1584. Gonorrhea and Chlamydia Testing in Routine Clinical Care of HIV-Infected Men Who Have Sex with Men

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Background. Men who have sex with men (MSM) are disproportionately affected by HIV and other sexually transmitted diseases (STDs) including *Neisseria gonorrhoeae* (GC) and *Chlamydia trachomatis*(CT). Centers for Disease Control and Prevention STD Treatment Guidelines recommend screening sexually active MSM annually for urogenital and extragenital GC/CT, depending upon sites of exposure. Data on rates, correlates, and results of GC/CT testing among HIV+ MSM in routine HIV clinical care are limited.

Methods. A cross-sectional study at a university-based HIV clinic evaluated GC/CT testing among established patients in 2012, with primary focus on MSM. Patients were included if ≥19 years old, in care for >1 year, with at least 2 visits ≥90 days apart within the last year.

Results. Of 1,523 eligible patients (mean age 46 years; 59% MSM, 18% heterosexual men, 23% women; 53% African-American), 632 (41%) received GC/CT testing within the prior year. Testing was more prevalent among women than heterosexual men or MSM (67% vs 32% vs 35%). Among MSM (n = 890), 307 received GC/CT testing of which urogenital GC/CT testing was done in 32%, rectal in 9% and pharyngeal in 3%. Overall 15 patients tested positive for GC and 16 for CT; most were MSM (14/15 and 13/16 respectively). Among MSM receiving rectal testing (n = 77), 12% were GC and 16% CT positive. Of 9 positive rectal tests for GC in MSM, urogenital testing was also done in 6 [positive = 1]. Of 12 positive rectal tests for CT in MSM, urogenital testing was also done in 9 [positive = 2]. In multivariable analysis, factors significantly associated with increased GC/CT testing among MSM included African-American race (prevalence ratio, PR 1.30; 95% CI: 1.08-1.55) and self-reported sex without condom use (PR1.36; 95% CI: 1.07-1.73), while age (PR 0.93 per 5 year increase; 95% CI 0.89-0.97) and STD history (PR 0.81; 95% CI 0.69-0.97) were significantly associated with decreased testing.

Conclusion. Prevalence of GC/CT testing among MSM in routine HIV care was low, particularly extragenital testing. Most positive GC/CT results were from rectal testing in MSM, and corresponding urogenital tests were usually negative. Increased rectal GC/CT testing among HIV+ MSM would likely capture a significant number of undiagnosed GC and CT infections.

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