

Session: 46. Clinical: Sexually Transmitted Infections
Thursday, October 5, 2017: 12:30 PM

Background. Current guidelines only recommend screening for gonorrhea (GC) and chlamydia (CT) at extragenital sites of exposure in men who have sex with men (MSM). With Medicaid reimbursement for GC/CT nucleic acid amplification testing (NAAT) at approximately \$48/test, expanding testing to women requires a value assessment. We report the prevalence of extragenital GC/CT in women with extragenital exposure, determine the proportion of disease missed by urogenital NAAT, and estimate additional cost per infection identified by extragenital testing in women vs MSM.

Methods. We conducted a retrospective analysis of women undergoing extragenital NAAT for GC and CT at Denver Metro Health Clinic. Data were analyzed for all women with extragenital testing from 9/11/2015 to 7/8/2016, and for MSM from 9/3/2013 to 7/8/2016. Statistical Package for the Social Sciences and Excel programs were used for data analysis.

Results. In a total 804 female visits, the mean age was 29 (13–67 years); 46% were White non-Hispanic; 37% were Hispanic; and 15% were Black. In women, the prevalence of extragenital GC and CT was 2% (16/804) and 5% (38/804), respectively. The rate of GC infection in women was the same at genital and pharyngeal sites (2%, 16/804) but lower at the rectum (0.25%, 2/804). Female chlamydia rates were 11% genital (85/804), 4% pharyngeal (30/804), and 1.4% rectal (11/804). If only urogenital testing had been performed in women, 27% (6/22) of GC infections and 14% (14/99) of CT infections would have been missed. Overall, isolated extragenital infection accounted for 18% (20/111), 95% CI 12–26% and 65% (943/1453, 95% CI 62–67%) of the combined GC and CT burden in women and MSM, respectively. On average, 40 women and five MSM were screened with extragenital tests to identify one isolated extragenital infection. Estimated additional Medicaid costs for isolated extragenital infection identified in women was \$3,851 and in men was \$480 for pharyngeal and rectal testing.

Conclusion. Urogenital screening misses a significant number of extragenital infections in women. However, given the high cost of extragenital screening in women, further work is needed to determine whether screening can be limited to the pharynx or if risk factors can be used to target screening for cost savings.

Disclosures. All authors: No reported disclosures.

240. Assessment of the Sexual Violence Situation in a Regional Hospital in Guatemala: The Need for a Multidisciplinary Clinic

Blanca Soto, LVN¹; Miriam Canet, MD² and Diego Erdmenger, MD³; ¹Hospital Nacional de Amatlán, Guatemala, Guatemala, ²Infectious Diseases, INorth CarolinaAN, Guatemala, Guatemala, ³Department of Nosocomial Diseases, Hospital Roosevelt, Guatemala, Guatemala

Session: 46. Clinical: Sexually Transmitted Infections
Thursday, October 5, 2017: 12:30 PM

Background. Sexual violence is a global health problem, in terms of age and sex, showing a significant negative impact on health. Incidence in Guatemala is among the highest of the region reaching an average of 23 cases reported daily nationally per statistics from the Ministry of Health in 2015.

Methods. Retrospective analysis of the database of all sexual violence cases reported from a secondary-level national hospital in Guatemala from January 2005 to September 2015 (period A) and in-depth analysis on demographic and epidemiological data along with information of the follow-up of cases between January 2012 and September 2015 (period B) was performed.

Results. Period A: 500 cases; female (96%; 481/500). Assault occurred between 16–20 years (34%; 163/481) 11–15 years (22.25%; 107/481), and 21–30 years (22.04%; 106/481). From all reported male cases, 73.68% (14/19) occurred under 15 years.

Period B: 154/217 (70.96%) cases included; female (95.45%; 147/154), mean age: 17.87 years. Assault occurred in public spaces (57.14%; 88/154) and victim's home (29.87%; 46/154). Almost 13% of victims reported history of previous assault, 5.84% by the same aggressor. More than one aggressor participated in 36.37% of assaults. Physical violence was associated in 57.79% of cases. Most victims (92.76%; 141/152) consulted within 72 hours of the assault. HIV, VDRL, and Hepatitis B testing performed in 100, 52, and 33.77%, respectively, were negative.

