Disclosures. R. Iseme, CDC FOA PS15-1502: Employee of Grant Recipient and Employee, Grant recipient. CDC FOA PS17-1704: Employee of Grant Recipient, Grant recipient. T. Songster, CDC FOA 15-1502: Employee of the grant recipient, Grant recipient. CDC FOA 17-1704: Employee of grant recipient, Grant recipient. M. Edgar, CDC FOA PS15-1502: Employee of Grant Recipient, Grant recipient. B. Davis, CDC FOA PS15-1502: Employee of Grant Recipient, Grant recipient. T. Lee, CDC FOA PS15-1502: Employee of Grant Recipient, Grant recipient. J. Harris, CDC FOA PS15-1502: Employee of Grant Recipient, Grant recipient. T. Cleveland, CDC FOA PS15-1502: Employee of Grant Recipient, Grant recipient. H. Chanceller, CDC FOA PS15-1502: Employee of Grant Recipient, Grant recipient. J. Schwenk, CDC FOA PS15-1502: Grant Investigator, Grant recipient. CDC FOA PS17-1704: Grant Investigator, Grant recipient. Chicago Department of Public Health A2 HIV Prevention and Testing Grant: Grant Investigator, Grant recipient.

2270. Frequency of Syphilis Annual Screening Testing, Prevalence of Infection and Re-infection and Associated Characteristics among People Receiving Care for HIV in an HIV/AIDS Care Clinic in Mexico City (2001–2017)
Antonio Camilo Zúñiga, MD, MSC; Kenia Escobedo-López, CHEM; Alfredo Ponce De León Garabito, MD; María Teresa Pérez-Gutiérrez, MD; Yanick Caro-Vega, PHD; Brenda Crabtree-Ramírez, MD; Nora K. Mora-Suárez, BS; Monica Reyes-Romero, BS; Anselmo Ramos-Hinojosa, IT; Juan G. Sierra-Madero, MD and Pablo Francisco Belzunzarra Zamuco, MD, PhD; Infectious Diseases, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico

Session: 243. HIV: Sexually Transmitted Infections
Saturday, October 6, 2018: 12:30 PM

Background. Syphilis has increased among people living with HIV (PLWH), particularly in men who have sex with men (MSM). Syphilis screening test should be routinely offered as part of comprehensive care for PLWH. We assessed the annual frequency of syphilis testing and positive test results in patients actively receiving care for HIV in Mexico City and its associated factors.

Methods. We retrospectively analyzed cohort data of patients receiving care for HIV in our clinic (2001–2017). We estimated the annual proportion of PLWH receiving care that was tested for Syphilis and the annual prevalence of Syphilis infection among those tested. We performed annual, cross-sectional analysis in patients receiving care. We included patients with at least one registered visit to the clinic each year and defined those that were engaged in care, as those with at least two visits separated by at least 3 months in a given year. To identify factors associated with being tested and with being infected we used multivariate logistic regression models with random intercepts and GEE using sex, age, education, socioeconomic status (SES), year, time in care, use of ART, being naive and having AIDS at enrollment, being engaged in care, and number of hospitalizations as independent variables.

Results. 2896 patients were included. The proportion of patients tested for syphilis increased from 21% in 2001 to 41% in 2017. The prevalence of syphilis increased from 7% to 21% during the same period with an early peak in 2003–2004 (Figure 1). Over time, the prevalence of re-infections increased substantially and accounted for the most positive test from 2013 onwards. Men, younger age, MSM, increasing education, time receiving care, number of hospitalizations and being engaged in care during the year were positively associated with being tested (Figure 2). Men, younger age, MSM, patients not receiving ARTs, those with AIDS at enrollment, and not being engaged in care were at higher risk of infection (Figure 3).

Conclusion. Annual VDRL testing increased over time, as did prevalence of syphilis, particularly after 2010 (9% vs 21%). Re-infections were frequent. Efforts are needed to increase screening among women, those newly enrolled in care, and with low SES. Preventive strategies are needed for men, particularly MSM, early after enrollment.

Table 1: Multivariable Analysis of STIs Among PrEP Clients at a University-affiliated PrEP Clinic

| With STI N (%) | Odds Ratio (95% CI) |
|---------------|---------------------|
| Consistent Condom use |
| Yes*          | 5 (14)              | 1.6 (0.5–5.2) |
| No            | 28 (76)             |               |
| Number partners/3 months |
| 0             | 2 (5)               | 3.5 (0.3–38.3) |
| 1*            | 5 (13)              | 1.7 (0.5–5.4) |
| >7            | 18 (44)             | 9.7 (2.4–40.2) |
| Adherence |
| Not on PrEP*  | 7 (17)              |               |
| Missed dose 0–2 weeks ago |
| 5 (12)        | 1.2 (0.3–5.1)       |
| Missed Dose >2 weeks ago |
| 29 (71)       | 4.7 (1.4–15.4)      |

