products indicated that A2071G and A2072G transitions in the 23S rRNA gene was the major mutations. No mutation was found in gyrA QRDR. Three patients (13.6%), including 1 couple, carried G248T (S83I) mutation in parC QRDR. The female of the couple also carried a parC G259C (D87H) mutant group. Two individuals (a couple) carried organisms that had markers for both macrolide and fluoroquinolone resistance.

**Conclusion** This is the first study based in the USA to document both fluoroquinolone and macrolide resistance in MG using a molecular-based assay. We plan to genotype MG directly from the clinical specimens to investigate the genetic relatedness of antimicrobial-susceptible and resistant-MG, as well as the concordance of MG in couples.

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**P3.139** ENHANCED SURVEILLANCE OF INFECTIOUS SYPHILIS AND THE CASCADE-OF-CARE AMONG HIV-POSITIVE AND HIV-NEGATIVE MEN WHO HAVE SEX WITH MEN IN BRITISH COLUMBIA, CANADA

Lukac Cd, 1Consolacion, 8Brownings, 9H Jiang, 10C Prescott, 1Bccdc Syphilis Nurses, 1M Gilbert, 1Greenan, 7Wong, 8British Columbia Centre for Disease Control, Vancouver, Canada; 1British Columbia Centre for Disease Control, University of British Columbia, Vancouver, Canada

**Introduction** From 2010 to 2015, the incidence of infectious syphilis (primary, secondary, and early-latent) has increased 5-fold in British Columbia (BC). In response, the BC Centre for Disease Control (BCCDC) enhanced surveillance for syphilis to characterise sexual/social networks driving the epidemic, and to monitor the risk of HIV transmission. Here we communicate indicators developed from the provincial enhanced surveillance system.

**Methods** In BC, management of syphilis – including partner notification – is centralised, and coordinated by the BCCDC. In January 2016, a new workflow was implemented to systematically collect and analyse data on HIV co-infection, viral-load and partners. New indicators were developed along a cascade-of-care framework for case and partner care.

**Results** From January to September 2016, 581 syphilis cases were diagnosed in BC; 491 (84%) were among men who have sex with men (MSM). Of these, 201 (41%) were HIV-positive and 268 (55%) were HIV-negative. Three-quarters of HIV-positive MSM had undetectable viral loads. 149 (74%) of HIV-positive MSM and 137 (51%) of HIV-negative MSM were diagnosed during the early-latent stage. For both groups, 96% of cases were treated within 30 days of syphilis testing. Of the 201 HIV-positive MSM, 141 (70%) discussed partners with public health nurses and together reported 1270 partners (65% anonymous, 35% notifiable) or 9.0 partners/case (range:1–214). Of the 268 HIV-negative MSM, 215 (80%) discussed partners and reported 1806 partners (51% anonymous, 49% notifiable), or 8.4 partners/case (range:1–200).

**Conclusion** A greater proportion of HIV-positive MSM were diagnosed with syphilis during the asymptomatic early-latent stage, which may be due to routine syphilis screening. However, a lower proportion of HIV-positive MSM with syphilis co-infection were engaged with public health for partner notification, and report a lower proportion of notifiable partners, compared to MSM with syphilis only. Strategies to engage HIV-positive MSM in partner care would strengthen the public health response to syphilis.