

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

Katherine Sittig, MD MPH¹; Victoria C. Cunningham, MS²; Rossana Rosa, MD³; Lisa A. Veach, MD¹; ¹UnityPoint Health, Des Moines, Iowa; ²University of Iowa Carver College of Medicine, West Des Moines, Iowa; ³UnityPoint Health - Des Moines, Des Moines, Iowa

Session: P-75. Sexually Transmitted Infections

Background. Screening and diagnosis of Sexually Transmitted Infections (STIs) requires use of nucleic acid amplification 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 gonorrhoea* (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, MD¹; Long Do, Pharm D²; Hanifa Ha, BA²; Dana Smothers, RN, MS, CNL²; Christopher Evans, MD³; Christopher D. Pfeiffer, MD, MHS⁴; ¹Oregon Health & Science University, Portland, Oregon; ²Portland VA Medical Center, Portland, Oregon; ³Portland VA Medical Center/Oregon Health & Science University, Portland, Oregon; ⁴VA Portland Health Care System, Portland, Oregon

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

Session: P-75. Sexually Transmitted Infections

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 gonorrhoea* 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, DO¹; Linda Chia, PharmD, BCPS²; Matthew Cole, PharmD, BCPS, n/a³; Tho Nguyen, PharmD⁴; Karen Slazinski, PharmD⁵; ¹Orlando VA Healthcare System, 14014 Deep Forest Court, Florida; ²VA, Bellevue, Washington; ³VA Capital Health Care Network (VISN 5), Veterans Health Administration, Huntsville, Alabama; ⁴Orlando VA HCS, Orlando, Florida

Session: P-75. Sexually Transmitted Infections

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

This dashboard was developed by VISN 8 and VISN 7 work units.   

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

Additional patient level data for review

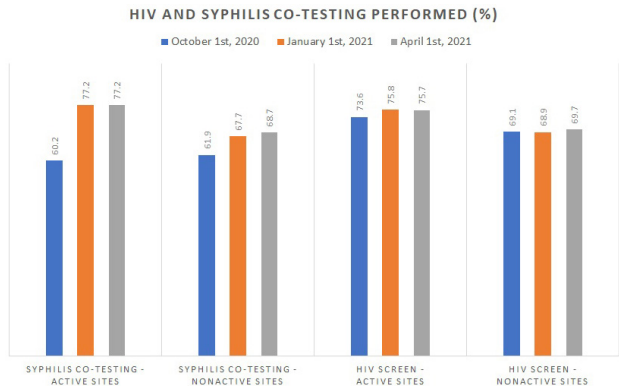
STI Co-Testing Dashboard
All Lab Results

STI Co-Testing Dashboard (Patient-level Data)

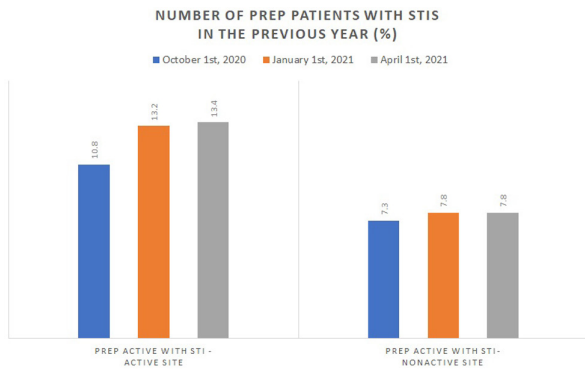
Site	Site ID	Site Name	Site Address	Site City	Site State	Site Zip	Site Phone	Site Fax	Site Email	Site Website
STI Co-Testing, VA	0001	Integrated Veterans Health Care System	1111 West Park Blvd	Portland	OR	97239	503-293-3000	503-293-3000	sticostesting@va.gov	www.va.gov
STI Co-Testing, VA	0002	Integrated Veterans Health Care System	1111 West Park Blvd	Portland	OR	97239	503-293-3000	503-293-3000	sticostesting@va.gov	www.va.gov
STI Co-Testing, VA	0003	Integrated Veterans Health Care System	1111 West Park Blvd	Portland	OR	97239	503-293-3000	503-293-3000	sticostesting@va.gov	www.va.gov

Results. Multiple sites had scarcity of supplies due to the national shortage of CT/NG Test Kits during COVID-19. To improve access to CT/NG testing, the dashboard suppress the list of Veterans with + syphilis who were not co-tested for CT/NG. Co-testing improved from 60.2% to 77.2% in active sites and from 61.9% to 68.7% for nonactive across the study period. Percent of Veterans with completed HIV testing on or after STI diagnosis in active sites had an upward trend of 2.1% compared to the nonactive which increased 0.6%. Likewise, new diagnosis of STI for those on PrEP increased 2.6% in active and 0.5% increase in nonactive. On average, active sites increased percent of high risk veterans with active PrEP prescriptions by 2%, compared with nonactive that only increased 1%.

