Introduction In Myanmar, People Who Inject Drugs (PWIDs) has the highest HIV prevalence of 18.7% in comparing to other key population. Establishment of drop-in-centre (DIC) and provision of services has been proved as successful intervention for key population. An assessment was conducted to determine the knowledge on sexually transmitted infections (STI)/HIV and utilisation of drop-in-centres among drug users after the establishment of DIC and out-reach activities.

Methods A community-based, post-intervention assessment was conducted using quantitative and qualitative methods in under-served areas of north-western border in Myanmar.

Results A total of 202 drug users, 156 PWIDs and 46 People Who Use Drugs (PWUDs), were included in the study. Their age ranged from ranged from 18 to 60 years with the mean age of 34.9 ± 8.2 years. Regarding STI knowledge, no one sought to treat STD at the beginning of the intervention but 4% of drug users searched for the treatment at the end. Over 25% knew at least one symptom of STI in men while only 15.3% recognised at least one symptom in women. Knowledge on higher risk of blood borne infections such as Hepatitis B (25% vs. 51%, p<0.1), Hepatitis C (8% vs. 13%, p<0.05) was improved in comparing to pre-intervention. HIV testing rate within six months was also increased from 10% to 74% (p<0.001). Regarding sexual behaviours, percent of drug users who had sex with paid sex partner and who had more than one sexual partner within 6 months were significantly reduced (11% vs. 0.5%, p<0.05; 11% vs. 1%, p<0.05). Regarding drop in centre (DIC), more drug users were aware of DIC (54% vs. 91%, p<0.01) and ever visited there (22% vs. 76%, p<0.01). Almost all of them (94%) ever received DIC services consisted of HIV testing and counselling (47%) and health education service (68%). Nearly half of them (46%) received outreach services and mobile HIV testing covered about 16%.

Conclusion Improvement in knowledge and behaviour regarding STI/HIV and DIC utilisation were seen among the drug users after the intervention.

COUNTY-LEVEL SOCIODEMOGRAPHIC FACTORS ASSOCIATED WITH REPORTED CONGENITAL SYPHILIS IN UNITED STATES 2012–2015

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Introduction Pregnant women - In the US, Congenital Syphilis (CS) rates have increased 48% between 2012 and 2015. We explored county level sociodemographic factors associated with having reported at least one CS case during 2012 and 2015 among all US counties.

Methods The 321 (10.2%) US counties that reported at least 1 CS case during 2012–2015 were compared to the remaining 2829 (89.8%) US counties with no reported CS. Multivariable logistic regression models were constructed to assess factors independently associated with counties reporting CS using adjusted Odds Ratios (aOR). County level factors examined included:% population black [above or below the national median],% Hispanic population [above or below the national median], Medicaid expansion state, violent crime rate per 100,000, and the% change in adult male and female syphilis cases between during 2012 and 2015. Final models were determined by comparing likelihood ratio statistics.

Results Independent county level factors associated with reporting at least one CS case during 2012–2015 were: Medicaid expansion state [aOR=2.24, 95% CI 1.51–3.34],% black population [aOR=2.86,95% CI 1.79–4.57],% Hispanic [aOR=2.13, 95% CI 1.41–3.24], 10 unit change in violent crime rate [aOR=1.04, 95% CI 1.02–1.05], and 10 unit change in% change in female syphilis [aOR=1.02, 95% CI 1.00–1.03].

Conclusion CS in the US is highly geographically focused with only 10.2% of counties reporting any cases in the past 4 years. Socioeconomic and demographic factors working at the community level are associated with increased odds of having reported a case of CS. Interventions to prevent CS in the US should focus at community, as well as individual level.

ANALYSIS ON ACCURATE DIAGNOSIS AND STANDARDISED TREATMENT OF REPORTED SYPHILIS CASES IN SHENZHEN

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Introduction To investigate the accurate rate of diagnosis and the standardised rate of treatment of reported syphilis cases in Shenzhen and to provide evidence for further prevention strategies.

Methods Data of syphilis cases reported from July 1, 2013 to June 30, 2014 were downloaded from the 'China Information System for Disease Control and Prevertion'. Randomised sampling method was used to select cases from the download database. Medical staff compared the information from the selected cases with doctors' daily record, patients' laboratory test results and pharmacy prescriptions from medical institutions. The accuracy of diagnosis and standardisation of treatment were evaluated based on the *Diagnostic Criteria and Management of Syphilis Guidelines* (Ministry of Health, China, 2007).

Results This study totally selected 1589 syphilis cases for evaluation. The accurate rate of diagnosis was 95.53% for total, and the rates were 83.59%, 96.60%, 97.73%, 100.00% and 97.37% respectively for primary, secondary, tertiary, congenital and latent syphilis. Nearly 66.08% cases were treated with penicillin therapy and 1.76% cases were treated with replacement therapy. The standardised rate of treatment was 67.84%.

Conclusion The accurate rate of syphilis diagnosis is high in Shenzhen, however, the standardised rate of treatment is far from the goal set in the national syphilis control plan. It suggests that training and supervision should be enhanced and modification of communicable disease card (such as adding the diagnosis and treatment information of syphilis cases) should be considered, to improve the rate of accurate diagnosis and standardised treatment of syphilis cases.