

groups (4.88% among elementary, 2.16% secondary and 2.49% graduate students, $p < 0.001$).

Conclusion Our results showed a high prevalence of self-reported syphilis in young adults of Brazil with significant difference between education level. Income and skin color/race were not associated with syphilis showing a disseminate outbreak. These data reinforce the importance of implementing strategies to combat this disease in young adults, especially among those with low educational level.

Disclosure No significant relationships.

P733 **EVALUATING THE USE OF RAPID SYPHILIS TESTING AMONG PATIENTS IN A SEXUALLY TRANSMITTED INFECTIONS CLINIC IN LILONGWE, MALAWI**

¹Jane Chen*, ²Mitch Matoga, ²Shiraz Khan, ²Edward Jere, ²Cecilia Massa, ²Beatrice Ndalama, ³Arlene Seña, ⁴Kathryn Lancaster, ³Mina Hosseinipour, ³Myron Cohen, ⁴William Miller, ³Irving Hoffman. ¹University of North Carolina at Chapel Hill, Epidemiology, Chapel Hill, USA; ²UNC Project Malawi, Lilongwe, Malawi; ³University of North Carolina at Chapel Hill, Division of Infectious Diseases, Chapel Hill, USA; ⁴The Ohio State University, Division of Epidemiology, Columbus, USA

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Background Limited-resource countries, such as Malawi, rely largely on the syndromic diagnosis of genital ulcer disease (GUD) to detect and treat syphilis. 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 ($\alpha = 0.05$).

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 more 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.

P734 **WHAT DO GUYS KNOW ABOUT SYPHILIS ANYWAYS?**

¹Dionne Gesink*, ²James Connell, ¹Lauren Kimura. ¹University of Toronto, Dalla Lana School of Public Health, Toronto, Canada; ²University of British Columbia, School of Population and Public Health, Vancouver, Canada

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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 that gay men should have a lot of good sex, where good sex is sex without a condom, and having good sex is a greater concern than acquiring an STI that can be cured or lived with.

Conclusion Dismissive attitudes towards syphilis could explain why syphilis epidemics persist. Interventions shifting gbMSM relationship with sex and STI testing should be explored.

Disclosure No significant relationships.

P735 **KNOWLEDGE AND ATTITUDES AROUND SYPHILIS AND SYPHILIS PRE-EXPOSURE PROPHYLAXIS AMONG MEN WHO HAVE SEX WITH MEN IN VANCOUVER**

¹Ronita Nath*, ²Troy Grennan, ²Robin Parry, ²Fahmy Baharuddin, ³James Connell, ²Jason Wong, ⁴Daniel Grace. ¹British Columbia Centre for Disease Control, Clinical Prevention, Vancouver, Canada; ²BC Centre for Disease Control, Clinical Prevention Services, Vancouver, Canada; ³British Columbia Centre for Disease Control, Clinical Prevention Services, Vancouver, Canada; ⁴University of Toronto, Dalla Lana School of Public Health, Toronto, Canada

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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