1–6 and 0–2 for periods 1, 2 and 3, respectively. During period 2 only one (10%) month had zero enrolled participants and three (30%) had enrollment of six participants, while around 40% of the months of periods 1 and 3, had zero enrolled participants and none had 6 (p=0.004). During period 2 and 3, 22 (48%) participants were enrolled from AS and 6 (13%) from HOC.

Conclusions Active surveillance increased the enrolment of patients with early syphilis, and potentially limited the impact of the COVID-19 pandemic.

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Background Infectious diseases do not recognize international borders. Despite the importance of on the border strip in Brazil, the theme has been little explored under the focus of syphilis data. We aim to analyzing syphilis the detection rate of syphilis in the Brazilian border strip.

Methods A descriptive study including an ecological and cross-sectional evaluation employing data from Brazilian Ministry of health databases for 2019. Cases of Syphilis were available at the National System of Disease Notification and diagnostic and treatment data were available at the Primary Health Care System. The syphilis detection rates per 100.000 inhabitants were calculated. Comparisons data were made between the municipalities in the strip border and the federative units.

Results The syphilis detection rate in Brazil in 2019 was 72.8/100,000 inhabitants, when the border areas data were analyzed separately the detection rate in the country was 71.6/100,000 and in the border region 91.9/100,000. In the bordering regions, the highest detection rate was observed in the southern region (116.0/100,000 inhabitants), and the lowest in the northern region (55.6/1000,000). Brazil had 152,915 cases of acquired syphilis, of which 10,636 (6.9%) were in border areas. A total of 20% of the municipalities had no cases of syphilis and 31.6% had a detection rate above the national average. There are 263(45%) municipalities up to 7,000 inhabitants, 82% up to 25,000 inhabitants and only 11(2%) above 100,000 inhabitants.

Conclusions Brazil has a high detection rate of syphilis and this rate is even higher when it was considered the strip border in general. Nevertheless, the rates were different when it was compared the borders with different countries. There is a need to improve the countries' capacity to collect high quality data in the coverage of interventions and inequalities and to use this data as a basis for decisions to improve care.

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Background Congenital syphilis (CS) is a public health issue in Brazil. Despite the importance of on the border strip, the country do not have many data in these areas. Our goal is analyzing the profile of syphilis in pregnancy and CS in the Brazilian border strip.

Methods We performed an ecological and cross-sectional study using data from 2019. Cases of Syphilis were available at the National System of Disease Notification and diagnostic and treatment data were available at the Primary Health Care System. The syphilis in pregnancy and CS detection rates per 1.000 living-births (LB) were calculated. Comparisons data were made between the municipalities in the strip border and the federative units.

Results Among the 586 municipalities, 84.8% carry out rapid test, 391(67%) reported syphilis in pregnancy and 396(67.6%) applied benzathine penicillin in primary care units. Regarding CS, 366(64%) municipalities did not report CS cases, 90 (17%) had a lower incidence than the national average and 102(19%) had similar or greater incidence. Around 45% of women were diagnosed in the first trimester of pregnancy; this proportion was higher in the southern region (52.6%). Around 80.5% of women received adequate treatment, with no difference between regions. The national detection rate of syphilis during pregnancy was 20.8 cases/1000LB and in border region was 23.3/1000LB. Regarding the CS incidence, we calculated 8.2/1000LB for Brazil and 5.5/1000LB for border region. It is noted that the northern region presented the lowest syphilis rate in pregnancy (19.2/1000NV) and CS (3.7/1000LB) compared to the Midwest (27.9/1000LB and 6,4/1000LB, respectively) and South (24.9/1000LB and 6.6/1000LB, respectively).

Conclusion The results showed a good performance of care in pregnancy and low rate of CS. Although it is still important diagnostic and treatment implementation to qualify the care in order to reduce the vertical transmission of syphilis in the Brazilian border strip.

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Background As most chlamydia cases are asymptomatic, regular screening and timely management is important for chlamydia control. We aimed to determine the preferences of people living in Hong Kong for chlamydia testing and management services.

Methods An online panel (hosted by Toluna) of sexually active individuals living in Hong Kong completed an online survey with two discrete choice experiments (DCEs). The first DCE examined the preferred attributes of a chlamydia testing service (cost, location, appointment time, speed of results, delivery of results and availability of other STI testing). The second DCE examined the preferred attributes of a chlamydia management service (cost, access to patient delivered partner therapy (PDPT), location, travel time, type of person consulted, and attitude of staff).