1350. Characterization of the Type of Specimen Used for Testing of Sexually Transmitted Infections in Outpatient Clinics

Katherine Sittig, MD MPH[1]; Victoria C. Cunningham, MS[2]; Rossana Rosa, MD[3]; Lisa A. Veach, MD[1]; [1]UnityPoint Health, Des Moines, Iowa; [2]University of Iowa Carver College of Medicine, West Des Moines, Iowa; [3]UnityPoint Health - Des Moines, Des Moines, Iowa

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Background. Screening and diagnosis of Sexually Transmitted Infections (STIs) requires use of nucleic acid amplifications tests (NAATs) on optimal anatomical specimens. Vaginal or cervical swabs are preferred in women and first-catch urine in men. Furthermore, extra-genital testing is recommended for men who have sex with men (MSM) and for men who have sex with women (MSW) based on exposure history. Increasingly, STI care is being provided in non-STI specialized settings such as Urgent Care (UC) and Primary Care clinics (PC). Therefore, we aimed to characterize the types of anatomical specimens being utilized for the diagnosis of STIs in non-STI specialized clinics.

Methods. We conducted a retrospective analysis of all *Neisseria gonorrhea* (GC) and *Chlamydia trachomatis* (CT) tests obtained at 46 adult outpatient clinics (PC, UC and Obstetrics & Gynecology [OB/Gyn]) part of an integrated health system in Des Moines, Iowa, between January 1, 2019 and December 31, 2019. In this database, no information was available regarding patient history of sexual exposure site(s). Descriptive statistics, including counts, percentages, and differences in proportions were estimated and stratified by outpatient clinic type.

Results. We identified a total of 18,503 encounters involving 2,802 men and 15,701 women. Rates of extragenital testing were overall low, but higher in male patients (14.6%) than in female patients (0.20%). Among male patients, extra-genital testing was obtained in 21.1% of patients seen in PCs compared to 5.2% in UCs ($p< 0.0001$) (*Table 1*). Notably, 177 (50.9%) of the extra-genital samples collected at PCs were obtained at a clinic specializing in the care of MSM. Among female patients, the proportion of urine-based tests was highest in PC (32%), while non-urine genitourinary samples were more frequently obtained at Ob-Gyn clinics (92.7%) ($p< 0.0001$) (*Table 2*).

Table 1. Type of specimen used for STI testing of male patients by clinic type:

	Urine N = 2,394	Non-Urine/Non-Genitourinary N = 408
Primary Care	1,304 (78.9%)	348 (21.1%)
Urgent Care	1,090 (94.8%)	60 (5.2%)

Table 2. Type of specimen used for STI testing of female patients by clinic type:

	Urine N = 2,593	Non-Urine Genitourinary* N = 13,076	Non-Genitourinary N = 32
Primary Care	1,446 (32.0%)	3,053 (67.4%)	25 (0.6%)
Urgent Care	508 (21.6%)	1,835 (78.2%)	5 (0.2%)
OB/Gyn	639 (7.2%)	8,188 (92.7%)	2 (0.1%)

*Includes cervical and vaginal samples.

Conclusion. Extragenital site testing for GC and CT remains an uncommon practice across all clinic setting types, and high proportions of female patients evaluated at PC and UC clinics were tested using urine specimens. Our results indicate a need for effective education and implementation processes for optimal testing modalities in primary care clinics.

Disclosures. **All Authors**: No reported disclosures

1351. Use of Mail-Out Sexually Transmitted Infection Test Kits in a Telehealth Pre-exposure Prophylaxis Clinic

Monica K. Sikka, MD[1]; Long Do, Pharm D[2]; Hanifa Ha, BA[2]; Dana Smothers, RN, MS, CNL[2]; Christopher Evans, MD[3]; Christopher D. Pfeiffer, MD, MHS[4]; [1]Oregon Health & Science University, Portland, Oregon; [2]Portland VA Medical Center, Portland, Oregon; [3]Portland VA Medical Center/Oregon Health & Science University, Portland, Oregon; [4]VA Portland Health Care System, Portland, Oregon

