limited areas of Guangdong province.

Methods From June 2010 to April 2012, we invited 55 hygiene stations, 12 general hospitals, and four women and children's hospitals in resource-limited areas of Guangdong province to participate in the study. Free point-of-care syphilis testing were provided to each of the study sites, and positive samples were confirmed at local referral centres by toluidine red unheated serum test (TRUST) and *Treponema pallidum* particle agglutination (TPPA) test. Confirmed cases received free treatment with benzathine penicillin.

Results A total of 27,150 pregnant women were screened for syphilis by point-of-care syphilis tests, 106 (0.39%) syphilis cases were diagnosed, of which 78 cases (73.6%) received treatment for syphilis. Syphilis infection among pregnant women was associated with older age and a previous history of adverse pregnancy.

Conclusions Syphilis infection is a significant problem among pregnant women living in rural areas of southern China. Point-of-care syphilis testing was well accepted in resource-limited settings, and can increase case detection in rural areas with limited testing capacity.

P3.357 INTEGRATION OF RAPID SYPHILIS TESTING INTO ROUTINE ANTENATAL SERVICES IN RURAL KENYA: SUCCESSES AND CHALLENGES

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Objective Evaluate introduction of rapid syphilis tests (RSTs) into antenatal clinic (ANC) services at low-level health facilities in 2 rural districts in Nyanza Province, Kenya – assessing coverage, testing quality, treatment, data recording, and effect on HIV testing.

Methods From March 2011 - February 2012, RSTs were introduced into ANC services at 25 rural facilities. Before introduction, hands-on training was conducted for nurses on use of RSTs, results counselling, appropriate maternal treatment, documenting data and proficiency testing. During the programme, 3 proficiency testing rounds were done. After the programme, ANC log-books from 8 priority clinics were used to assess data reporting and compare coverage of syphilis and HIV testing and syphilis treatment for the 12-month intervals before and during the programme. Nurses and mothers were also interviewed.

Results Thirty-four nurses from 25 clinics were trained. Proficiency testing identified and corrected early RST problems. In the 8 priority clinics, syphilis testing at first ANC visit increased from 18% (279/1586 attendees) in the 12 months before to 70% (1123/1614 attendees) during the 12-month programme ($p < 0.001$); 35 women (3%) tested positive during the programme vs. 1 (< 1%) in the previous 12 months ($p < 0.001$). RST use and results were routinely documented, but no clinic recorded treatment per training. In 5 clinics, assessment of HIV test coverage was limited by lack of prior HIV-positivity data; however, records from 3 high-volume clinics suggested no difference in HIV testing rates before and during the programme. Interviews indicated many new nurses were not trained, while mothers reported limited counselling about testing or results.

Conclusions Introducing RSTs into rural ANC services greatly increased syphilis testing and detection without effects on HIV testing. We identified challenges in documenting treatment, counselling women appropriately, and adequate training. Amendments to existing and “refresher” training may improve services and documentation of treatment.

P3.358 **SYPHILIS SERO-POSITIVITY AMONGST PREGNANT WOMEN ATTENDING PUBLIC ANTENATAL CLINICS: A 5 YEAR (2004–2008) ANALYSIS FROM 15 PUBLIC PRIMARY HEALTH CARE FACILITIES IN GABORONE, BOTSWANA**

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Background The objectives of study were to determine trends in syphilis prevalence, trends in the proportion screened and to compare with unscreened for syphilis amongst pregnant women attending 15 public antenatal clinics in Gaborone, 2004–2008.

Methods Descriptive quantitative study using routinely collected antenatal data.

Results The overall syphilis prevalence amongst pregnant women in Gaborone decreased from 2.96% (95% CI, 2.55–3.37) in 2004 to 1.15% (95% CI, 0.89–1.41) in 2008 ($p < 0.001$), suggesting a significant downward trend in syphilis prevalence over a five years period. The age specific prevalence per total number of reactive VDRL/RPR was highest amongst pregnant women aged 26 to 30 years ($p < 0.001$) and lowest for those aged 16 to 20 years ($p < 0.025$) for 2004–2008, implying significant differences in the syphilis prevalence in each age group. However, the results reflect variations in syphilis prevalence rates within and between clinics.

There were slight fluctuations in the proportion of pregnant women screened for syphilis, ranged from 87.16% in 2004 to 91.20% in 2008. However, nearly all the clinics demonstrated no trends in the proportion of pregnant women screened for syphilis for 2004–2008.

Conclusion Syphilis sero-positivity in pregnancy in Gaborone has been declining for the last five years, but is far more prevalent amongst pregnant women aged 26 to 30 years and the lowest age specific prevalence was 16 to 20 years for 2004 to 2008. This decline may be attributed to a number of factors and in particular, the adoption of syndromic approach for management of sexually transmitted infections in all clinics across the country. This study showed variations in the trend of syphilis prevalence by clinics and proportions of pregnant women screened for syphilis. However, a high proportion of pregnant women not screened for syphilis may have contributed to under-estimate syphilis prevalence rates.

P3.359 **MY GOODNESS! CONDOMS HAVE OTHER USES BESIDES USE DURING SEXUAL INTERCOURSE**

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Background Self-reported uses of condom have been documented in many studies as not good proxy indicator for their utilisation. Many players in health programmes in Ghana report high distribution of male and female condoms for HIV prevention programmes. This is not commensurate with their usage. Available recent study data prompted this study. The objective of this study is to determine if there are other uses for male and female condoms besides being use during sexual intercourse.

Methods Between January and October 2012, 987 (Male 48% (474), Female 52% (513) persons aged between 18 and 45 who consented to participate in this cross sectional study were recruited. A pretested structured questionnaire was administered to consenting individuals one-on-one in Western, Ashanti and Northern regions of Ghana. Sociodemographic characteristics. Data was analysed with SPSS 16.

Results 80% (790/987) reported that condom can be used to prevent Urinary Tract Infections by wearing it during swimming in ponds and rivers. 74% (730/987) reported that condoms are used to set fires especially for commercial use. The rubber and oil in the condom support fire setting quicker than using paper especially when charcoal and firewood is used as a cooking fuel. 68.0% (671/987) reported that bangles and earrings could be made out of female condoms for sale.

Conclusion Condoms have other uses which has both commercial and social potential to compete favourably with the traditional use of condom for sexual intercourse to provide dual protection i.e. prevention of sexually transmitted infections including HIV and unwanted pregnancy. This study presents evidence that programmes need to use several methods to validate use of condoms for their intended purpose as data on condoms distributed could mislead the indicators on unmet needs for contraceptive and Couple Years of Protection (CYP).

P3.360 **AN ASSESSMENT OF THE KNOWLEDGE AND PRACTICAL SKILLS IN USING MALE CONDOMS AMONG THE GENERAL PUBLIC**

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