

sample of 13–35-year-old-females and males (n~5000); (ii) rapid ethnographic community mapping (one urban, one semi urban and two deep rural); (iii) provider and user interviews (n=22 and n=58 respectively); and (iv) group discussion (n=14). All qualitative interviews were audio-recorded, transcribed and analysed using a thematic content analysis. The longitudinal cohorts were used to describe the population awareness and uptake of each of the components of DREAMS at the individual, family and community level, as well as biomedical HIV prevention interventions.

Results 28 services, organised into 10 packages are delivered through 12 implementing partners and three government directorates. In this symposium I describe the population level awareness and uptake of individual, family and community interventions alone and in combination. I also describe the cascade of prevention for specific biomedical interventions, specifically condom use, uptake of HIV testing, voluntary male medical circumcision, HIV Pre-exposure Prophylaxis and treatment, and contraception.

Discussion The HIV prevention cascade is a powerful tool to improve the effective implementation of combination HIV prevention.

Disclosure No significant relationships.

S09.3 APPLICATION OF A CASCADE APPROACH FOR GUIDING PREVENTION OF CONGENITAL SYPHILIS

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Syphilis remains a major public health problem worldwide especially in developing countries and in the region of Latin America and the Caribbean (LAC). Congenital syphilis is caused by mother-to-child transmission of the *Treponema pallidum* infection during pregnancy. Transmission can occur during any trimester of pregnancy and during any stage of syphilis. Nevertheless, the risk of transmission is highest during early syphilis (primary, secondary, or early latent syphilis). Untreated syphilis in pregnancy can result in adverse pregnancy outcomes including miscarriages, stillbirth, neonatal death, as well as prematurity, low birth weight and other congenital abnormalities. Congenital syphilis is preventable. Treatment to the infected mother with a long acting injectable penicillin (benzathine penicillin G) can prevent stillbirths and fetal infection if initiated as early as possible during pregnancy or at least 30 days before delivery. Many the countries of the LAC region have committed to reduce cases of congenital syphilis to less than 0.5 cases per 1,000 live births, however many of them are still far from achieving the objective. The reduction or elimination of congenital syphilis can be performed with simple, cost-effective interventions, like screening and treating pregnant women early in antenatal care. Peru has also a commitment to eliminate congenital syphilis and introduced the use of rapid syphilis tests for screening to simplify the testing and improve coverage. However, if a woman is tested and don't receive treatment there is a failure of the system, a broken care continuum. The concept of care cascades has been used to analyze the HIV care continuum and to evaluate other STD control activities. We decided to use Peruvian National data to create a congenital syphilis prevention

cascade to visualize the current status of activities and identify opportunities for improvement.

Disclosure No significant relationships.

S09.4 CASCADES AND OTHER APPROACHES TO GUIDE PREP PROGRAMMING

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Since the 2015 WHO recommendation to offer pre-exposure prophylaxis (PrEP) to all at substantial risk for HIV infection as part of a comprehensive HIV prevention package, there have been significant efforts to expand PrEP access. By 2018, an estimated 465,000 individuals globally had initiated PrEP, a figure that while impressive falls short of the UNAIDS Prevention 2020 target of 3 million eligible people on PrEP by 2020. Achievement of the target will require an intensification of efforts to ensure more effective delivery of PrEP. Similar to the HIV treatment cascade which has been powerful in illustrating the steps needed to achieve viral suppression, several authors have proposed a 'PrEP cascade' which summarises the steps to successful PrEP initiation and in some, continuation. In this presentation we review how these cascades are helpful when populated with programme data for summarising progress as well as identifying points of attrition along the continuum. Using these cascades individual and structural barriers to achieving a particular step can be identified and programmes adapted or strengthened in response. PrEP cascade data can also be used to model the potential impact of PrEP programmes on the HIV epidemic. PrEP cascades also have several unique challenges not observed in treatment cascades. These include the problem of estimating the potential population eligible for PrEP (i.e. denominator), the absence of standard definitions which makes operationalisation within programmes and comparisons across programmes difficult, and the dynamic nature of risk which makes measurement of PrEP continuation a challenge.

S10 – STIS IN LOW AND MIDDLE-INCOME COUNTRIES: RESURGENT INFECTIONS AND EVOLVING CONTROL MEASURES

Tuesday, July 16, 2019

10:45 AM – 12:15 PM

S10.1 HIGH RATES OF CURABLE STIS IN LOW AND MIDDLE INCOME COUNTRIES

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Background Sexually-transmitted infections (STIs) increase the risk of infertility and HIV acquisition. Data on STIs in low and middle income countries (LMIC) are sparse because of syndromic management and lack of testing. PrEP projects