

CI:1.25–2.36), and did not use condoms with last sex (OR 1.50, 95%CI:1.05–2.16).

**Conclusion** Findings indicate that lottery-based incentives might be a feasible approach to increase syphilis testing uptake in Chinese MSM, particularly amongst men with higher risk attitude scores and sexually risky behaviors.

**Disclosure** No significant relationships.

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#### CLINICAL PROFILES OF 58 HOSPITALIZED HIV-NEGATIVE PATIENTS WITH NEUROSYPHILIS IN A GENERAL HOSPITAL IN CHINA

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**Background** Patients with neurosyphilis have been increasingly reported from clinics in China. Symptomatic neurosyphilis is more common among HIV-positive than HIV-negative patients. Clinical data of neurosyphilis among HIV-negative patients are limited.

**Methods** Socio-demographic and clinical data of the patients diagnosed with neurosyphilis and hospitalized at the Suzhou 5<sup>th</sup> People's Hospital in China during January 2012 to November 2018 were collected and clinical and laboratory characteristics of these patients were analysed.

**Results** Of the 58 patients enrolled into the analysis, majority (84.5%) were males. Two cases (3.4%) were diagnosed with asymptomatic neurosyphilis by evidence of only increases of protein and white blood cell count in their cerebrospinal fluids (CSF). The clinical characteristics were presented to be meningeal vascular type (defined as presentation of hemiplegia, headache, tinnitus, or epileptic attack) among 6, paralytic dementia (defined as decline in intelligence and memory, decrease of judgement sense and cognition, or mental symptoms) among 30, tabes dorsalis (defined as having manifestation such as walking instability of lower limbs, lightning pain, numbness, abnormal urination, or Arrow pupil) among 8, and ocular syphilis (defined as choroiditis, iritis, retinitis, or optic atrophy) among 12 patients, respectively. Most of the patients (84.5%) had serum RPR titers of  $\geq 1:8$  and two-thirds (75.9%) were positive for RPR in CSF (ranging 1:1 to 1:16). Additional CSF evaluations indicated an elevated protein in 55 and leukopenia in 57 patients. Among 30 patients with paralytic dementia, 16 (53.3%) shown a multiple lacunar foci in their brain CT or MRI, and 7 (23.3%) had cerebral atrophy.

**Conclusion** Symptomatic neurosyphilis is common among HIV-negative patients and clinical features characterized majorly as neurological, psychiatric or ophthalmic symptoms have call

for attention of the relevant departments to detect these patients for interventions timely.

**Disclosure** No significant relationships.

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#### THE PREGNANCY SYPHILIS CASCADE OF CARE: "95-95-95" GOALS FOR REDUCING OF CONGENITAL SYPHILIS IN THE STATE OF SAO PAULO, BRAZIL

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**Background** Congenital syphilis (CS) is a preventable condition. However, in 2017, 4,039 cases were reported in São Paulo State (SPS), with an incidence rate of 6.6 cases/1,000 live births (LB). In 2018, SPS proposed the "95-95-95" goals to reduce CS: 95% of all pregnant women (PW) with timely diagnosis during antenatal care (ANC), 95% of all with timely diagnosis receiving treatment and 95% of all babies from treated PW-syphilis, born without CS. This study aimed evaluate the pregnancy syphilis cascade of care and the "95-95-95" goals for reducing CS in SPS, 2017.

**Methods** Ecological study, using reported cases of PW-syphilis and CS. The cascade of PW-syphilis care was estimated considering five columns. First column: number of PW-syphilis, calculated considering an estimated prevalence of 2.1% of syphilis in PW; and for the total population of PW, was considered the number of LB increased by 10% for fetal losses. Second: PW-syphilis diagnosed during ANC or delivery. Third: PW-syphilis linked to ANC with timely diagnosis. Fourth: PW-syphilis properly treated. Fifth: potentially avoided CS cases.

**Results** Were estimated 14,369(100%) PW-syphilis, of these, 82.6% (N=11,875) were diagnosed during ANC or delivery; 73.8% (N=10,606) linked to ANC with timely diagnosis; 66.1% (N=9,500) treated and 54.5% (N=7,836) CS cases avoided. For the "95-95-95" goals, SPS reached the following levels: 89.3% (N=10,606/11,875) of PW-syphilis with diagnosis during ANC; 89.6% (N=9,500/10,606) were timely treated and 82.5% (N=7,836/9,500) of babies born without CS.

**Conclusion** Prevention actions should be intensified to improve access and qualification of ANC. Specifically: wide screening coverage, availability of medication for the timely treatment and reproductive planning. These challenges can be overcome with an agenda of priorities and political commitment. The integration of STI/HIV/AIDS and maternal-child health programs, as well as the strengthening of primary care, is essential for the sustainability, duration and success of interventions aimed to the CS elimination.

**Disclosure** No significant relationships.