EVALUATING THE USE OF RAPID SYPHILIS TESTING AMONG PATIENTS IN A SEXUALLY TRANSMITTED INFECTIONS CLINIC IN LILONGWE, MALAWI

Jane Chen*, Mitch Matoga, Shiraz Khan, Edward Jere, Cecilia Massa, Beatrice Ndalama, Afrene Seña, Kathryn Lancaster, Minia Hosseinipour, Hyron Cohen, William Miller, Irving Hoffman. University of North Carolina at Chapel Hill, Epidemiology, Chapel Hill, USA; UNC Project Malawi, Lilongwe, Malawi; University of North Carolina at Chapel Hill, Division of Infectious Diseases, Chapel Hill, USA; The Ohio State University, Division of Epidemiology, Columbus, USA

Conclusion Syphilis serology was more prevalent among patients who had GUD as compared to those who did not. However, rapid treponemal tests are available for point-of-care testing and offer inexpensive syphilis serology assessments, though they cannot differentiate between untreated and previously treated syphilis as a stand-alone test. We assessed syphilis seroprevalence in the sexually transmitted infections (STI) clinic at Bwaila District Hospital in Lilongwe, Malawi, in August 2017.

Methods Rapid syphilis testing (RST), with the Alere DetermineTM Syphilis TP test or SD Bioline 3.0 Syphilis test, was offered in conjunction with standard opt-out HIV rapid testing. Anyone who tested RST positive was treated with three weekly doses of benzathine penicillin 2.4 MU IM, per Malawian standard of care. Per routine protocol, all patients also underwent a genital examination where GUD was diagnosed as the presence of one or more genital ulcers. We calculated syphilis seroprevalence, and used exact statistics to test for differences in proportions (α=0.05).

Results 848 patients had an RST, HIV test, and a genital exam, with 73 (9%) testing positive by RST. Among the 82 patients (10%) diagnosed with GUD, 26% (95% CI: 17%–36%) had a positive RST, compared to 7% (95% CI: 5%–9%) of patients without GUD (p<0.0001). Of the 89 patients (10%) who tested newly positive for HIV, 19% (95% CI: 12%–29%) had a positive RST, compared to 7% (95% CI: 6%–9%) among those who were HIV negative (p=0.0009). Of the 73 patients who screened positive by RST, 71% (95% CI: 59%–81%) did not have GUD.

Conclusion Syphilis serology was prevalent among patients who had GUD and who were HIV-infected. Syndromic diagnosis of GUD may not be sufficient to identify patients who require syphilis treatment. However, accurate staging is critical for appropriate treatment, and concerns surrounding over-treating previously treated cases should be addressed.

Disclosure No significant relationships.

WHAT DO GUYS KNOW ABOUT SYPHILIS ANYWAYS?

Dione Gesink*, James Connell, Lauren Kimura, University of Toronto, Dalla Lana School of Public Health, Toronto, Canada; University of British Columbia, School of Population and Public Health, Vancouver, Canada

Background Syphilis rates among gay, bisexual, and other men who have sex with men (gbMSM) have increased in Toronto, Canada, since the early 2000s. Half of syphilis cases are co-infected with HIV. Enhanced sexual health resources in the downtown neighbourhoods with elevated syphilis rates (core area) have not brought syphilis transmission under control. Our objective was to explore gbMSM attitudes, beliefs and knowledge of syphilis to inform syphilis intervention strategies.

Methods In-depth interviews were conducted with 31 gbMSM who lived, worked, or socialized in Toronto, Canada, in June and July of 2016. Interviews ran 60 to 90 minutes and had three sections. This analysis uses data from the third section, which explored what participants knew about syphilis and the syphilis epidemic in Toronto. Theoretical saturation for this analysis was reached before interviews were completed. Thematic analysis was used to analyze interviews. Transcripts were read and re-read, then coded. Codes were compared across participants then grouped into categories; categories were grouped into themes.

Results Participants knew little about syphilis and did not realize syphilis was epidemic in Toronto. Syphilis was perceived as a curable inconvenience and dismissed, while HIV was perceived as life-changing. Participants did know something about HIV and some STIs other than syphilis. Participants who lived through the 80’s and 90’s identified anal sex as a high-risk sexual activity and perceived sex as potentially lethal; consequently, sex was loaded with stigma, burden and shame. In backlash, some participants described a new social expectation why syphilis epidemics persist. Interventions shifting gbMSM relationship with sex and STI testing should be explored.

Disclosure No significant relationships.

KNOWLEDGE AND ATTITUDES AROUND SYPHILIS AND SYPHILIS PRE-EXPOSURE PROPHYLAXIS AMONG MEN WHO HAVE SEX WITH MEN IN VANCOUVER

Ronita Nath*, Troy Gremman, Robin Parry, Fahmy Baharuddin, James Connell, Jason Wong, Daniel Grace. British Columbia Centre for Disease Control, Clinical Prevention, Vancouver, Canada; BC Centre for Disease Control, Clinical Prevention Services, Vancouver, Canada; British Columbia Centre for Disease Control Clinical Prevention Services, Vancouver, Canada; University of Toronto, Dalla Lana School of Public Health, Toronto, Canada

Background In British Columbia, Canada, syphilis is at record-high rates, with over 80% of cases in 2017 seen in gay, bisexual, and other men who have sex with men (GBM). The epidemic is of particular concern for those living with HIV, since