Background Syphilis, one of the oldest diseases caused by the spirochete *T. pallidum*, has been a major public health problem worldwide. Globally, social inequalities contribute to elevated sexually transmitted infections (STIs) rates among transgender women. High syphilis prevalence has been documented among transgender women in Latin America. Objectives: The aim of this study was to estimate the prevalence of syphilis and to analyze the potential predictors for this infection in transgender women in Goiânia, Central-West Brazil. Methods A cross-sectional study was conducted in 180 in transgender women (TGW) in Goiânia-GO, from April 2018 to December 2018. TGW were recruited using respondent-driven sampling (RDS) as a method to obtain a more robust and diverse sample of a hard-to-reach populations, which tends to be particularly sparse and marginalized. After obtaining the consent term, participants were interviewed using a structured form containing questions about sociodemographic characteristics and risk factors for *T. pallidum* infection. Blood samples were collected and tested for syphilis (anti-*T. pallidum*). No significant relationships.

Result A total of 180 TGW participated in the study. Of the 180 samples tested by the rapid test for syphilis, 61.70% (CI 95%: 54.4–68.4%) were positive. In multiple regression analysis, previous STIs (OR: 6.2, p≤0.001), age (≤13 years) of sexual initiation (OR: 3.6; p = 0.009), number of partners ≥15 in the last seven days (OR: 5.3; p≥0.0001) were predictors of syphilis infection.

Conclusion The results of the present study show a high prevalence of syphilis infection in transgender women, with the development of prevention and control strategies, including counseling and testing, as well as the provision of treatment for STIs in the setting street and temporary and/or permanent shelters.

Disclosure No significant relationships.

Background The transgender (TG) population is under-researched. Despite reportedly high rates of HIV and sexually transmitted infections (STIs) among TGs, prevalence of these in TGs has not been systematically reviewed. Our primary objective was to perform a systematic review of the literature for studies reporting laboratory test proven prevalence data of HIV and other STIs among male-to-female (MTF) and female-to-male (FTM) TGs. Given the sexual risk factors traditionally associated with MTFs (e.g. commercial sex work), we hypothesized that HIV/STI prevalence would be higher among MTFs compared to FTMs.

Methods A systematic review of the literature on original English-language research involving HIV and/or STI laboratory testing in TG populations within the last 50 years was performed.

Results Of 32 eligible studies, most focused on MTFs, with only 10 (31%) including data on FTMs. MTFs were exclusively investigated in 22 (69%) of studies. The majority of studies including MTFs were focused on sex workers, with 7 (22%) exclusively evaluated sex workers. HIV data was reported in 31 (97%) of studies. Syphilis data was presented in 18 (56%) studies. Regarding gonorrhea and chlamydia, 15 (47%) studies presented testing data, but only 7 reported urogenital and extragenital results. No studies evaluated trichomoniases. In MTFs, prevalence of HIV, syphilis, gonorrhea, and chlamydia ranged from 0–70.3%, 1.4%–50.4%, 0%–29.4%, and 2.7%–24.7%, respectively. In FTM, prevalence of HIV, syphilis, gonorrhea, and chlamydia ranged from 0%–8.3%, 0%–4.2%, 0%–10.5%, and 0–11.1%, respectively.

Conclusion Literature involving STIs in TG people focuses on the MTF community and HIV. Testing patterns for bacterial STIs are variable, especially for gonorrhea and chlamydia. Current literature, STIs appear to be more prevalent in MTFs compared to FTMs. Data for STIs in FTMs is limited. These gaps present opportunities for further study involving the epidemiology of STIs in the FTM population and the relevance of extragenital bacterial and parasitic STIs in all TGs.

Disclosure No significant relationships.
Background Numerous studies have shown that Trichomonas vaginalis (TV) infection is related to risk of HIV infection, but fewer studies have compared positivity rates based on HIV status. Further, the majority of studies that have looked at this topic have either been performed outside the US, or in HIV specialized care settings. We performed a secondary analysis of data collected for evaluation of a molecular diagnostic assay for Sexually Transmitted Infections (STI) diagnostics.

Methods Study data from patients with evaluable results obtained using a BD MAX CTGCTV study for detection of Chlamydia trachomatis (CT), Neisseria gonorrhoeae (GC), and TV were reviewed for HIV status. These women were recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; OB/GYN clinics and other clinic types. No HIV care specialty clinics, including Planned Parenthood clinics; OB/GYN clinics and other clinic types. These women were recruited from 11 sites in the US that included STID clinics; Family Planning clinics, including Planned Parenthood clinics; OB/GYN clinics and other clinic types. No HIV care specialty clinics, including Planned Parenthood clinics; OB/GYN clinics and other clinic types.

Results HIV status data from 2339 women were available. Among HIV negative women the positivity rates for CT, GC, and TV were 6.2%, 1.9%, and 10.3% respectively. Among HIV positive women the positivity rates for CT and TV were 2.1% and 27.1% respectively. No GC coinfection was detected among HIV positive women. For TV, the positivity rate among women with HIV [27.1% (13/48)] was significantly higher than that of among HIV (-) women [10.3% (236/2291)] (p<0.001).

Conclusion While women engaged in HIV specialty care may be tested for STIs routinely, as services are being pushed to more primary care settings, it is important for clinicians to be aware of the importance of STI screening among HIV (+) women, particularly for TV.

Disclosure No significant relationships.

P789 BACTERIAL VAGINOSIS MARKERS DETECTED BY BD MAX™ VAGINAL PANEL IN RELATION TO ABSENCE AND PRESENCE OF TRICHOMONAS VAGINALIS

Background The three most frequent causes of vaginitis are bacterial vaginosis (BV), vulvovaginal candidiasis (VVC) and Trichomoniasis (TV). Within women presenting with symptoms of vaginitis, the concomitant detection of two or more pathogens is common; however, little is known about the biology of pathogen interactions during co-infections. Using a NAAT