Follow-up visits at 3, 6, and 12 months after the aggression were attended by 20.78% (30/154), 1.95% (3/154), and 1.95% (3/154) of victims, respectively. Psychology support was completed only in 18.18% (28/154). Emergency contraception was provided when indicated; pregnancy as result of the aggression was reported in nine cases (5.84%).

Conclusion. The study shows that young women were the most vulnerable group for sexual violence. There is a lack of multidisciplinary approach and follow-up. Interventions on infectious diseases screening have to be optimized to reduce the risk of ETS transmission. This evidence supports the need for a specialized clinic to ensure access to comprehensive health services for victims.

Disclosures. All authors: No reported disclosures.

241. The Impact of Recent Antibiotic Usage on Oropharyngeal *Neisseria* spp. in MSM of Hanoi, Vietnam

Huan Dong, MS^{1,2}; Hoa Thi Nguyen, MD³; Minh Binh Xuan Nguyen, MD, MPH⁴; Trung Vu Nguyen, MD, PhD⁵; Folasade May, MD, MPhil, PhD⁶; Giang Minh Le, MD, PhD⁷ and Jeffrey Klausner, MD, MPH⁸; ¹Charles R Drew University of Medicine and Science, Los Angeles, California, ²David Geffen School of Medicine at UCLA, Los Angeles, California, ³National Hospital for Tropical Diseases, Hanoi, Viet Nam, ⁴Hanoi Medical University, Hanoi, Viet Nam, ⁵Division of Infectious Diseases,

Department of Medicine, University of California, Los Angeles, Los Angeles, California

Session: 46. Clinical: Sexually Transmitted Infections
Thursday, October 5, 2017: 12:30 PM

Background. *Neisseria gonorrhoea* (NG) has a long history of gaining resistance to nearly all antimicrobials used for treatment since the 1930s, which makes susceptibility to last-line cephalosporins of dire importance. Horizontal gene transmission is highly prevalent among the *Neisseria* genus, with genetic fragments from common commensal *Neisseria* having been found in resistant NG strains. Globally, NG disproportionately affects men-who-have-sex-with-men (MSM) and nearly all ceftriaxone-resistant cases have been reported from pharyngeal samples. Our study aims to assess the impact of antibiotic usage on the antimicrobial susceptibility of oropharyngeal *Neisseria* spp.

Methods. MSM from Hanoi, Vietnam, were surveyed regarding antibiotic usage. Pharyngeal swabs were collected and cultured on chocolate and modified-Thayer-Martin agar. *Neisseria* spp. were subcultured, identified using MALDI-TOF, and antimicrobial susceptibility determined by E-test using NG CLSI MIC breakpoints to ciprofloxacin (CIP), cefixime (CFM), ceftriaxone (CRO), and cefpodoxime (CPD).

Results. The 225 MSM surveyed were young (mean age 23.9 years, std 4.4). In the past 6 months: 41.6% participants used any antibiotics, among whom 62.4% did not have a prescription; 6.6% used CFM (16.4% more were unsure), among whom 55.6% did not have a prescription; and 4.5% received CRO.

From 72 swabs, 102 *Neisseria* isolates were obtained; *N. flavescens* (*n* = 59), *N. perflava* (*n* = 14), *N. macacae* (*n* = 8), *N. subflava* (*n* = 7), *N. gonorrhoeae* (*n* = 5), *N. mucosa* (*n* = 3), *N. meningitidis* (*n* = 3), *N. cinerea* (*n* = 2), and *N. lactamica* (*n* = 1). “Reduced susceptibility” status for any *Neisseria* spp. was 35.3, 10, 8, and 30% to CIP, CFM, CRO, and CPD, respectively; 61.8% were “resistant” to CIP. MSM who took any antibiotics in the past 6 months were almost twice as likely to have *Neisseria* spp. with reduced susceptibility to cephalosporins (CFM, CRO, or CPD), RR 1.8 (95% CI 1.1–3.2; *P* = 0.026) compared with non-antibiotic users.

