prior to delivery. 85 women had at least one negative screening test during pregnancy before the positive test, and 55 of them had a baby with congenital syphilis.
**Conclusion** Screening for syphilis both early and in the third trimester prevented many pregnant women with syphilis from having a baby with congenital syphilis. Preventing all congenital syphilis would likely require preventing all syphilis among women.

## P3.102 INFANT OUTCOMES OF MATERNAL SYPHILIS CASES DIAGNOSED IN BRITISH COLUMBIA, CANADA 2010–2016

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10.1136/sextrans-2017-053264.337

**Introduction** In British Columbia (BC), Canada, 2 reported cases of congenital syphilis have been confirmed for the years 2010–2016. However, USA has reported increases in congenital syphilis cases. We sought to characterise outcomes of infants born to pregnant or recently pregnant mothers diagnosed with syphilis in BC to identify areas to strengthen syphilis prevention programming.
**Methods** All positive syphilis tests in BC are reviewed by centrally-located expert clinicians who diagnose, stage, and provide treatment recommendations. Infant outcome information for all syphilis cases (primary, secondary, early and late latent) diagnosed in pregnant women (or within 90 days after delivery) from January 2010 to July 2016 were collected and analysed descriptively.
**Results** 45 maternal syphilis cases (18 early latent, 27 late latent) were reported from Jan 2010 to July 2016. Of the 45 cases, 36 had a live birth, 5 had a 1 st trimester miscarriage, 1 had a therapeutic abortion, 1 lost her fetus due to a motor vehicle collision, and 2 had not delivered her baby yet as of Sept 2016. Of the 36 mothers with live births, 28 were treated within 4 weeks, 3 were treated after 4 weeks but greater than 30 days before delivery, 2 were treated less than 30 days before delivery, and 3 were treated post-partum. For these 5 infants, 3 had mothers born outside Canada and 1 was in a marginalised population. All 5 infants were treated empirically with penicillin at delivery. 3 were RPR negative at birth, and 2 had titres lower than their mothers; by 3 months of age, both had a negative RPR.
**Conclusion** Most maternal syphilis cases are treated quickly after diagnosis. However, a few are treated shortly before delivery or after delivery. Strengthening early syphilis screening among mothers born outside Canada may be an area to focus on to help ensure adequate time for treatment before delivery. Communication with providers of the risk of congenital syphilis may also support prenatal syphilis screening and better capture of all congenital syphilis cases.

## P3.103 NEW INSIGHTS INTO CIRCULATING *NEISSERIA GONORRHOEAE* SEQUENCE TYPES USING NON-CULTURED CLINICAL SPECIMENS IN BRITISH COLUMBIA, CANADA

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10.1136/sextrans-2017-053264.338

**Introduction** From 2014 to 2015, there was a 114% and 56% increase in gonorrhoea reports in females and males, respectively. Historically, culture-based *Neisseria gonorrhoeae* multi-antigen sequence type (NG-MAST) surveillance is over-represented by males attending STI clinics. We sought to understand trends in NG-MAST of gonorrhoea cases among females in relation to this recent increase.
**Methods** From Oct to Dec 2015, the first 30–40 gonorrhoea positive nucleic acid amplification test (NAAT) samples each month in BC females were characterised by NG-MAST based on the sequence of the *porB* and *tbpB* genes. Sequence type was determined using the NG-MAST website (www.ng-mast.net). These were compared against the overall prevalent strain types as routinely reported in the National Surveillance of Antimicrobial Susceptibilities of *Neisseria gonorrhoeae* Annual Summary 2014. Descriptive statistics were completed using Microsoft Excel.
**Results** Of 112 NAAT samples analysed, 35 were non-typeable. Of the remaining 77 samples, the most common sequence types identified were ST-5985 (32%), ST-7638 (21%) and ST-4637 (10%). For comparison, ST-5985, ST-7638, and ST-4637 comprised of 52%, 0%, and 0.3%, respectively, of prevalent NG-MAST sequence types from culture in BC and NAAT in 2014. ST-7638 and ST-4637 have rarely been identified in BC cultures in prior years, but have been commonly seen in neighbouring provinces. The vast majority of ST-5985 cultures from BC demonstrated a high level of resistance to tetracycline while cultures of ST-7638 and ST-4637 have been virtually all susceptible.
**Conclusion** A substantial number of gonorrhoea diagnoses were identified as NG-MASTs types not previously known to be circulating in BC. Whether this represents strain replacement (which may in turn contribute to increases in incidence) or is due to undersampling of females in prior years requires further study. Ongoing strain typing surveillance of both sexes, now feasible with NAAT-based NG-MAST, will help improve our understanding of the changing epidemiology of *N gonorrhoeae*.

## P3.104 LYMPHOGRANULOMAVENEREUM: A DESCRIPTIVE STUDY OF THE EPIDEMIOLOGY AND RISK FACTORS IN BRITISH COLUMBIA, CANADA

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10.1136/sextrans-2017-053264.339

Sex Transm Infect: first published as 10.1136/sextrans-2017-053264.338 on 8 July 2017. Downloaded from http://sti.bmj.com/ on April 10, 2024 by guest. Protected by copyright.