approach. The overall findings, suggest reductions in medical mistrust and anti-LGBT stigma.

Disclosure No significant relationships.

S21.3 AUTHENTIC AND SUCCESSFUL COMMUNITY ENGAGEMENT FOR STI/HIV PREVENTION, SCREENING AND TREATMENT IN RURAL AND URBAN SETTINGS

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10.1136/sextrans-2019-sti.95

Sexually transmitted infections (STIs) and HIV remain critical public health challenges in the United States. There is a clear need for innovative approaches that identify, prioritize, and address underlying 'upstream' social determinants of health while developing and harnessing community assets to improve STI and HIV prevention, screening, and treatment. Community engagement has emerged as an approach to improve public health outcomes, including reduced STIs and HIV. However, community engagement is difficult, and this presentation provides guidance on the characteristics and strategies of authentic and successful community engagement designed to promote STI and HIV prevention, screening, and treatment in both rural and urban settings. Members of our community partnerships used mixed-methods to identify characteristics of successful community engagement and associated strategies across more than 30 STI and HIV initiatives across the United States. We abstracted data from existing project documentation including proposal documents, project-specific logic models, team and partnership meeting notes, and other materials. Partnership members examined these documents and used an iterative approach with review, discussion, and re-review. A component of our analysis was to identify characteristics and strategies that crossed initiatives, had potential to be generalizable, and could guide future STI and HIV initiatives. Some of the characteristics and strategies that were identified included, staff/team knowledge and unflagging commitment to community engagement; understanding of and commitment to social justice; structural flexibility; strong and charismatic institutional leadership; participation of partners representing diverse multiple sectors; recognizing, acknowledging, and reducing power differentials; shared decision making; embracing and working through conflict; identifying and leveraging talent, strengths, and resources; and using a stepwise approach to build a shared history. Often and incorrectly conflated with advisory boards, qualitative methods, and behavioral and social sciences more broadly, community engagement requires careful forethought, the use of inclusive processes that bring together diverse constituencies, and shared resources and power.

Disclosure No significant relationships.

S21.4 SPURRING INNOVATION IN IMPROVING COMMUNITY ENGAGEMENT FOR STI PREVENTION

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10.1136/sextrans-2019-sti.96

Improving the input from the community is an approach for STI Prevention. For example, by engaging the contribution of

the community, a 'pay-it-forward' dramatically improved chlamydia and gonorrhea testing among Chinese men who have sex with men (MSM). In this presentation, we summarized how innovative tools were used to engage different groups of the population for STI prevention. First, crowdsourcing approaches were used to solicit the inputs from the community for developing new intervention approaches, designing intervention messages, and evaluating intervention programs. Crowdsourcing involves a group of non-experts and experts working together to solve a problem and then sharing solutions with the public. Second, designathon and hackathon methods were adjusted to develop STI intervention messages and platforms among key populations. For example, in China, a 3-day designathon (hackathon-like event) was hosted to develop an HIV testing service strategy for MSM, while MSM were invited to join the event. In 2019, a hackathon event was also conducted in China to develop a platform for MSM to seek for gay-friendly health service. Third, social-marketing and other participatory approaches were used to develop intervention tools for improving STI services.

Disclosure No significant relationships.

Clinical Case Series

CCS01 – CLINICAL CASE SERIES – SYPHILIS: THE GREAT IMITATOR

Monday, July 15, 2019 7:00 AM – 8:00 AM

CCS01.1 NEUROSYPHILIS IS MORE COMMON AMONG MALIGNANT SYPHILIS: BASED ON CASE SERIES EVIDENCE

Pingyu Zhou*, Lin Zhu. *Shanghai Skin Disease Hospital, Shanghai, China*

10.1136/sextrans-2019-sti.97

Background Malignant syphilis and neurosyphilis were believed more likely to exist in the HIV positive population. However China's huge and active epidemics of syphilis were much more seen in HIV negative population, thus a considerable amount of the malignant syphilis patients with HIV-uninfected patients might be under the shadow of lower evaluate of neurosyphilis.

Methods This study aimed to investigate the relationship between HIV infection, malignant syphilis and neurosyphilis through a systematic analysis.

Results **Clinical characteristics of the malignant syphilis:** 26 patients were diagnosed with malignant syphilis and eighteen out of them were HIV negative. They presented different symptoms, and had a more aggressive disease progression with skin rashes. **Laboratory findings:** 1) A strongly high titre of serum RPR and a sub-acute inflammation of the histopathological finds; The RPR titers of all patients were strongly positive with a range from 1:32 to 1:256. Histopathological examination demonstrated a sub-acute inflammation rich with dermal perivascular plasma cell and neutrophils infiltrate. Numerous spirochetes will be found by immunohistochemistry. 2) WBC, protein and VDRL index in CSF. CSF test revealed the increased WBC count (>10 cells/ μ L) in eleven patients, of which five were with HIV positive. Increased total protein (>0.5 g/L) were found in eight patients, and four of them

showed HIV positive. A positive CSF-VDRL test was shown in seven patients, three had HIV positive. 3) Peripheral blood CD4⁺ T cell count The peripheral blood CD4⁺ T cell count was low (<550 cells/ μ L) in fifteen out of 26 malignant syphilis, of those seven cases were HIV seropositive. Six out of 26 patients suffered from both malignant syphilis and neurosyphilis but without HIV infection.

