Results. Of 448 participants, 168 (37.5%) reported rectal STI screening. One hundred twenty-seven (35.8%) of 355 HIV-negative men, 41 (58.6%) of 70 HIV-positive men, and none of 23 men who did not know their HIV status reported screening. Among HIV-negative men, having a healthcare provider who offered HIV testing (adjusted prevalence ratio [aPR]=2.09; 95% confidence interval [CI]: 1.43, 3.04), a syphilis diagnosis (aPR=1.43; 95% CI: 1.13, 1.83), use of pre-exposure prophylaxis (aPR=1.57; 95% CI 1.21, 2.04), and condomless anal sex with casual partners in the prior 12 months (aPR=1.74; 95% CI 1.36, 2.22) independently predicted screening for rectal STI in multivariable analysis. HIV-positive men who reported having a provider who always or often offers conversations about sex were significantly more likely to report screening compared with men who did not have such a provider (aPR=1.48; 95% CI 1.06, 2.06).

Conclusion. Rectal STI screening is not universal in a venue-based sample of sexually-active MSM. Implementing innovative, acceptable, and accessible screening practices and improving provider comfort talking about sex are paramount to increasing rectal STI screening.

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424. Use of the ResistancePlus® MG Multiplex PCR Assay to Determine the Prevalence of Mycoplasma genitalium and Macrolide Resistance in a High-Risk US Population

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Background. Mycoplasma genitalium is a significant agent of sexually transmitted infections (STIs). Case rates have declined as rates of macrolide resistance has become increasingly prevalent. Diagnosis of M. genitalium infection and macrolide resistance detection is possible using nucleic-acid amplification tests (NAAT); use of such assays could improve patient management and antimicrobial stewardship. In this study we used one such assay, ResistancePlus MG (RPMG) to determine the prevalence of M. genitalium infection and macrolide resistance in a cohort of patients attending 3 public sexual health clinics in mid-Atlantic US states.

Methods. De-identified urogenital samples submitted to the LabCorp facility in Burlington, NC for routine Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) NAAT testing from 3 public sexual health clinics were analyzed in the study. All samples had been collected in the Aptima Specimen Collection system and tested with the Aptima Combo 2 CT/NG NAAT. A total of 1,261 samples (770 male, 491 female) from this cohort were successfully tested for M. genitalium and macrolide-resistance, mediating mutations (MRMM) using the RPMG multiplexed PCR assay.

Results. The prevalence of M. genitalium in this patient cohort was 10.4% (131/1,261), not significantly different to the prevalence of C. trachomatis (12.0%; P = 0.202) but significantly higher than the prevalence of Neisseria gonorrhoeae (6.7%; P = 0.000). Sixty-five (5.2%) of the 131 M. genitalium positives were also positive for MRMM and thus azithromycin resistant.

Conclusion. M. genitalium infections were common amongst unselected individuals evaluated for treatable STI in the eastern United States and the rate of macrolide resistance in this population was significant. In addition, the RPMG assay was shown to be a simple and accurate method for simultaneously diagnosing M. genitalium infections and detecting MRMM and could be used to inform therapeutic decisions.

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