HIV, Hepatitis Specialty Telehealth Access Resource (H-START) Collaborative

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Background. Standard of care for patients receiving pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) includes HIV screening and testing for sexually transmitted infections (STIs) at all sites of potential exposure every three months. We implemented a provider and pharmacist telehealth based PrEP program as part of the HIV, Hepatitis Specialty Telehealth Access Resource (H-START) Collaborative. Due to the COVID-19 pandemic and care via telehealth, we had limited ability to collect pharyngeal or rectal swabs in clinic. We created mail-out kits including swabs and instructions for self-collection to test for rectal and pharyngeal *Neisseria gonorrhea* and *Chlamydia trachomatis.*

Methods. Kits were mailed out to patients between June 2020 and May 2021. Providers first confirmed patient comfort with self-swab collection during telehealth appointments. Kits included: an instruction sheet with visual diagrams for collection, swabs with appropriate labels; and a pre-paid envelope for patients to mail swabs back to our facility for laboratory testing. Prospective data collection included the date kits were mailed out to patients, the date of kit receipt at our facility and the test result. Charts were retrospectively reviewed to determine treatment completion.

Results. 54 self-swab kits were mailed to patients. 53 of the patients were male and the average age was 41.3 years old. 38 (70.3%) swabs were returned. The median time for return of swabs was 21 days (Range 2-289). Of those returned, 5 (13.1%) were positive and all 5 patients were treated for their infection.

Conclusion. Mail-out STI testing was effective in identifying STIs for a telehealth PrEP program and for maintaining standard of care practice during the COVID-19 pandemic. This model may increase rates of testing compliance for care provided via telehealth and decrease rates of STI transmission and complications. Better communication around returning kits in a timely-manner and understanding reasons for non-return warrant further investigation.

Disclosures. **Monica K. Sikka, MD, FG2** (Scientific Research Study Investigator) **Christopher D. Pfeiffer, MD, MHS, C. difficile Vaccine Trial** (Scientific Research Study Investigator)

1352. Changing Quality Indicators by Monitoring Veterans Using the Sexually TRansmitted Infection Key Evaluation (STRIKE) Dashboard

Minh Q. Ho, DO[1]; Linda Chia, PharmD, BCPS[2]; Matthew Cole, PharmD, BCPS, n/a[3]; Tho Nguyen, PharmD[4]; Karen Slazinski, PharmD[4]; [1]Orlando VA Healthcare System, 14014 Deep Forest Court, Florida; [2]VA, Bellevue, Washington; [3]VA Capital Health Care Network (VISN 5), Veterans Health Administration, Huntsville, Alabama; [4]Orlando VA HCS, Orlando, Florida

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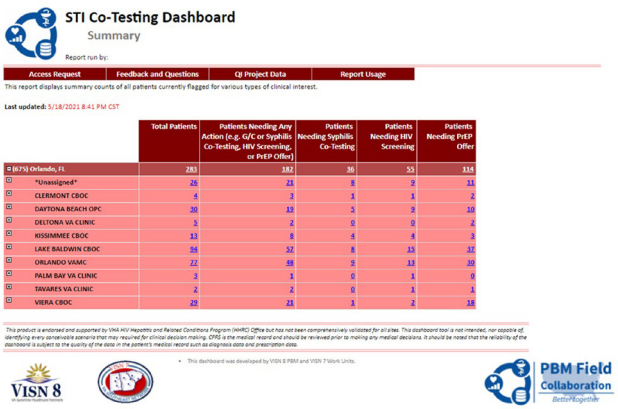
Background. During the COVID-19 pandemic, there have been multiple reports concerning patients falling out of healthcare. The National VA HIV and Hepatitis and Related Conditions (HHRC) has created the Sexually TRansmitted Infection Key Evaluation (STRIKE) Dashboard to help clinicians identify Veterans who need to complete co-testing for sexually transmitted infections (STIs) or human immunodeficiency virus (HIV) and allows providers to document if the Veteran was offered pre-exposure prophylaxis (PrEP).

STRIKE Interface Screen



Methods. A national VA Veteran dataset was generated from data within the Corporate Data Warehouse (CDW) that included all active PLWH. Positive HIV status is evaluated based on positive antibody test and positive confirmatory result or positive viral load lab result. Negative HIV status is evaluated based on a negative antibody test in the past year. Of the 140 sites, 39 participated but only 9 were active throughout the period of October 1, 2020 to March 31, 2021. Active and nonactive participating sites had metrics assessed across the study period at 3 time points: October 1, 2020, January 1, 2021 and April 1, 2021. Sites with at least 48 visits to report across the 6-month QI period were considered active.

Patient level data for review