

only. Median ages at diagnosis for AIS, AIS+CIN, and CIN3 were 37, 32, and 31 years, respectively. HPV typing results were available for 89 AIS, 99 AIS+CIN, and 2,923 CIN3 cases; HPV was detected in nearly all specimens (99% AIS, 100% AIS+CIN, 98% CIN3), and 21% of positive specimens had >1 HPV type identified. HPV16 (AIS: 51%, AIS+CIN: 64%, CIN3: 59%; $p \leq 0.001$) and HPV18 (AIS: 39%, AIS+CIN: 31%, CIN3: 5%; $P \leq 0.001$) were most common. Additional 9vHPV types (AIS: 3%, AIS+CIN: 12%, CIN3: 26%; $P \leq 0.001$), and HR non-vaccine types (AIS: 6%, AIS+CIN2+: 2%, CIN3+: 9%; $P \leq 0.001$) were detected less frequently.

Conclusion. HPV types differed by histology, with AIS having a greater proportion of HPV 18 and a lower proportion of additional 9vHPV and HR non-vaccine types. This report on the largest sample of genotyped AIS cases to date provides data for vaccine impact monitoring, and suggests a high opportunity for vaccine prevention of AIS.

Disclosures. M. R. Griffin, MedImmune: Grant Investigator, Grant recipient

2499. Trends in *Neisseria Gonorrhoeae* Antimicrobial Susceptibility in California, 2005–2016

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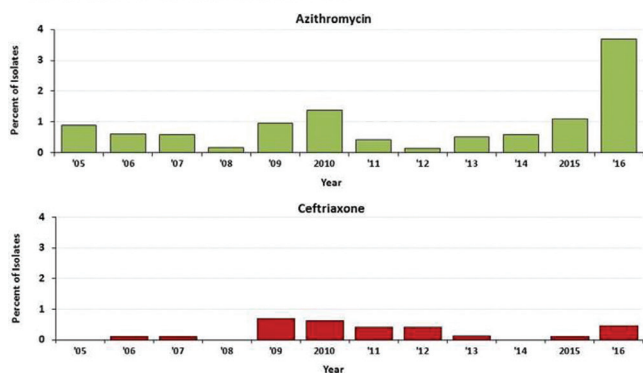
Background. Resistant *Neisseria gonorrhoeae* (NG) is a growing concern in California, nationally, and globally. Since 1987, California has participated in the Gonococcal Isolate Surveillance Project (GISP), a Centers for Disease Control and Prevention-funded project to monitor trends in antimicrobial susceptibility in sentinel STD clinic sites throughout the United States. We sought to describe trends in California NG susceptibility to ceftriaxone (CRO) and azithromycin (AZI), recommended therapy for NG, for 2005–2016.

Methods. Per GISP protocol, cultures are collected from the first 25 men presenting with NG urethritis each month at GISP clinic sites in California, and antimicrobial susceptibility testing (AST) is performed via agar dilution at GISP regional laboratories. Reduced susceptibility (RS) to CRO was defined as minimum inhibitory concentration (MIC) ≥ 0.125 $\mu\text{g/ml}$ and AZI MIC ≥ 2 $\mu\text{g/ml}$. Demographics and MIC trends over time were examined.

Results. Between 2005 and 2016, there were 9,692 NG isolates submitted in California GISP clinics. There were 24 (0.25%) isolates with RS to CRO and 92 (0.96%) isolates with RS to AZI. There was a higher proportion of isolates from men who have sex with men with RS to AZI (but not CRO) compared with men who have sex with women (chi-squared P -values: AZI = 0.0015; CRO = 0.70). In 2016, the percent of isolates demonstrating RS to AZI increased to 3.69% ($n = 32$), compared with 0.69% of isolates with RS to AZI in 2005–2015 (chi-squared P -value < .0001); there was no significant difference in the percent of isolates with RS to CRO in 2016 compared with prior years (Figure 1). Figures 2 and 3 demonstrate the distribution of AZI MICs and CRO MICs, respectively, from 2005–2016. There have been no isolates to date in California GISP with RS to both ceftriaxone and azithromycin.