Conclusion There is no direct association between HIV infection and malignant syphilis or neurosyphilis. Additionally, we found a new unusual combination of malignant syphilis and neurosyphilis in the absence of HIV infection.

Disclosure No significant relationships.

CCS01.2 A CASE SERIES OF SYPHILIS MASQUERADING AS THORACIC MALIGNANCY

Jessica Doctor*, Achyuta Nori. *Guys' and St Thomas's NHS Foundation Trust, London, UK*

10.1136/sextrans-2019-sti.98

Background Infectious syphilis incidence is increasing worldwide, particularly amongst men who have sex with men (MSM). We report a case series of two patients with a rare presentation of syphilitic pneumonitis masquerading as thoracic malignancy.

Methods Patient history review via electronic records.

Results Case 1- 54 year old MSM, HIV diagnosed 2011, CD4 nadir 557 cells/ μ L, current CD4 861 cells/ μ L and HIV viral load (VL) undetectable since commencing antiretroviral therapy (ART), presented to emergency department (ED) with pleuritic chest pain and normal oxygen saturation. CT scan demonstrated parenchymal and sub-pleural nodules measuring maximum 13 mm, thought likely to represent malignancy and one lesion had features of an infarct. He started Rivaroxaban in ED and subsequently developed a rash suggestive of evolving syphilis. Rapid plasma reagin (RPR) six weeks after initial presentation was 1:32. Treated with 2 weeks of doxycycline, RPR six weeks later was 1:16 and at five months 1:4. CT scan six weeks post treatment showed almost complete resolution of nodules. Case 2- 38 year old MSM, HIV diagnosed in March 2017, CD4 nadir 65 cells/ μ L, current CD4 219 cells/ μ L and VL 109 cells/ μ L on ART. Kaposi's sarcoma (KS) diagnosed in 2017, involving skin, lymph nodes and spleen, treated to remission with ART alone. Presented in July 2018 with deranged liver function tests. CT scan showed multiple sub-pleural and parenchymal nodules, largest 11 mm, however no progression of lymphadenopathy or clinical progression of cutaneous KS. RPR 1:512 and resolution to 1:16 three months after treatment with intramuscular Benzathine Penicillin. Radiological resolution of lung nodules occurred after 2 months of treatment. Chemotherapy was avoided.

Conclusion Syphilitic pulmonary/pleural nodules resolve with standard antibiotic therapy. Patients with pulmonary nodules usually present to primary care or specialist services where they are investigated for vasculitis/malignancy, but rarely for syphilis. For patients at risk, ruling out syphilis would avoid unnecessary interventions.

Disclosure No significant relationships.

CCS01.3 SYPHILIS AS FIBROMYALGIA WITH UNEXPLAINED HEPATOSPLENOMEGALY

Jackie Sherrard*. *Buckinghamshire Healthcare NHS Trust, Amersham, UK*

10.1136/sextrans-2019-sti.99

Disclosure No significant relationships.

CCS02 – CLINICAL CASE SERIES – CLINICAL CASES FROM EXPERTS

Tuesday, July 16, 2019 7:00 AM – 8:00 AM

CCS02.1 DEQUALINIUM CHLORIDE VAGINAL TABLETS FOR RECALCITRANT *TRICHOMONAS VAGINALIS* (TV): A CASE REPORT

Deborah Goode*, Natasha Astill, Janet Wilson. *Leeds Teaching Hospitals NHS Trust, Leeds Sexual Health, Leeds, UK*

10.1136/sextrans-2019-sti.100

Background Treatment for TV is often ineffective. Even very high-dose tinidazole has 8–10% failure and subsequent treatment options have limited evidence-base. Dequalinium has an EU license for bacterial vaginosis treatment. It is well tolerated, safe and has in-vitro activity against TV, but clinical experience is limited. We present the case of an 18-year old female with a 12-month history of persistent TV despite standard and resistant treatments, which finally responded to prolonged dequalinium.

Methods The patient was white British with no significant medical history. The presumed source of infection was a male living in Dubai. There was no risk of reinfection and adherence was self-reported as excellent throughout. Initial and subsequent presentations were with typical symptoms of vulvovaginitis and purulent vaginal discharge. Investigations were with onsite microscopy and TV nucleic acid amplification tests (NAAT). Treatment initially followed the British Association of Sexual Health and HIV TV Guideline. She received: several courses of 7-day and very high dose oral metronidazole (once with concurrent ampicillin and clotrimazole pessaries); intravenous metronidazole administered alongside vaginal metronidazole gel; oral tinidazole with intravaginal metronidazole. All nitroimidazole courses were up to 14 days duration. Vulvovaginitis symptoms settled during antimicrobial therapy, but recurred soon after cessation of treatment. At each follow-up TV was confirmed by microscopy and NAAT. We retreated with 4-weeks of metronidazole 400 mg twice daily with dequalinium intravaginal pessaries nightly. Symptoms were controlled, but TV NAAT and microscopy remained positive. As there was symptomatic relief from dequalinium, this was continued as monotherapy for a further 14 weeks pending sourcing alternative treatments.

Results Her symptoms remained controlled and microscopy and NAAT became negative. She remained asymptomatic with