Disclosures. All authors: No reported disclosures.
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
Matthew A. Spinelli, MD, Th; Hyman Scott, MD, Th; Eric Vittinghoff, PhD, T; Albert Y. Liu, MD, T; Kenneth Coleman, MA, Th; Monica Gandhi, MD, MPH, Th and Susan P. Buchbinder, MD, T; Infectious Diseases, University of California, San Francisco, California, T; Bridge HIV, San Francisco Department of Public Health, San Francisco, California, T; Epidemiology, University of California, San Francisco, San Francisco, California, T; Medicine, Division of HIV, Infectious Diseases and Global Medicine, UCSE, San Francisco, California.

Session: 243. HIV: Sexually Transmitted Infections
Saturday, October 6, 2018: 12:30 PM

Background. Sexually transmitted infections (STI) in people living with HIV (PLWH) and HIV-uninfected men who have sex with men (MSM) are increasing. Doxycycline post-exposure prophylaxis (doxy-PEP) showed partial efficacy against 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.

Methods. We conducted a survey of doxycycline for STI PEP among users of a gay social networking app in 6 US cities: Atlanta, Birmingham, 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 PEP users to PLWH, however not using PrEP was inversely associated with STI (AOR 0.2; 0.2–0.3). 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
Rodrigo Rojas, MD T; and Marcelo Wolf, MD, T; 1School of Medicine, University of Chile, Santiago, Chile, T; Fundación Arriarán, Santiago, Chile, T; Fundacion Arriaran, Santiago, Chile.

Session: 243. HIV: Sexually Transmitted Infections
Saturday, October 6, 2018: 12:30 PM

Background. Syphilis remains highly prevalent, particularly in men with HIV infection (HIV+). In whom atypical manifestations and neurosyphilis (NS) 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 neurologic, visual or auditory symptoms, or serum VDRL ≥1:32. Any positive VDRL titer in CSF was considered demonstrated NS (NSs) and isolated pleocytosis ≥20 cells/μL considered probable NS (pNS). Status of HIV infection, syphilis, CSF analysis, NS treatment, and follow-up were characterized.

Results. NS was diagnosed in 94/618 patients (15.2%) with CSF study, (3 women), 80.8% were dNs and 19.2% pNSs. Median age was 32 years (range 20–67); median CD4 cell count was 373 cells/μL (IQR of 188–473). In 41.5% NS was diagnosed at entry into care; syphilis was classified as primary in 2.1%, secondary in 22.3%, early-latent in 29.8% and late latent in 45.8%. Most cases of NS (84%) were neurologically asymptomatic (68.8% in pNSs). Median CSF leukocytes in dNSs was 5 cells/μL (range 0–338), and in pNSs 31 cells/μL (range 16–90). Treatment was with IV ceftriaxone in 57/94 (60.6%), and in 39.4% with IV sodium penicillin. Follow-up data with serum VDRL at 3, 6 and 12 months were obtained in 44/94 (41.4), 37.6% and 28.4% of patients respectively, who presented a decrease of 2-fold serum VDRL in 19/44 (43%), 19/37.6% and 15/24.4% of patients respectively, who presented a decrease of 2-fold serum VDRL in 3, 6 and 12 months were obtained in 44/94 (41.4), 37.6% and 24.4% of patients respectively, who presented a decrease of 2-fold serum VDRL in 19/44 (43%), 19/37.6% and 15/24.4% of patients respectively, who presented a decrease of 2-fold serum VDRL in 19/44 (43%), 19/37.6% and 15/24.4% of patients respectively.

Conclusion. NS 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 outcomes. 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.

Disclosures. All authors: No reported disclosures.

2274. Assessment of Anal Papanicolaou Smear Screening and Follow-up Rates in Eastern North Carolina for HIV-Positive Patients Who Are Men Who Have Sex With Men
Noopur Doshi, BS, 1; Ciara Dortche, MPH 1; and Nada Fadul, MD, T; 1Brody School of Medicine, Greenville, North Carolina, T; Internal Medicine, East Carolina University, Greenville, North Carolina.

Session: 243. HIV: Sexually Transmitted Infections
Saturday, October 6, 2018: 12:30 PM

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% of 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 (HSIL).

Table 1. The type of follow-up provided for each type of anal smear abnormality.

| Type of Abnormality | Follow-up | n | % |
|---------------------|-----------|---|---|
| ASCUS               | Follow up | 64 (64.7%) | 34 (34.7%) |
| LSIL                | Repeat Pap| 44 (43.2%) | 44 (43.2%) |
| HSIL                | Repeat and referral | 30 (29.3%) | 12 (12.2%) |

Disclosures. All authors: No reported disclosures.