Conclusion. Gonococcal surveillance data demonstrate an increase in the proportion of isolates with decreased susceptibility to azithromycin in 2016 in California compared with prior years. Although there has never been a documented treatment failure to the recommended therapy of CRO and AZI in California, clinicians should remain vigilant for treatment failures given these concerning increases.

Figure 1. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria gonorrhoeae* Isolates with Reduced Susceptibility to Azithromycin and Ceftriaxone, in California GISP STD Clinic Sites, 2005–2016*



* Reduced susceptibility to azithromycin was defined as MIC ≥ 2.0 $\mu\text{g/ml}$; reduced susceptibility to ceftriaxone was defined as MIC ≥ 0.125 $\mu\text{g/ml}$. 2015–2016 data are provisional as of 5/5/2017. STD clinic sites included Long Beach (ended participation in 2007), Los Angeles (added in 2003), Orange County, San Diego, and San Francisco. Figure prepared by California Department of Public Health.

Figure 2. Distribution of Azithromycin MICs ($\mu\text{g/ml}$) among GISP Isolates in California, 2005–2016

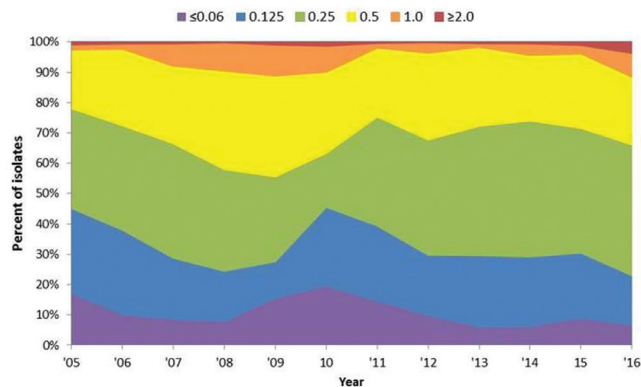


Figure prepared by California Department of Public Health.

Figure 3. Distribution of Ceftriaxone MICs ($\mu\text{g/ml}$) among GISP Isolates in California, 2005–2016

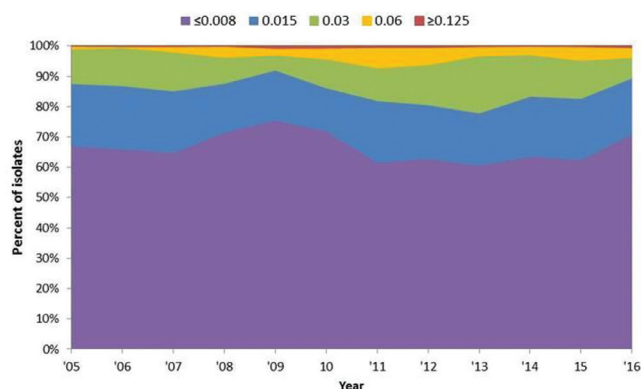


Figure prepared by California Department of Public Health.

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2500. Asymptomatic Lymphogranuloma Venereum among Nigerian Men who have Sex with Men

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Background. Among men who have sex with men (MSM), lymphogranuloma venereum (LGV) has been associated with proctocolitis that can lead to chronic complications and requires a longer course of antibiotic therapy than is recommended for infections due to other serovars of *Chlamydia trachomatis* (CT). We describe the prevalence and clinical features of LGV among Nigerian MSM diagnosed with anorectal CT.

Methods. MSM were recruited into the ongoing RV368 cohort in Lagos, Nigeria, using respondent-driven sampling. Participants were screened for HIV and bacterial sexually transmitted infections (STIs) every three months for up to 18 months. HIV was diagnosed using a parallel algorithm of rapid tests on fingerstick blood samples. PCR testing for *Neisseria gonorrhoeae* and CT was performed on voided urine, oropharyngeal swab, and rectal swab specimens. For this analysis, prevalent and incident cases