149. Sexually Transmitted Infections Among Persons Living with HIV Infection and Receiving Care in the District of Columbia: Time with Viral Load Above 1,500 as Proxy for Risk of Transmission

Alessandra Secco, MD1; Hana Akselrod, MD, MPH2; Jose Lucar, MD3; Nabil Rayeed, MPH4; Nicolas Leighton, BSc5; David Parenti, MD, FIDSA6 and Debra Renator, MD7

Background. The District of Columbia (DC) has one of the highest HIV infection rates among metropolitan areas in the United States, as well as recent increases in the incidence of sexually transmitted infections (STIs), particularly among men who have sex with men (MSM). A previous study of the DC cohort, (a longitudinal observational study) of infected persons receiving care in DC identified high incidence of detectable viral load (VL) close to the time of STI occurrence. Studies have identified time spent with HIV VL above 1,500 copies/mL as a proxy measure for risk of sexual transmission of HIV. The present study examines percentage of time with VL above 1,500 among persons living with HIV infection (PLWH) with incident STI.

Methods. We conducted a retrospective cohort analysis measuring STI incidence including syphilis, gonorrhea, chlamydia) among all individuals enrolled in the DC Cohort from 2011 to 2015. We conducted descriptive analysis to estimate the number of days with HIV VL >1,500 copies/mL, relative to the total number of days of observation, among those with an incident STI during the same observation period.

Results. We analyzed data for 5,033 DC Cohort enrollees for whom STI data and at least two VL observations were available. During a median observation of 4.3 years, 4,610 individuals had one and 130 had two or more. Of the 423 participants with an incident STI, 67.8% did not spend any time with a VL >1,500; 10.7% had VL >1,500 during >0 to <25% of the time; 7.3% had VL >1,500 during 25 to <50% of the time; 5.0% had VL >1,500 during 50 to <75% of the time; and 9.2% of participants with any incident STI had VL >1,500 during >75% of the time. Among participants with two or more STIs over the observation period, 17.7% spent greater than 50% of the time with a viral load >1,500.

Conclusion. Among PLWH with incident STIs, as many as one-third spent considerable time with a VL >1,500 copies/mL, placing them at increased risk of transmitting HIV to others. Public health interventions need to focus on mitigating the risk of HIV transmission in the highest-risk populations, while also seeking to reduce overall incidence of other STIs.

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149. Gonorrhea and Chlamydia Infections in the Department of Veterans Affairs (VA), 2013–2017

Patricia Schirmér, MD1; Cynthia Lucero-Obusan, MD2; Gina Oda, MS3 and Mark Holodny, MD, FIDSA, FSHEA4

Background. Gonorrhea (GC) and Chlamydia (CT) infections caused by Neisseria gonorrhoeae and Chlamydia trachomatis, respectively, are an ongoing public health issue. CDC guidelines suggest repeat testing 3–12 months after a positive test result. We investigated national trends and repeat testing practices for patients with GC and CT infection in VA.

Methods. We analyzed 10,587 GC and CT test results from 641,535 unique patients between January 1, 2013–December 31, 2017 using molecular laboratory testing results from VA data sources. Patients were reviewed for positive results, repeat testing and demographic characteristics.

Results. 10,587 of 641,535 (1.7%) GC results were positive; 27,306 of 648,320 (4.2%) CT results were positive. GC (GC+CT) was documented in 1,935 tests <50% of the time; 5.0% had VL >1,500 copies/mL, placing them at increased risk of transmitting HIV to others. Public health interventions need to focus on mitigating the risk of HIV transmission in the highest-risk populations, while also seeking to reduce overall incidence of other STIs.

Disclosures. All authors: No reported disclosures.

1497. Evidence-Based Care for Sexually Transmitted Infections: Missed Opportunities in an Academic Medical Center

Thomas Filardo, MD1, Abir Hussain, MD2, Bruce McClesdiller, MD3, Katherine Frasca, MD4, Nancy MacFarlane, MD5, Internal Medicine, University of Colorado, Denver, Colorado, Colorado, 2Infectious Diseases, University of Colorado, Denver, Colorado

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Background. Colorado has had rising rates of gonorrhea and syphilis. Guidelines for those diagnosed with sexually transmitted infections (STIs) stipulate that patients should receive screening for other STIs, including syphilis and HIV. We aimed to study how often patients received guideline-based evaluation and hypothesized that providers adequately treat STIs but fail to provide comprehensive screening.

Methods. We retrospectively reviewed 868 patients diagnosed with chlamydia, gonorrhea, and trichomoniasis within the University of Colorado Health System. We defined ‘comprehensive screening’ as testing for both syphilis and HIV and “re-screening” as testing again for the originally detected pathogen. Statistical analysis was performed with chi-square analysis.

Results. Eight hundred and one (94.2%) of 868 patients received treatment, 98.3% of which was guideline-based. At time of diagnosis, 16.0% of 868 patients seen in the emergency department, urgent care, or obstetrical triage received comprehensive screening compared with 183 (57.5%) of 318 patients seen in clinics. Comprehensive screening at diagnosis was more common in infectious disease (ID, 84.2%) and obstetrics (OB, 70.8%) than in gynecology (46.8%) vs. 35.0% (P < 0.01), family medicine (FM, 45.2%), or internal medicine (IM, 41.3%) (P < 0.01). 62 (43.1%) of 144 patients without prior comprehensive screening received screening at time of follow-up, more commonly in ID (68.4%) and OB (57.1%) than in FM (24.1%) and GTN (22.9%) (P < 0.01). These findings (44.7%) of 283 follow-up received re-screening. Only 96 patients (6.1%) received extra-genital testing at any point; of these 93 (96.9%) were men and 79 (82.2%) were tested in ID clinic.

Conclusion. Guideline-based treatment and re-screening were routinely performed for those diagnosed with STIs. However, rates of comprehensive screening were below standard of care. Additionally, extra-genital testing was not routinely performed in any setting outside of ID. Providers in ID and OB clinics, where screening is either routine or protocolized, were more likely to perform comprehensive screening. Protocolization of STI screening within the University of Colorado Health System may improve guideline adherence and improve identification of comorbid STIs in high-risk populations.

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