2272. High Interest in Doxycycline for Sexually Transmitted Infection Post-Exposure Prophylaxis (Doxxy-PEP) in a Multi-City Survey of Men Having Sex With Men (MSM) Using a Social-Networking App
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Background. Syphilis remains highly prevalent, particularly in men with HIV infection (HIV+), in whom atypical manifestations and neurosyphilis (NS) is frequent. NS may be asymptomatic and IM benzathine penicillin treatment is ineffective. Although ideal—but not practical—all cases of syphilis in HIV+ patients (patients) should have CSF study to rule out NS. The objective of this study was to quantify and characterize NS cases in HIV+ patients with syphilis.
Methods. Retrospective study from 01-02-2013 to 04-30-2018 at Fundación Arriarán in Santiago, Chile of 618 coinfected patients with CSF study due to neurological, visual or auditory symptoms, or serum VDRL ≥ 1:32. Any positive VDRL titer was associated with STI acquisition in a small population of HIV-uninfected MSM using pre-exposure prophylaxis (PrEP). Acceptability in a larger, diverse population of MSM is unknown.
Results. Overall, 1301 individuals, 80% HIV-uninfected, 16% PLWH, and 4% status unknown responded to the survey. The median age was 33 and the sample was racially/ethnically diverse: 7% Asian, 21% Black, 24% Latinx, and 44% White. Most (80%) reported condomless sex in the last 6 months; 39% reported an STI in the last year. Of the HIV-uninfected, 44% were on PrEP. In adjusted analysis, age per ten years was inversely associated with an STI in the last year (AOR 0.8; 95% CI: 0.7–0.9 and AOR 0.2, 0.0–0.8 respectively), while number of partners in the last 6 months and condomless anal sex were associated with STI (AOR 1.1 per 5 partners; 1.0–1.1 and AOR 3.8, 2.5–5.8 respectively). There was no difference by race/ethnicity; or comparing PrEP users to PLWH, however not using PrEP was inversely associated with STI (AOR 0.2; 0.0–0.8). Overall, 84% of respondents were interested in trying doxy-PEP. The factors associated with higher interest were: older age per ten years (1.2; 95% CI: 1.0–1.4). Black race and Latinx ethnicity vs. White race (AOR 2.0; 1.2–3.5 and 1.9; 1.2–3.0 respectively), prior STI (AOR 1.7; 1.1–2.5), and having condomless sex (AOR 1.6; 1.1–2.4). Interest did not differ by city, number of partners, serostatus, or PrEP use.
Conclusion. Interest in doxy-PEP was high among a diverse population of MSM in the US Differences in reported STI prevalence may be related to increased detection through screening in PLWH and on PrEP. Additional research to evaluate efficacy/safety of doxy-PEP is needed to potentially reduce STIs among MSM.
Disclosures. All authors: No reported disclosures.

2273. Neurosyphilis in Patients With HIV Infection: Clinical Presentation of 94 Cases
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Background. Neurosyphilis is an important complication of syphilis in HIV+ patients; and it should be suspected and actively investigated throughout their care given the high rate of asymptomatic status, even in NSd. Positivity of VDRL in CSF is associated with more severe symptoms. Ceftriaxone is an alternative therapy, but that requires larger and longer prospective studies for confirmation. The decrease of 2-fold serum VDRL in 6 months may predict treatment success. The role of CSF study post treatment to evaluate this outcome and the criteria for cure have not been well established.
Methods. We conducted a survey of doxycycline for STI PEP among users of a gay social networking app in 6 US cities: Atlanta,捆绑式矩阵, Chicago, New York City, San Francisco, and Seattle. In adjusted analyses using logistic regression, we examined factors associated with bacterial STI in the last year and willingness to use doxy-PEP. Predictors included: demographics, city, risk behaviors, and bacterial STI.
Results. Overall, 1301 individuals, 80% HIV-uninfected, 16% PLWH, and 4% status unknown responded to the survey. The median age was 33 and the sample was racially/ethnically diverse: 7% Asian, 21% Black, 24% Latinx, and 44% White. Most (80%) reported condomless sex in the last 6 months; 39% reported an STI in the last year. Of the HIV-uninfected, 44% were on PrEP. In adjusted analysis, age per ten years was inversely associated with an STI in the last year (AOR 0.8; 95% CI: 0.7–0.9 and AOR 0.2, 0.0–0.8 respectively), while number of partners in the last 6 months and condomless anal sex were associated with STI (AOR 1.1 per 5 partners; 1.0–1.1 and AOR 3.8, 2.5–5.8 respectively). There was no difference by race/ethnicity; or comparing PrEP users to PLWH, however not using PrEP was inversely associated with STI (AOR 0.2; 0.0–0.8). Overall, 84% of respondents were interested in trying doxy-PEP. The factors associated with higher interest were: older age per ten years (1.2; 95% CI: 1.0–1.4). Black race and Latinx ethnicity vs. White race (AOR 2.0; 1.2–3.5 and 1.9; 1.2–3.0 respectively), prior STI (AOR 1.7; 1.1–2.5), and having condomless sex (AOR 1.6; 1.1–2.4). Interest did not differ by city, number of partners, serostatus, or PrEP use.
Conclusion. Interest in doxy-PEP was high among a diverse population of MSM in the US Differences in reported STI prevalence may be related to increased detection through screening in PLWH and on PrEP. Additional research to evaluate efficacy/safety of doxy-PEP is needed to potentially reduce STIs among MSM.
Disclosures. All authors: No reported disclosures.

2274. Assessment of An Papanicolaou Smear Screening and Follow-up Rates in Eastern North Carolina for HIV-Positive Patients Who Are Men Who Have Sex With Men
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The purpose of this research is to show the prevalence of anal Pap smear abnormalities and follow-up activities among MSM patients receiving HIV care at the ECU Infectious Diseases and International Travel Health Clinic (ECU ID).
Background. Squamous cell carcinoma of the anus (i.e. anal cancer), represents 0.5% all new cancer cases in the United States in 2017 according to the National Cancer Institute's Surveillance, Epidemiology, and End Results Program. Literature shows that the HIV-infected men who have sex with men (MSM) population is 52 times more likely to develop anal cancer compared with the non-HIV-infected population. Anal Pap screenings have the potential to detect the presence of anal cancer earlier, but no national guidelines exist for performing anal Papanicolaou (Pap) screens among MSM.
Methods. A retrospective chart review was performed on 505 qualifying patients. Baseline data about anal Pap screening and follow-up rates were gathered. Data were collected from January 1st, 2016 to May 31st, 2017.
Results. Anal Pap smear abnormality findings: Atypical Squamous cells of Undetermined Significance (ASCUS), Low Grade Squamous Intraepithelial Lesion (LSIL), High Grade Squamous Intraepithelial Lesion (HGSIL).
Table 1. The type of follow-up procedure provided for each type of anal Pap smear abnormality.

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