

follow-up time was 472 days (sd 292 days). Homelessness was associated with lower odds of GC-CT testing during follow-up (aOR 0.60; 95% CI 0.40, 0.96 p-value 0.032). 28% of first GC-CT tests were positive in homeless v. 12% in housed patients (p-value 0.025).

Conclusion. Homeless patients had a higher rate of positive GC-CT on first test but 40% lower odds of having GC-CT testing at primary care visits despite controlling for visit frequency, recent testing and history of positive GC-CT. Further evaluation of disparities in GC-CT testing for homeless patients is warranted.

Disclosures. All authors: No reported disclosures.

2255. Earlier Detection of Latent Syphilis: Every 3 Month Screening with MSM and HIV

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Session: 248. HIV: Sexually Transmitted Infections

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Background. Since this data was last presented, there has been a continued resurgence of syphilis despite increasing screening efforts, especially neurosyphilis and ocular syphilis. High-risk populations include men who have sex with men (MSM) and those infected with HIV. In 2015, based on data from an older Australian study and a recent Canadian study, the screening recommendation changed from yearly to every 3–6 months. We determined that high-risk patients should be screened even more frequently, at least every 3 months, to identify patients earlier in the disease course and prevent the development of symptomatic syphilis.

Methods. A retrospective chart review of the HIV Clinic Care Registry at the Jerry L. Pettis Memorial VA Medical Center (JLP VAMC) was conducted from 2002 to 2016. Patients were classified according to the stage of syphilis, epidemiologic characteristics, and HIV control. In 2004, screening with RPR was changed from yearly to every 3 months.

Results. From 2002 to 2016, among HIV-infected men, there were 155 cases of syphilis diagnosed in 126 individuals. Of the subset before the intervention in 2004, 62.5% (5) were symptomatic at the time of diagnosis. After increasing the screening to every 3 months, only 41.6% (62) had symptomatic infection. The majority of subjects were MSM (81%) and Caucasian (71%). Sixty-nine percent of patients who developed infection had a history of prior infection. As many as 54.8% of patients had a viral load <50 copies/mL and 57.1% had CD4 counts of over 400. There were 27 cases of neurosyphilis, with 33% having ocular involvement. Among patients with neurosyphilis, 19% had an RPR in 3 months, and 31% had not had an RPR in 6 months. Primary and secondary syphilis incidence rates in San Bernardino compared with San Bernardino in 2015 were 8.4 and 389 per 100,000 respectively.

Conclusion. This study showed a significant decrease in the amount of symptomatic syphilis with every 3-month screening compared with yearly screening. This is important for preventing progression to neurosyphilis, especially ocular involvement, given a large proportion of patients develop disease within 3–6 months. To prevent the morbidity associated with symptomatic and neurosyphilis, screening in high-risk populations of MSM, especially with HIV, should be increased to every 3 months.

Disclosures. All authors: No reported disclosures.

2256. Self-Testing Is a Feasible and Acceptable Option for Identifying Extra-genital Gonorrhea (GC) and Chlamydia (CT) infections in HIV-Infected Persons

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Session: 248. HIV: Sexually Transmitted Infections

Saturday, October 7, 2017: 12:30 PM

Background. Compliance with guidelines recommending extra-genital testing for GC/CT in HIV-infected men who have sex with men is variable. Proposed barriers to testing, such as patient reluctance and provider discomfort, could be eliminated by self-testing. In this study, we evaluate the feasibility and acceptability of

extra-genital self-testing and assess the adequacy of an oral rinse for the diagnosis of GC/CT infections.

Methods. HIV-infected subjects receiving care at one of three military treatment facilities participated in this study. Subjects received standardized instructions on sample collection and participated in a questionnaire designed to evaluate acceptability of this method. In addition, all subjects underwent testing by their provider. Gen Probe Aptima Combo 2 assay was used for testing the swabs and the rinse.

Results. A total of 148 HIV-infected subjects (median age 43 years, 40% African-Americans and 35% Caucasians) enrolled in the study. Test results are tabulated below. Of the 126 oral rinses tested, 6 (4.7%) tested positive for GC and 1 for CT (0.8%). Of the 6 rinses testing positive for GC, 2 tested negative on concomitantly collected swabs, and 1 swab testing positive for GC was negative on the rinse. Of note, 2 swabs testing positive for GC on self-collection but negative on provider swabs tested positive on the rinse. Over 95% of the subjects indicated that they understood the instructions and had collected the swabs as instructed. Most subjects (≥90%) indicated that they were comfortable collecting the swabs and oral rinses at home. Approximately 15% of the subjects preferred that their providers collected the swabs.

Conclusion. In this study, self-collected samples yielded more positive results than provider collected samples, and the performance of oral rinses and pharyngeal swabs were similar. Our results suggest self-testing is a feasible and acceptable method for collecting extra-genital samples. Adoption of self-testing could improve compliance with the guidelines.

Test Results By Anatomical Site and Collection Method

	Provider Self	Self	Provider	
Rectal GC5	(3.4%)5	(3.4%)5	Concordant Pharyngeal8	(5.4%)6 (4.1%)
			Discordant GC	
Rectal CT 4	(2.7%)6	(4.1%)6	Discordant Pharyngeal1	(0.7%)2 (1.3%)
			Discordant CT	

Disclosures. All authors: No reported disclosures.

2257. Clinical Characteristics and Outcomes of Patients with Otosyphilis and HIV Infection

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Session: 248. HIV: Sexually Transmitted Infections

Saturday, October 7, 2017: 12:30 PM

Background. The increased rates of syphilis in HIV infected individuals has provided information on ocular and neurological complications, but data on cochleovestibular dysfunction is limited. Otosyphilis is a potentially reversible cause of hearing loss in HIV infected individuals.

Methods. We performed a retrospective chart review from 2007 through 2016 and identified six patients who met inclusion criteria of a diagnosis of otosyphilis and HIV infection. We collected the following data: demographics, clinical characteristics, laboratory findings, treatment courses, and outcomes.

Results. We identified a total of six patients with HIV and otosyphilis. All patients were male with a mean age of 36 (range 23–51) without known predisposing factors for hearing loss. The mean CD4 count was 323 (range 17–547) with all but two patients having a viral load of less than 50 copies. Four of the patients were receiving combination antiretroviral therapy at the time of diagnosis of otosyphilis. All patients had a rapid plasma reagin (RPR) titer of at least 1:16 (range 1:16–1:128). Three patients presented with unilateral hearing loss and two with bilateral; with one patient having just vestibular dysfunction. The mean duration of symptoms prior to presentation was about seven weeks (range one week to 16 weeks). Three of six patients had objective hearing loss on audiometric testing, one had no detectable hearing loss, and two did not have formal audiometric testing. All had lumbar puncture performed at diagnosis with a CSF mean white blood cell count of 23 (range 0–129) and a mean total protein level of 38 (range 28–57). Only one patient had a positive CSF VDRL test. Five patients were treated with intravenous penicillin for 14 days and one with ceftriaxone for 14 days due to a penicillin allergy. Five patients received a corticosteroid taper. Three out of the six patients noted subjective hearing improvement with treatment in six months.

Conclusion. HIV infected patients with a diagnosis of syphilis should be asked screening questions to identify hearing symptoms or vestibular dysfunction, as otosyphilis is an important cause of reversible hearing loss.

Disclosures. All authors: No reported disclosures.

2258. Risk Factors Associated with Sexually Transmitted Infections among Pre-Exposure Prophylaxis Users in an Urban Multi-Clinic Healthcare System

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