

11 isolates. The 189 *N. gonorrhoeae* isolates were assigned to 112 different NG-MASTs; seven sequence types (STs) were novel. The most common ST was 10,668 (16.1%), followed by ST15024 (7.1%). Two ST1407 strains were isolated in 2015. Although ST1407 was known to display decreased susceptibility to ESCs or full resistance, they were susceptible for CRO (MIC = 0.06 µg/mL) and cefixime (MIC = 0.12 µg/mL).

**Conclusion.** The recent emergence of ESC-resistant *N. gonorrhoeae* strains which was often associated with mutations in the *penA* gene is a major concern and enhanced AMR surveillance is necessary to prevent transmission of these strains.

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**1490. Lymphogranuloma Venereum: Correct Diagnosis Makes All the Differences**

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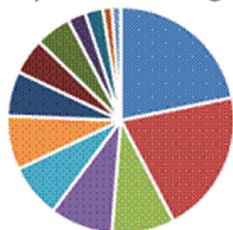
**Background.** Lymphogranuloma venereum (LGV) is a sexually transmitted infection that is rare in United States. There is no FDA approved test to differentiate *Chlamydia trachomatis* (CT) infections caused by LGV serovars making diagnosis challenging. This study characterizes the difficulties of diagnosing LGV during an outbreak in Southeast Michigan.

**Methods.** We performed a retrospective chart review of patients who met CDC criteria for confirmed and probable LGV at one of the Wayne State University ID Clinics between August 2015 and March 2018. Presenting symptoms, initial diagnoses, diagnostic testing, interval between onset of symptoms and LGV diagnosis, and treatment were reviewed. IRB exemption was obtained.

**Results.** Of 39 patients with LGV, eight (20%) were probable cases and 31 (80%) were PCR confirmed at CDC. All patients were men having sex with men (MSM) and 38 were HIV infected. In 22 patients (56%), LGV was considered likely at presentation whereas in 17 (44%) patients LGV was not initially considered. 11 (66%) patients with a delayed diagnosis had 14 unnecessary diagnostic tests ordered, including computed tomography (6), colonoscopy (7) and renogram (1); only 3 (14%) with a correct early diagnosis had such tests ( $P \leq 0.001$ ). Fifteen (88%) of those with a delayed diagnosis received inappropriate treatment compared with none of those with an initial LGV diagnosis ( $P \leq 0.0001$ ). Correct treatment occurred 43 days after presentation in those with a delayed diagnosis, whereas the early diagnosis patients were treated on the day of presentation ( $P \leq 0.0001$ ). All 39 patients eventually received 21 days of doxycycline and experienced resolution of symptoms.

**Conclusion.** LGV is rare in the United States, its clinical presentation in MSM is not well known, and proof requires unlicensed tests. More education is needed so that clinicians consider the diagnosis in MSM with a typical syndrome, start treatment promptly and avoid unnecessary tests.

**Frequency of Presenting Symptoms**



- Proctitis (42.5%)
- Abdominal Pain (17.5%)
- Hematochezia (15%)
- Rectal Discharge (12.5%)
- Tenesmus (10%)
- Tiredness (5%)
- Rectal Ulcer (2.5%)
- Constipation (40%)
- Penile Ulcer (17.5%)
- Rectal Bleeding (15%)
- Inguinal Lymphadenopathy (10%)
- Asymptomatic (5%)
- Anal Wart (2.5%)

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**1491. Mycoplasma genitalium: A Concordance Study in Heterosexual Partnerships at Risk for Chlamydial Infection**

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**Background.** *Mycoplasma genitalium* (MG) causes symptomatic nonchlamydial, nongonococcal urethritis in men, and cervicitis, pelvic inflammatory disease and

infertility in women. We aimed to determine: prevalence and concordance of MG infection within heterosexual partnerships; MG detection by sample site in infected subjects; symptom association with MG infection; frequency of co-infection with *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG) and *Trichomonas vaginalis* (TV); and risk factors associated with MG infection and concordance.

**Methods.** Data from two partnership studies were combined; both enrolled sexually active heterosexual couples between the ages of 14–24 years who were at high risk for CT, between April 10, 2000 and September 29, 2003 at a sexually transmitted infection (STI) clinic in Indianapolis, IN. MG was detected by nucleic acid amplification from specimens stored at –70°C for up to 48 months. MG was sought in urine and urethra in men and urine, vagina, and cervix in women. Symptoms evaluated were dysuria, discharge in men and discharge, dysuria, abdominal pain in women. Symptom association with MG infection was analyzed by Chi-square test and logistic regression was used for associations of demographic, behavioral and biologic factors with MG concordance.

**Results.** Microbiologic data were available from 200 men and 217 women, and demographic information from 188 men and 201 women in partnerships. 43/217 dyads contained an individual with MG infection, and both individuals were infected in 11/43 (26%) partnerships (concordant). In men and women MG detection was highest in urine (10%, 9%) specimens. Prevalence of MG was 14% in women and 10% in men. Most infected men (79%) and women (62%) were African American. Mean age at first sex was 14 years for both genders. CT was the most frequent co-infection in both MG infected men (32%) and women (52%). MG infection without co-infection was associated with penile discharge in men (57%)  $P = 0.18$ . No symptoms in women were indicative of MG infection, and no demographic, behavioral or biologic factors were statistically associated with MG concordance.

**Conclusion.** The prevalence of MG was substantial. Concordance in partnerships was 26%, less than observed with CT (~70%) in this study. Our study is limited due to small numbers of subjects with MG infection.

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**1492. Chlamydia, Gonorrhea, Syphilis and HIV Screening among Men Presenting with STI-Related Complaints at a Community-Based Emergency Department in Columbus, Ohio: A 5-Year Retrospective Study**

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**Background.** Sexually transmitted infections (STIs) disproportionately affect individuals living in poor and underserved areas of the United States. Emergency Departments (ED) are often the only point of healthcare access for these at-risk individuals. As such, the ED often serves a key role in STI screening. The purpose of this study was to review STI screening practices for men at an urban and community-based ED affiliated with a large academic medical center in Columbus, Ohio.

**Methods.** Retrospective review of all ED visits from January 2012 to December 2017. A total of 279,929 patient-visits were analyzed for male patients by (1) exposure to an STI (2) STI-related symptoms (penile discharge/pain, scrotal/testicular pain/swelling). We analyzed the demographic characteristics of men who presented to the ED with an STI-related complaint and compared those who underwent STI screening (chlamydia, gonorrhea, syphilis or HIV) to those that did not.

**Results.**

**Table 1.**

Men with STI-Related Chief Complaints (n = 3,281)	Any STI Testing Done 2,274 (69.4%)	No STI Testing Done 1,003 (30.6%)
Race		
Black	2,112 (92.8%)	809 (80.6%)
White	109 (4.7%)	138 (13.7%)
Other	53 (2.3%)	56 (5.5%)
Median age (IQR)	30 (23–44)	27 (23–36)
Presenting Complaint		
Males exposed to STI 1,459 (14.9%)	1,120 (76.8%)	339 (23.2%)
Males with symptoms 1,809 (20.9%)	1,154 (63.8%)	655 (36.2%)

**Conclusion.** Over a 5-year period, screening for chlamydia, gonorrhea for men presenting with STI-related complaints was adequate. However, syphilis and HIV screening was very low among men presenting to an urban and community-based ED with an STI-related complaint. A separate analysis for women is being done. There is an urgent need to identify and eliminate barriers to syphilis and HIV screening in EDs that serve at-risk populations.