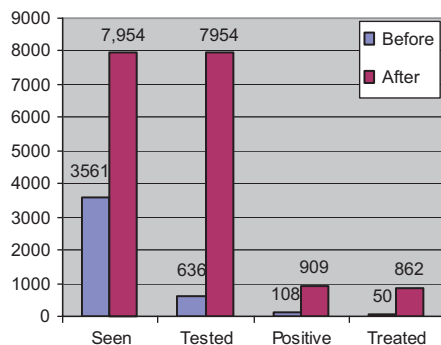


pregnant women with high titre syphilis. Although syphilis screening and treatment is a national policy and is one of the most cost effective interventions, its implementation on a large scale is limited. Lack of a simple and rapid point of care diagnostic test for syphilis has been suggested as one of the major reasons for this limitation. We implemented a demonstration project in Geita district, Tanzania to assess the feasibility of introducing a rapid diagnostic test in antenatal care services. The objectives of the project were to determine (1) the feasibility of increasing access to antenatal syphilis screening using same day testing and treatment strategy, and (2) the acceptability of introducing rapid syphilis testing to service providers and clients.

**Methods** A health facility based baseline survey was carried out using a structured questionnaire to determine syphilis uptake before rapid test introduction. A team of four district trainers and supervisors were trained on how to perform the test, on quality assurance and stock management. Health workers were also trained on how to perform the test, quality assurance and stock management. Then rapid tests were introduced in all health facilities and qualitative data were collected to assess acceptability of the test. The uptake of syphilis testing and treatment among pregnant women in 3 months before and after rapid test introduction were compared using  $\chi^2$  test.

**Results** Numbers of pregnant women tested in the 3 months after rapid test introduction were significantly higher than those tested before its introduction in the same period ( $p < 0.01$ ). Similarly a significantly higher number of syphilis positive women were treated compared to those treated before test introduction ( $p < 0.01$ ) see Abstract S2.1 figure 1. The same day testing and treatment strategy enabled 95% of women testing positive to be treated at their first visit. The rapid test was acceptable to both service providers and clients.

**Conclusions** Introduction of rapid syphilis tests has made it possible to implement national policy for screening pregnant women in Tanzania. Increasing access to screening and treatment will prevent many perinatal deaths.



Abstract S2.1 Figure 1 Number of pregnant women tested and treated at clinics before and after Rapid Test introduction in 3 months.

Abstract S2.2 Table 1 Syphilis and HIV screening progress

DSEI	# Screened / sexually active population (%)	Syphilis prevalence in sexually active population	HIV prevalence in sexually active population	Syphilis prevalence in pregnant women	HIV prevalence in pregnant women
Manaus	5.957/10.980 (54.2%)	1.51%	0.08%	3/327 (0.93%)	0/323 (0.0%)
Yanomani	1.757/4.317 (40.7%)	0.06%	0.17%	1/284 (0.35%)	2/284 (0.70%)
Leste roraima	2.666/4.038 (66.0%)	0.41%	0.08%	2/567 (0.40%)	0/472 (0.0%)
Alto solimões	19.147/25.322 (75.6%)	1.90%	0.13%	30/1.412 (2.27%)	0/1.272 (0.0%)
Parintins	2.324/4.904 (47.4%)	0.34%	0.04%	1/254 (0.39%)	0/253 (0.0%)
Alto rio Negro	4.892/19.872 (24.6%)	0.72%	0.08%	4/639 (0.72%)	0/561 (0.0%)
Médio solimões	580/9.092 (6.4%)	2.59%	0.0%	0/77 (0.0%)	0/76 (0.0%)
Médio purus	330/2.950 (11.2%)	0%	0.0%	0/20 (0.0%)	0/20 (0.0%)
Vale do javari	1.147/2.563 (44.7%)	6.10%	0.17%	3/70 (4.29%)	1/70 (1.43%)
Total	38.799/83.311 (46.6%)	594/38.799 (1.53%)	41/38.799 (0.11%)	44/3.650 (1.29%)	3/3.650 (0.09%)

## S2.2 INCREASING ACCESS TO HIV AND SYPHILIS SCREENING IN REMOTE AREAS USING RAPID TESTS

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**Background** Syphilis continues to be a public health problem in Brazil, particularly among populations with limited access to health services. Indigenous populations, who live in remote locations in the interior of the Amazon forest, are of even greater concern. Traditional laboratory tests for the diagnosis of syphilis are scarce in these regions. The objective of this presentation is to describe the implementation of rapid tests (RT) in the Amazon region.

**Methods** We trained health professionals of 9 Special Indigenous Health Districts (DSEI) to screen the sexually active population (over 10 years of age) for syphilis and HIV using RT with Quality Assurance (QA).

**Results** In total, 509 health professionals were trained and 160 units participated in the screening efforts. From a sexually active population of 83 311 indigenous people 38 799 (47%) were tested, of whom 594 (1.5%) tested positive for syphilis. 44/3650 pregnant women (1.3%) tested positive for syphilis, and 3 for HIV (0.1%). There is extensive variation between the rate of syphilis and HIV positivity between DSEIs (Abstract S2.2 table 1). The external QA performance was important in assuring correct results as initial scores were 77.1% for the HIV test and 61.5% for the syphilis test.

**Conclusions** This project has demonstrated to policy makers in Brazil the existence of syphilis and HIV among indigenous people and the feasibility of addressing it. As a result of this work, it is now government policy to use RT to screen for HIV and syphilis with QA in remote regions of Brazil. This project provided a model for the introduction of point of care tests supported by a QA programme in remote regions.

## S2.3 SCREENING HIGH-RISK POPULATIONS USING RAPID SYPHILIS TESTS: THE IMPORTANCE OF SOCIAL AND CULTURAL CONTEXTS

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**Background** Syphilis has made a dramatic resurgence in China during the past 2 decades with an increasing prevalence in high-risk groups. Screening of syphilis in the populations is critical for control of the disease.