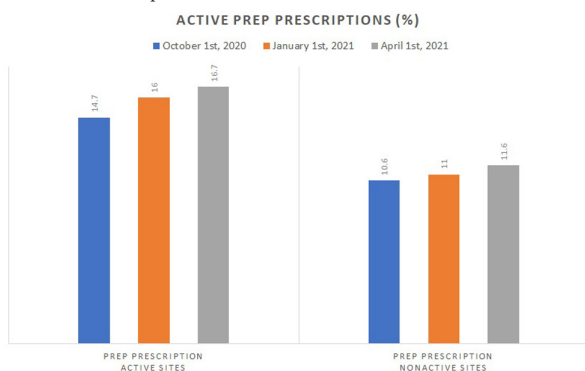
STRIKE Co Testing and HIV Screen performed



This graph shows average of Syphilis Co Testing and HIV screen performed by active and nonactive sites as measured at three different time point. Number of Veterans on PrEP with STIs



This graph shows the average percent of veterans on PrEP with STIs between active versus nonactive sites as measured at three time points



This graph shows average percent of active PrEP prescriptions for high risk patients between active versus nonactive sites as measured at three time points

Conclusion. The STRIKE Dashboard efficiently flags Veterans with STI diagnosis who need completion of STI co-testing, including HIV testing and PrEP offer. Active participating facilities who used the STRIKE Dashboard improved STI Co-testing and PrEP prescription in a short 6 month period even during COVID-19.

Disclosures. All Authors: No reported disclosures

1353. Gonorrhea and Chlamydia Testing and Case Rates Among Women Veterans in the Veterans Health Administration

Shimrit Keddem, PhD, MPH¹; Marissa Maier, MD²; Carolyn Gardella, MD, MPH³; Joleen Borgerding, MS⁴; Elliott Lowy, PhD⁵; Maggie Chartier, PsyD, MPH⁶; Sally Haskell, MD⁷; Ronald Hauser, MD⁸; Lauren Beste, MD, MSc⁴; ¹Department of Veterans Affairs, Philadelphia, Pennsylvania; ²VA Portland Health Care System/Oregon Health and Sciences University, Portland, OR; ³University of Washington/ Veterans Health Administration, Seattle, Washington; ⁴VA Puget Sound Health Care System, Seattle, Washington; ⁵VA Puget Sound HCS, Seattle, Washington; ⁶San Francisco VA Medical Center, San Francisco, CA; ⁷US Department of Veterans Affairs, New Haven, Connecticut; ⁸Yale University School of Medicine, West Haven, Connecticut

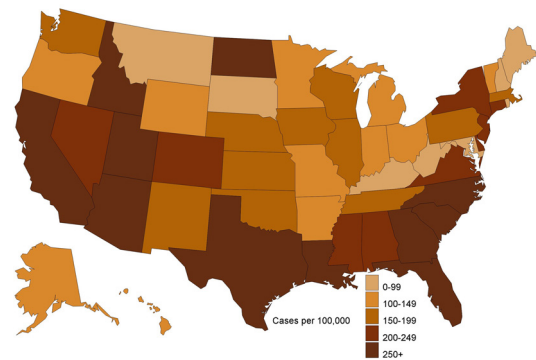
Session: P-75. Sexually Transmitted Infections

Background. United States (US) rates of sexually transmitted infection (STI) in women, especially gonorrhea and chlamydia, have increased over the past decade. Women Veterans have many risk factors associated with STIs, including high rates of childhood sexual assault, military sexual trauma and intimate partner violence. Despite the availability of effective diagnostic tests and evidence-based guidelines for annual screening among sexually active women under age 25, screening rates for gonorrhea and chlamydia remain low in the US and among Veterans.

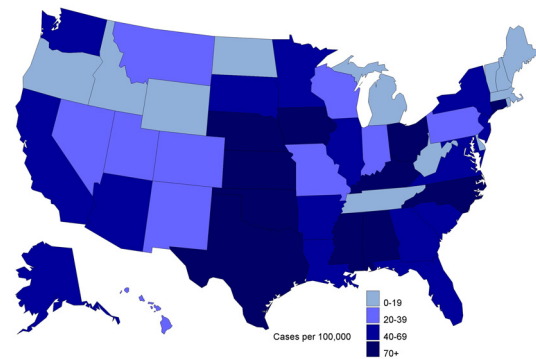
Methods. We performed a retrospective cohort study of all women Veterans in Veterans Health Administration (VHA) care between January 1, 2018 and December 31, 2019 to examine patient characteristics and health system factors associated with gonorrhea and chlamydia testing and case rates among women Veterans in the VHA in 2019.

Results. Among women under age 25, 21.3% were tested for gonorrhea or chlamydia in 2019. After adjusting for demographic and other health factors, predictors of testing in women under age 25 included Black race (aOR: 2.11 CI: 1.89, 2.36), rural residence (aOR: 0.84, CI: 0.74, 0.95), and cervical cancer screening (aOR: 5.05 CI: 4.59, 5.56). Women under age 25 had the highest infection rates, with an incidence of chlamydia and gonorrhea of 1,950 and 267 cases/100,000, respectively. Incidence of gonorrhea and chlamydia was higher for women with a history of military sexual trauma (MST) (Chlamydia case rate: 265, Gonorrhea case rate: 97/100,000) and those with mental health diagnoses (Chlamydia case rate: 263, Gonorrhea case rate: 72/100,000.) Over a third of chlamydia cases (35.2%) and gonorrhea cases (35.5%) occurred in women who resided in the South Atlantic census division.

Chlamydia cases per 100,000 women Veterans seen in VHA (2019)



Gonorrhea cases per 100,000 women Veterans seen in VHA (2019)



Conclusion. Gonorrhea and chlamydia testing remains underutilized among women in the VHA and infection rates are high among younger women. Patient-centered, system-level interventions are urgently needed to address low testing rates.

Disclosures. All Authors: No reported disclosures