consecutively with total of 127 samples. All steps in this research; history taking, physical examination, and blood tests were done blindedly.

**Results**
The results of this study using serum specimens were sensitivity of 91.30%, specificity of 97.53%, positive predictive value 95.45%, negative predictive value of 95.18%, and accuracy 95.28. Test results with fingerprick whole blood specimens gave sensitivity of 84.78%, specificity of 98.77%, positive predictive value of 97.50%, negative predictive value of 91.95%, and accuracy 93.70%. Compatibility of rapid test STANDARD™ Q Syphilis Ab results between serum and fingerprick whole blood specimens was very good (k=0.8223).

**Conclusion**
Rapid test STANDARD™ Q Syphilis Ab can be used as an option for treponemal test in supporting syphilis diagnosis, either as routine screening or confirmation of non-treponemal test result. The fingerprick whole blood specimen can be used as treponemal test alternative which is faster and easier to do.

**Disclosure**
No significant relationships.

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**P751**

**EVALUATION OF A SYPHILIS AWARENESS CAMPAIGN FOR GAY, BISEXUAL AND OTHER MSM (GBMSM): DID WE REACH OUR TARGETED AUDIENCE?**

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**Background**
In 2017, we launched a syphilis awareness campaign (“Syphistory”) targeted towards gay, bisexual, and other men who have sex with men (gbMSM). Using data from a study of gbMSM in Vancouver, we describe participants who reported seeing Syphistory and whether it reached gbMSM at higher risk of syphilis.

**Methods**
Participants aged ≥16 years who reported having sex with another man in the previous six months were recruited through respondent-driven sampling. We analyzed data collected from September 17, 2017 to August 31, 2018. Characteristics of participants who reported seeing the campaign were compared using Wilcoxon rank-sum and chi-square/Fisher’s exact test. Multivariate logistic regression was used to examine the association between seeing Syphistory and recently being tested for syphilis, controlling for potential confounding factors, namely age, HIV status, place of residence, education level, and recent illicit drug use (IDU).

**Results**
Of the 383 participants who responded, 103 (27%) reported seeing Syphistory. Participants who saw Syphistory tended to be younger (median 30 vs 32 years old, p=0.03), live in downtown Vancouver (58% vs 38%, p=0.46), had greater than a high school education (97% vs 89%, p=0.08), and were known to be HIV-negative (92% vs 81%, p=0.15). They reported more male sex partners (median 4 vs 3, p=0.12), condomless anal sex (92% vs 81%, p=0.06), and IDU (86% vs 72%, p=0.04) in the last 6 months. Almost 75% (52/86) of those who saw Syphistory reported a syphilis test within the last 3 months compared with 58% (97/244) who did not see Syphistory (p=0.01). Participants who saw Syphistory had a greater odds (aOR=3.63; 95% CI, 1.28–10.27) of a syphilis test within 3 months, versus no or unknown previous syphilis test.

**Conclusion**
Participants who saw Syphistory tended to report behaviours that may increase the risk of syphilis infection and were more likely to have had a recent syphilis test.

**Disclosure**
No significant relationships.

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**P752**

**UNDERSENSITIVE NON-TREPONEMAL TESTS: IMPLICATIONS FOR SYPHILIS MANAGEMENT**

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**Background**
Syphilis management has traditionally been based on non-treponemal tests (NTT). However, investigations over 3 decades have revealed serious issues with the sensitivity of NTT.