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MATERNAL TO CHILD TRANSMISSION PREVENTION PROGRAM FOR SYPHILIS AND HIV IN BRAZIL: MISSED OPPORTUNITIES

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Background While antenatal screening for HIV and syphilis are part of the national policy in Brazil, screening and treatment coverage remain inadequate in many parts of the country. The goal of this study was to describe missed opportunities of mother-to-child transmission (MTCT) from the point of view of pregnant women, health professionals and health care managers.

Methods A semi-structured interview was conducted in six Brazilian States. Pregnant women, health professionals and unit managers were interviewed focusing on identifying failures in the process of pregnant women care and MTCT of syphilis or HIV. The project's approach was quantitative, but open-ended questions were included to capture the views of participants regarding feasibility of strategies being adopted for controlling MTCT.

Results A total of 109 women, 62 health professionals and 34 health care managers participated in the study. The median age of women was 24(range 15–46) years old and the median age of schooling was 8 years. Eighty-percent of those interviewed were enrolled in prenatal care. Among those who attend antenatal visits the median was 6.4(range 1–20) visits. Managers and health professionals had a median of 10(range 4–25) years of working. Less than 50% of Health professionals and managers had been trained in HIV and syphilis MTCT; 79% reported that they needed to receive more training. In the interviews the managers said they had provided tests and treatment for these infections, but health professionals said they did not had available tests or treatment to offer to and the women complaint about the difficulties to receive treatment. Women complained they were not prepared to talk about the diagnosed infections with their partner.

Conclusion It is a challenge to organize the logistics and breaking down barriers to care in Brazil. Health care system and policy factors can help to eliminate MTCT when they promote knowledge on strategies being adopted for the control of these infections.

Disclosure No significant relationships.

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CHARACTERISTICS OF CHLAMYDIA/GONORRHEA INFECTIONS ASSOCIATED WITH A SUBSEQUENT SYPHILIS DIAGNOSIS IN BRITISH COLUMBIA, CANADA

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Background Since 2010, infectious syphilis rates have risen dramatically in British Columbia (BC), Canada. We examined whether characteristics of a chlamydia (CT) or gonorrhea (GC) diagnosis were associated with a subsequent infectious syphilis diagnosis.

Methods All CT and GC diagnoses in BC from 2006 to 2017 were linked to infectious syphilis diagnoses in the subsequent 12-month period. A multivariable logistic regression model was used to identify factors associated with a subsequent infectious syphilis diagnosis and adjusted odds ratios (aOR) with 95% confidence intervals (CI) were reported.

Results Of the 133,264 CT/GC diagnoses, 819 (0.6%) linked to a subsequent syphilis diagnosis. Most were male (777/819, 94.9%) with a mean age of 36.1 years (standard deviation=11.2 years) and had ≥ 3 CT/GC diagnoses (419/819, 51.2%). At time of CT/GC diagnosis, 222 (27.1%) were living with HIV which increased to 245 (30.0%) at the time of a syphilis diagnosis. The odds of a subsequent syphilis diagnosis were greater among men (aOR=12.2, 95%CI: 8.4–17.7); older age groups of 25–29 years (aOR=1.5, 95%CI: 1.1–2.1), 30–39 years (aOR=2.4, 95%CI: 1.8–3.2), 40–59 years (aOR=3.7, 95%CI: 2.8–4.9), and ≥ 60 years (aOR=2.6, 95%CI: 1.3–5.0) when compared to age group 20–24 years; those living with HIV at time of CT/GC diagnosis (aOR=9.9, 95%CI: 7.6–12.9); those with a history of lymphogranuloma venereum (aOR=3.4, 95%CI: 2.3–5.2); those with a CT/GC diagnosis from 2012 onward (aOR=4.7, 95%CI: 3.7–5.9); and those with a history of 3 or 4 CT/GC diagnoses (aOR=13.2, 95%CI: 10.6–16.3) or 5+ CT/GC diagnoses (aOR=44.6, 95%CI: 34.8–57.1) when compared to those with 1 or 2 diagnoses.

Conclusion Characteristics of CT/GC diagnoses that were associated with a subsequent infectious syphilis diagnosis included male gender, older than age 24 years, co-infected with HIV, history of lymphogranuloma venereum, diagnosis of CT/GC from 2012 onward, and a history of 3+ CT/GC diagnoses.

Disclosure No significant relationships.

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SYPHILIS DIAGNOSTIC TEST OF STANDARD™ Q SYPHILIS AB USING FINGERPRICK WHOLE BLOOD AND SERUM ON HIGH RISK POPULATIONS

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Background Syphilis is still a worldwide health problem with 80–90% of new cases occurring in developing countries with little or no diagnostic access. The availability of new diagnostic test such as rapid test or point-of-care test can improve the medical care of syphilis. Most rapid syphilis tests currently available are treponemal tests, one of them is STANDARD™ Q Syphilis Ab. This study aims to assess STANDARD™ Q Syphilis Ab's rapid test capability using serum and fingerprick whole blood specimens compared with *Treponema pallidum* Haemagglutination Assay (TPHA) as the gold standard in detecting syphilis in high-risk populations comprised of trans-genders, men who have sex with men, and female sex workers.

Methods This study is a diagnostic test with a cross sectional study design done in January 2018 in Pasar Rebo Public Health Center, East Jakarta, Indonesia. Samples were selected