

1580. Sexual Health of HIV Infected Patients Attending KUMC ID Clinic
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Background. The aim of this study was to identify overall sexually transmitted diseases (STD) burden in HIV infected patients and determine compliance with sexual health screening and treatment based on CDC 2010 Guideline in our HIV clinic.

Methods. This is a retrospective cohort study of all adult patients attending at least 2 visits at the University of Kansas Medical Center outpatient infectious diseases clinic between October 1, 2010 and August 15, 2013. Syphilis, gonorrhea, chlamydia, genital warts, genital herpes, hepatitis A, B, C testing frequency, diagnoses and treatments were abstracted from the charts. Period prevalence, compliance with screening methods, frequency, and treatment were measured. Percentages below are calculated out of the total cohort.

Results. Of 241 patients included in the analysis, 197 (81.74%) were male, 43 (17.84%) were female, 1 (0.41%) was transgender, 136 (56.43%) were men who have sex with men, and mean age was 42.07 years. During the study period, 3 (1.24%) patients were diagnosed with gonorrhea, 3 (1.24%) had chlamydia, 34 (14.1%) had a positive syphilis test (RPR or EIA), 22 (9.13%) had positive hepatitis B surface antigen, 20 (8.3%) had positive hepatitis C antibodies, 26 (10.8%) had genital warts, 6 (2.5%) had genital herpes, and 4/43 (9.3%) women had positive cervical HPV DNA. At study entry, mean CD4 count was 403 cells/uL, and mean HIV viral load was 282,529 copies/mL. At STD diagnosis, mean CD4 was 352 cells/uL, and mean HIV viral load was 45,132 copies/mL. Testing per guideline occurred in 95.83% of patients for syphilis, 43.75% for chlamydia, 45% for gonorrhea, 90% for hepatitis A, 99.58% for hepatitis B and 96.25% for hepatitis C. Testing frequency per guideline occurred in 81.25% of patients for syphilis, 37.92% for chlamydia, 38.33% for gonorrhea. When STD was diagnosed, treatment was according to guideline for most patients.

Conclusion. Compliance with screening methods and frequency was adequate for syphilis and hepatitis, but screening for chlamydia and gonorrhea is suboptimal and can be improved.

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