

### P409 TESTING AND TREATING SYPHILIS IN TRANSGENDER WOMEN – A POINT-OF-CARE APPROACH IN BRAZIL

<sup>1</sup>K Bassichetto, <sup>2</sup>I Dourado, <sup>3</sup>L Magno, <sup>1</sup>C Albuquerque Moraes, <sup>1</sup>F Rocha, <sup>1</sup>J Gomez, <sup>1</sup>L Guedes Carvalho, <sup>1</sup>L Galan de Paula, <sup>4</sup>C Gianna Luppi, <sup>4</sup>M da Silva, <sup>2</sup>P Caires, <sup>2</sup>N Almeida Suzart, <sup>5</sup>E Peres Real da Silveira, <sup>5</sup>E Lopes de Oliveira, <sup>6</sup>D McCartney, <sup>6</sup>P Mayaud, <sup>1</sup>M de Sousa Mascena Veras\*. <sup>1</sup>Fac. de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP), São Paulo, Brazil; <sup>2</sup>Instituto de Saúde Coletiva – Universidade Federal da Bahia, Salvador, Brazil; <sup>3</sup>Departamento de Ciências da Vida – Universidade do Estado da Bahia, Salvador, Brazil; <sup>4</sup>Centro de Referência e Treinamento em DST/Aids – Secretaria de Estado da Saúde, São Paulo, Brazil; <sup>5</sup>Instituto Adolfo Lutz – Secretaria de Estado da Saúde, São Paulo, Brazil; <sup>6</sup>London School of Hygiene and Tropical Medicine, London, England

10.1136/sextrans-2021-sti.437

**Introduction** Sexually Transmitted Infections (STIs) disproportionately affect transgender women (TGW). This group faces barriers to accessing health care, especially due to stigma and discrimination. The literature is scarce on data of STIs among TGW in Brazil. We aimed to estimate the prevalence of syphilis and to analyze the completeness of treatment among TGW in two Brazilian cities.

**Methods** A cross-sectional study was conducted in São Paulo (SP) and Salvador (SSA) from December 2019 to January 2021, as part of the TransOdara study. Participants aged 18 to 65 years old were recruited using Respondent Driven Sampling (RDS), completed a standard questionnaire and samples were collected for rapid syphilis testing. After laboratory and clinical evaluation by a doctor/nurse, a prescription for antibiotic treatment (oral or injectable) was given, if necessary.

**Results** Of the 562 participants recruited, 71.7% (n=403) were from SP and 28.3% (n=159) from SSA. Most were 20–29 years old (45.1%), with brown skin color (47.5%), were living alone (76.2%), in rented residence (51.1%), had maximum level of high school education (47.9%), and have not legally changed their names (69.5%). The following data related to syphilis is presented for SP and SSA, respectively. Positive rapid test was 57.8% (233/403) (95% CI: 53.0–62.6) and 59.1% (88/159) (95% CI: 47.6–63.0). Of these, 24.9% (58/233) and 47.7% (42/88) received prescription (oral or injectable). Injectable treatment (benzathine penicillin G) was prescribed for 60.3% (35/58) and 97.6% (41/42). The completeness of treatment was assessed only for those who received injectable treatment, occurring for 51.4% (18/35) and 78.0% (32/41).

**Conclusions** Active syphilis is highly prevalent among TGW in both cities. Even in a point-of-care program with active surveillance participants giving up treatment was observed. Our findings reinforce the need for a diversified and creative approach even with a point of care protocol.

### P410 ADHERENCE TO SCREENING AND FOLLOW-UP RECOMMENDATIONS FOR SYPHILIS IN PREGNANCY

A Labbe\*. *Hôpital Maisonneuve-Rosemont, Montréal, Canada*

10.1136/sextrans-2021-sti.438

**Background** Incidence of sexually transmitted infections in Canada has been steadily rising for the past two decades, increasing the risk of vertical transmission among infected pregnant women. With 17 cases in 2018, the number of congenital syphilis across Canada has never been higher. The goal

of this multicentre study was to assess practitioner's adherence to Quebec's syphilis screening and follow-up recommendations in pregnancy.

**Methods** Charts of all women having delivered at the Centre hospitalier de l'Université de Montréal between April 1st, 2018 and March 31st, 2019 as well as at the Hôpital Maisonneuve-Rosemont between April 1st, 2015 and March 31st, 2016, were reviewed to assess clinical and laboratory data. Both institutions are tertiary healthcare centres in Montreal.

**Results** Amongst 5245 pregnant women, 5148 (98.2%) were screened for syphilis at least once during pregnancy. Of these women, 5 (0.1%) were newly diagnosed with syphilis, all of whom received appropriate treatment according to the stage of syphilis. One woman had secondary syphilis, whilst the other four had late latent syphilis. Only four had a documented antenatal consult in infectious diseases. In terms of partner management, the partner of only one woman was screened, and no mention of partner treatment was available for all cases. Regarding follow-up serology testing, four had only one control serology at 3 months, whilst one woman had no available control serology.

**Conclusions** In this cohort, the adherence to recommendations concerning syphilis screening during pregnancy was deemed adequate compared to other Canadian screening studies. However, documentation of the management of partners of women with a new syphilis diagnosis and follow-up serology testing need improvement. It would be interesting to repeat this study design amongst deliveries in 2020–2021 in order to assess the impact of the COVID-19 pandemic on pregnancy screening rates.

### P414 EXPERIENCES OF INTERNET-BASED TESTING FOR SEXUALLY TRANSMITTED INFECTIONS: A QUALITATIVE STUDY

<sup>1</sup>T Spence\*, <sup>1</sup>F Griffiths, <sup>2</sup>J Ross. <sup>1</sup>University of Warwick, Coventry, UK; <sup>2</sup>University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

10.1136/sextrans-2021-sti.439

**Introduction** Internet-based testing for sexually transmitted infections allows individuals to order a self-sampling kit online and receive their results electronically, reducing the need to attend a clinic unless for treatment. Its usage has grown rapidly in many high-income countries such as England, where it now accounts for over 20% of chlamydia tests taken by young people. Existing research has found internet-based testing to be acceptable however uptake remains low among some high-incidence populations and there is limited data on the experiences of service users.

**Methods** Participants were recruited via sexual health clinics and the website of an internet-based testing service. Purposive sampling was used to ensure a diversity of genders, sexualities and ethnic backgrounds were included. Semi-structured interviews were conducted by phone, email and messenger services, and explored participants' perceptions and experiences of both internet- and clinic-based testing. Data underwent thematic analysis.

**Results** A total of 17 participants were interviewed. Internet-based testing appealed to many due to the privacy and convenience it offered over clinic-based testing. Although most were positive about their experience of internet-based testing,