Conclusion. Many MSM in Hanoi used antibiotics recently, often without a prescription. Antibiotic use was associated with antimicrobial “reduced susceptibility” of commensal *Neisseria* spp. to cephalosporins, possibly potentiating resistance acquisition by NG.

Disclosures. All authors: No reported disclosures.

242. Ocular syphilis: Case Series (2000–2015) from Two Tertiary Care Centers in Montreal

Julie Vadboncoeur, MD¹; Yasmine Rabia, MD¹; Marie-Josée Aubin, MD^{1,2}; Annie-Claude Labbé, MD^{3,4}; Laurence Jaworsky, MD^{1,5}; Bouchra Serhir, PhD⁶ and Claude Fortin, MD^{7,8}; ¹Ophthalmology, University of Montreal, Montréal, QC, Canada, ²Ophthalmology, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada, ³Medical Microbiology and Infectious Diseases, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada, ⁴Microbiology, Infectious Diseases and Immunology, University of Montreal, Montréal, QC, Canada, ⁵Ophthalmology, Hôpital Notre-Dame du CHUM, Montréal, QC, Canada, ⁶Laboratoire de Santé Publique Du Québec, Ste-Anne-de-Bellevue, QC, Canada, ⁷Medical Microbiology and Infectious Disease, Hôpital Notre-Dame du CHUM, Montreal, QC, Canada

Session: 46. Clinical: Sexually Transmitted Infections
Thursday, October 5, 2017: 12:30 PM

Background. In the past 15 years, a recrudescence of syphilis was observed in Canada, along with a surge in ocular syphilis cases. Without treatment, ocular syphilis can have serious consequences potentially leading to blindness. Our goal was to describe the demographics, clinical presentations, proportion of co-infection with HIV, treatments and visual outcomes of ocular syphilis cases.

Methods. Patients with a confirmed positive syphilis serology between 2000 and 2015 were identified through the reference laboratory database. A retrospective chart review was performed for those who visited the ophthalmology clinic of Hôpital Maisonneuve-Rosemont or Hôpital Notre-Dame to identify ocular syphilis cases.

Results. Among the 119 patients (174 eyes) identified (2.5% of the population screened), 80% were male; of which 63% were MSM. Mean presenting logMAR visual acuity was 0.70 (20/100 Snellen) and unilateral ocular involvement occurred in 54%. Ocular manifestations included interstitial keratitis (24 eyes), anterior uveitis (37 eyes), intermediate uveitis (17 eyes), posterior uveitis (31 eyes), panuveitis (27 eyes), isolated optic nerve involvement (25 eyes), and others (12 eyes) including VI nerve palsy, scleritis, and episcleritis. Cerebrospinal fluid (CSF) examination was done in 65 (55%) patients. Of those, VDRL was positive in 14 (22%) patients; white blood cells and proteins were elevated in, respectively, 28 (43%) and 39 (60%) of patients. HIV status was unknown in 39 (33%) patients; among those whose serology were performed (or previous status was known), 38 (48%) were HIV infected. Intravenous aqueous penicillin G was administered in 69 (58%), intramuscular benzathine penicillin in 25 (21%) and other antibiotics, mainly due to allergy, in three (3%) patients. Treatment allowed a visual improvement of –0.22 logMAR (gain of five lines on Snellen chart) after a mean follow-up period of 19 months.

Conclusion. Syphilis can manifest with a widely diversified array of ocular presentations, especially uveitis and optic nerve involvement. Therefore it is primordial to keep this diagnosis in mind when facing high-risk patients with ocular symptoms. It is of utmost importance that clinicians improve rates of lumbar puncture, HIV screening and intravenous penicillin treatment when managing ocular syphilis.

Disclosures. All authors: No reported disclosures.