

($p < 0.001$). The use of alcohol and drugs was high in both groups, and cocaine and crack were the most commonly reported drugs. All transvestites and 80% of MtFs referred syphilis treatment. About 36% of transvestites and 22.7% of MtFs were HIV+ ($p = 0.099$). They had already performed treatment for tuberculosis, 25.9% of transvestites and 9.1% of MtFs ($p = 0.096$). HIV-AIDS-tuberculosis co-infection was observed in 17.2% of transvestites and 6.1% of MtFs.

Conclusion The results indicate that the living and health conditions of this population are marked by their vulnerability to HIV-AIDS and co-infection with tuberculosis. The invisibility of this group in official health data compromises the control of these diseases in this population. Also, the dichotomies observed between transvestites and MtFs should be considered in the planning of preventive actions and future studies.

LB3.250 A COMPARATIVE ANALYSIS OF COSTS OF SINGLE AND DUAL RAPID HIV AND SYPHILIS DIAGNOSTICS: RESULTS FROM A RANDOMISED CONTROL TRIAL IN COLOMBIA

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Introduction HIV and congenital syphilis are major public health burdens contributing to substantial perinatal morbidity and mortality globally. Although studies have reported on the costs and cost effectiveness of rapid diagnostic tests (RDTs) for syphilis screening within antenatal care in a number of resource constrained settings, empirical evidence on country specific cost and estimates of single RDTs compared to dual RDTs for HIV and syphilis are limited.

Methods A cluster randomised control study design was used to compare the incremental costs of two testing algorithms: 1) single RDTs for HIV and syphilis; and 2) dual RDTs for HIV and syphilis, in 12 health facilities in Bogotá and Cali, Colombia. The costs of single HIV and syphilis RDTs and dual HIV and syphilis RDTs were collected from each of the health facilities. The economic costs per woman tested for HIV and syphilis and costs per woman treated for syphilis defined as the total costs required to test and treat one woman for syphilis were estimated.

Results A total of 2214 women were tested in the study facilities. Cost per pregnant woman tested and cost per woman treated for syphilis were \$10.26 and \$607.99 respectively in the single RDT arm. For the dual RDTs, the cost per pregnant woman tested for HIV and syphilis and cost per woman treated for syphilis were \$15.89 and \$1,859.26 respectively. Overall costs per woman tested for HIV and syphilis and cost per woman treated for syphilis were lower in Cali compared to Bogotá across both intervention arms. Staff costs accounted for the largest proportion of costs while treatment costs comprised less than 1% of the preventive program.

Conclusion Findings show lower average costs for single RDTs compared to dual RDTs with costs sensitive to personnel costs and the scale of output at the health facilities.

LB3.251 PATIENT REFERRAL ALONE IS NOT AN EFFECTIVE STRATEGY TO CAPTURE PARTNERS OF PATIENTS WITH SEXUALLY TRANSMITTED INFECTIONS IN LOW RESOURCE SETTINGS: A CASE-CONTROL STUDY

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Introduction Partner notification (PN) is a key public health intervention aimed at preventing re-infection and controls the spread of sexually transmitted infections (STIs). However, limited research has been conducted to investigate factors associated with PN in Ethiopia.

Methods A nested case-control study was undertaken within a cohort of individuals being treated for STI in public health facilities in Ethiopia. Hierarchical binary logistic regression was used to identify socio-demographic, behavioural and psychosocial factors associated with PN.

Results A total of 250 patients on STI treatment who notified their partners (cases) were compared with 185 patients who did not notify their partners (controls). STI patients were less likely to notify their partner if they were single [AOR=0.33, 95% CI: (0.15–0.73)], in casual partnership [AOR=0.33, 95% CI: (0.15–0.73)], not knowledgeable about partner's sexual behaviour [AOR=0.43, 95% CI: (0.24–0.77)], poor knowledge of risk sexual behaviour [AOR=0.23, 95% CI: (0.12–0.43)] and if they had no intention to notify partners [AOR=0.19, 95% CI: (0.10–0.36)]. The odds of PN were higher among highly educated respondents [AOR=5.16; 95% CI: (1.83–14.54)].

Conclusion Capturing STI cases through patient referral partner notification is less likely to be successful among patients who are single and in causal relationship.

LB3.252 PREVALENCE OF SYPHILIS AND FACTORS ASSOCIATED WITH FEMALE SEX WORKERS IN TERESINA, PIAUÍ

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Introduction Syphilis is a matter of concern for the reason of transmissibility and high magnitude. In the world there is an estimate that there are 357 million new Sexually Transmitted Infections each year, with a high incidence of syphilis with 5.6 million cases. The infection can affect all age groups and both sexes, presenting higher prevalence in populations of greater vulnerability as female sex workers. Therefore, the main goal was to estimate the prevalence of syphilis and associated factors in female sex workers.

Methods Analytical cross-sectional study, part of a macroproject entitled "Outpatient follow-up of HIV and Syphilis in female sex workers", conducted in Teresina, Piauí, Brazil, with 358 female sex workers, developed since August/2016, in follow-up. Approved by a Research Ethics Committee. Participants were recruited by the Respondent-Driven Sampling (RDS) method and the data collected by structured form.

Results Of the total number of participants (n=358), the prevalence of syphilis was 7.5%. Statistical significance was obtained in relation to skin colour (CI 40.84–51.16, $p \leq 0.001$).