Sexually transmitted infections (STI), including gonorrhea (GC)

Despite the substantial number of GC/CT tests performed in

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Patients with Uncomplicated Urogenital Gonorrhea in the United States

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the ED. only a very small proportion were from extragenital sites. Interventions

was genital discharge

40% were male and average age was 30. The most common complaint across all groups

28% were male and average age was 29. In the group who received extragenital testing

177/311 (56.9%) of those who had oral testing and 27/31 (50.94%) who had rectal test

from rectal sites. Of the 100 patients reviewed who did not have extragenital GC/CT

(6.4%) were from extragenital sites, which included 311 (5.5%) from oral and 53 (< 1%)

mentation of sexual practices. A random convenience sample of 100 patients who only

who received extragenital GC/CT testing, including symptoms, test results, and docu

Conclusion. Selective STI counseling creates gaps and missed opportunities to address STIs early before pregnancy. All women regardless of their perceived risk for STI or assumptions based on their marital status should receive proper STI counseling as all women are vulnerable and at higher risk of developing complications. Health care providers should increase efforts to address this gap and counsel all women about STIs during every visit irrespective of their marital status.

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1357. Patterns of Extragenital Gonorrhea and Chlamydia Testing at a Community-Based Academic Emergency Department in Columbus, Ohio

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Session: P-75. Sexually Transmitted Infections

Background. Sexually transmitted infections (STI), including gonorrhea (GC) and chlamydia (CT), are on the rise in the U.S. and emergency department (ED) visits for STI-related complaints are common. The ED plays a key role in testing for GC/CT. In addition to testing genital sites for GC/CT, the Centers for Disease Control and Prevention (CDC) recommends extragenital testing (oral/rectal) based on sexual history and exposure. In this study, we reviewed the proportion of extragenital GC/CT tests performed at a community-based academic ED in Columbus, Ohio.

Methods. This study was a retrospective chart review of all GC/CT tests performed at the Ohio State University Hospitals East ED from November 1, 2018 to November 1, 2020. Clinical and demographic information was collected for all patients who received extragenital GC/CT testing, including symptoms, test results, and documentation of sexual practices. A random convenience sample of 100 patients who only had genital GC/CT testing performed was also reviewed.

Results. Of the 5644 GC/CT tests performed during the study period, only 364 (6.4%) were from extragenital sites, which included 311 (5.5%) from oral and 53 (< 1%) from rectal sites. Of the 100 patients reviewed who did not have extragenital GC/CT testing performed, only 5 (5%) had documentation of sexual practices, compared with 177/311 (56.9%) of those who had oral testing and 27/31 (87.1%) who had rectal testing performed. In the cohort of 100 patients who did not receive extra genital testing 28% were male and average age was 29. In the group who received extragenital testing 40% were male and average age was 30. The most common complaint across all groups was genital discharge.

Conclusion. Despite the substantial number of GC/CT tests performed in the ED, only a very small proportion were from extragenital sites. Interventions are needed to identify and overcome barriers to extragenital GC/CT testing in the ED.

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1358. A Real-World Study of the Burden of Illness and Treatment Patterns Among Patients with Uncomplicated Urogenital Gonorrhea in the United States

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Session: P-75. Sexually Transmitted Infections

Background. Gonorrhea (GC) is a major public health threat in the US. The Centers for Disease Control and Prevention (CDC) estimated direct healthcare costs of $271 million in 2018. CDC 2015 guidelines (applicable up to December 18, 2020) recommended ceftriaxone plus azithromycin for GC. We used real-world data to assess patterns of inappropriate or suboptimal (IA/SO) or appropriate and optimal (AP&OP) antibiotic (AB) prescription (by CDC 2015 guidelines), and related healthcare costs, in US patients with uncomplicated urogenital GC (uUGG) diagnosed from July 1, 2013–June 30, 2018.

Methods. A retrospective cohort study of IBM MarketScan data (commercial/ Medicare claims) in patients ≥ 12 years old with uUGG. Eligible patients had an AB prescription ≤ 5 days of uUGG diagnosis (index date) and continuous health-plan enrollment with ≥ 6 months’ baseline/≥ 12 months’ follow-up data. Patients with complicated urogenital GC were excluded. Patients were stratified by AB prescription (IA/ SO or AP&OP, defined in Table 1) during the first uUGG episode (ie, within 30 days of index). Generalized linear models were used for multivariate analysis.

Table 1. Definitions of appropriateness of AB prescriptions

| AB prescription | Definition |
|-----------------|------------|
| IA              | Concomitant use of 2 recommended and/or alternative regimens (per CDC 2015 guidelines), with the exception of ceftriaxone and azithromycin |
| SO              | Evidence of primary GC diagnosis in acute care setting (ER/Inpatient stay within 30 days of initial gonorrhea diagnosis) |
| AP&OP           | Per CDC 2015 guidelines on drug class, dose, and treatment duration |
|                 | Ceftriaxone 250 mg IM + azithromycin 1 PO (single dose) |
|                 | Claims for a recommended regimen only |
|                 | Patients without evidence of SO AB use in the first 30 days after the index date |

Table 2. GC-related HRU per patient with uUGG, stratified by appropriateness of AB prescription

| AB prescription | Per patient* |
|-----------------|-------------|
| IA              | Multiplied by 100 |
| SO              | Multiplied by 100 |
| AP&OP           | Multiplied by 100 |

*P-value < 0.05

Reference Group: unmarried, Age: < 25 years old, Race: White, Hispanic: Non-Hispanic, Education: High school degree or less, Insurance: Public insurance, Income: < $24,000. Previous live birth: No, Previous live birth: No.
We screened 583 patients and included 541 patients. The mean age are underdiagnosed. Patients older than 18 years admitted with SSTI who required BC on admission were 52%. Because of the variations in published data, the exact prevalence of bacteremia in inpatient settings. The prevalence of positive blood cultures (BC) ranges from 2% to 51%. We screened 583 patients and included 541 patients. The mean age were underdiagnosed. Patients older than 18 years admitted with SSTI who required BC on admission were 52%. Because of the variations in published data, the exact prevalence of bacteremia in inpatient settings. The prevalence of positive blood cultures (BC) ranges from 2% to 51%. We screened 583 patients and included 541 patients. The mean age were underdiagnosed. Patients older than 18 years admitted with SSTI who required BC on admission were 52%. Because of the variations in published data, the exact prevalence of bacteremia in inpatient settings. The prevalence of positive blood cultures (BC) ranges from 2% to 51%.