

Background In Peru, syphilis disproportionately affects men who have sex with men (MSM) and male-to-female transgender women (TW) with prevalence rates as high as 21%. To our knowledge, there are no available data describing circulating strains of *T. pallidum* in Lima, Peru. We used the CDC subtyping scheme to identify *T. pallidum* circulating subtypes among MSM and TW from two STI clinics in Lima, Peru.

Methods A cohort of 401 MSM and TW were assessed for syphilis infection at baseline and quarterly with RPR (BD Macro-Vue, USA) and TPPA (Fujirebio, Japan) testing up to 24 months. A dacron swab was used to collect exudate from chancre-like lesions and placed into 500 μ L of lysis buffer. DNA extraction was performed using QIAamp mini kit (Qiagen, Valencia, CA). Using specific primers for Tp47 region target, an aliquot of the DNA sample was amplified using conventional PCR. Subtyping of *T. pallidum* TP47 positives was performed using detection of number of 60-bp tandem repeats in the arp gene and analysis by RFLP of 3 tpr genes (TprE, G, J) according to CDC guidelines.

Results Among 401 participants, 26 presented with primary syphilitic lesions at baseline or follow-up with RPR (TPPA confirmed) titers ranging from 1:2–1:64. Of those 26 total lesions, 1 (7%) of 14 tested was dark-field positive. TP DNA screening using TP47 PCR yielded 12 (44.4%) positives. Among eight typable, four were subtypes 14d (33.3%), two 15d (16.7%), one 16d (8.3%) and one 0d (16.7%) where 0 = non-typable arp.

Conclusion *T. pallidum* subtypes 14d and 15d were the most prevalent strains in lesions obtained from MSM/TW who had chancre-like lesions in Lima, Peru. Dark field testing results and typing difficulties could be due to low bacterial load and needs to be considered in sampling methods.

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P09.35 ERADICATION OF SYPHILIS?—NOT THERE YET ONGOING PUBLIC HEALTH RESPONSE TO A SYPHILIS OUTBREAK IN THE NORTHERN TERRITORY, AUSTRALIA

¹L Garton*, ¹M Gunathilake, ¹JY Su, ¹M Russell, ¹TW Yip, ²A Hope, ³N Ryder, ¹M Thalanany, ¹V Krause. ¹Centre of Disease Control, Darwin, Northern Territory; ²Aboriginal Medical Services Alliance, Northern Territory; ³Newcastle Sexual Health Services, Hunter New England Local Health District, NSW

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Introduction An extensive outbreak of infectious syphilis in the Northern Territory (NT) was identified in Central Australia and Katherine regions in 2014. The NT Centre for Disease Control (CDC) launched an outbreak response to contain it.

Methods A multi-disciplinary outbreak response team was formed to drive the response. Comprehensive testing and treatment data were regularly collected and used to monitor the outbreak and to guide the response measures. Opportunistic testing was proactively promoted in affected regions. In areas with high numbers of cases and untraceable contacts, a community-wide screen using a point-of-care test (PoCT) for syphilis was conducted for those aged 12–30 years. Local guidelines were followed in treatment and contact tracing. Updates on the outbreak response were communicated to the affected communities regularly.

Results As of 7 April 2015, 112 cases (60 females and 52 males) of infectious syphilis were detected, consisting of 74 and 38 confirmed and probable cases, respectively. Their ages ranged from 12 to 37 years (median: 17; inter-quartile range: 15–20.5). Community-wide screening was conducted in 2 remote Aboriginal communities with combined population coverage of 62.7% and a prevalence of 8.4% in the targeted age group (12–30 years). All positive PoCT results were confirmed by normal syphilis serology tests.

Conclusion Effective syphilis outbreak control requires up-to-date surveillance on testing and treatment as well as an outbreak response team capable of adopting the best disease control measures in a timely fashion to the different stages and needs of the outbreak. In particular, using PoCT for community screening is proving to be an extremely useful case finding method, shortening the time to treatment and thus the period of infectiousness in communities most affected. Further control of the outbreak will require inter-jurisdictional collaboration.

Disclosure of interest statement There are no conflicts of interest

P09.36 IMPROVING UPTAKE, INTERPRETATION AND QUALITY OF SYPHILIS TESTING IN THE AMERICAS THROUGH THE DEVELOPMENT OF A NEW REGIONAL GUIDANCE DOCUMENT

¹Freddy Perez*, ²Adele Schwartz Benzaken, ³Kevin Karem, ¹Jorge Matheu, ³Mary Kamb. ¹HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infectious Unit-Communicable Diseases and Health Analysis Department—Pan American Health Organization; ²Department of STI, AIDS and Viral Hepatitis, Health Surveillance Unit, Ministry of Health of Brazil; ³Centers for Disease Control and Prevention (CDC), Division of Sexually Transmitted Disease Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

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Introduction In 2009, an initiative to eliminate mother-to-child transmission (MTCT) of HIV and congenital syphilis was launched in the Americas. The region sought to develop means of increasing uptake of syphilis testing for pregnant women and key populations at risk for syphilis to ensure prompt detection and treatment with minimal loss to follow-up.

Methods For a regional consultation, a PAHO/CDC team reviewed the published and grey literature on syphilis testing to identify regional standards and gaps. In April 2014, a regional meeting was held with representatives from health ministries and technical experts in maternal and child health and laboratory diagnostics. Participants reviewed and discussed the data, reported on best practices, and identified key areas to be included in a regional policy document.

Results Participants raised several concerns, such as a lack of regional or global guidance on syphilis testing strategies for specific clinical settings being a barrier impeding elimination of MTCT of HIV and syphilis. Also, limited integration of HIV and syphilis program and operations' systems was a "missed opportunity" to leverage efficiencies, personnel and funding in many countries. Furthermore, existing "best practices" promoting syphilis testing in different clinical settings had not been widely circulated. Participants recommended the development of a regional consensus document. In March 2015, this Guidance outlining syphilis testing algorithms in different clinical settings was published emphasising 5 areas for national programs: (1) comprehensive national policies on syphilis testing and treatment; (2) syphilis testing algorithms appropriate for specific populations or clinical (or outreach) settings, depending on laboratory capacity (e.g., rapid syphilis testing strategies); (3)