

Table 2

STI	Screening by PCP at HIV Diagnosis		Screening at ID Specialty Evaluation*	Missed Infections by PCP
	Tested No (%)	Positive Result No (%)	Positive Result No (%)	No (%)
Urethral GC/CT	52 (53.1)	3 (5.8)	2 (2.0)	2
Pharyngeal GC/CT	3 (3.1)	1 (33.3)	7 (7.1)	7
Rectal GC/CT	3 (3.1)	0 (0.0)	22 (22.4)	22
Syphilis	54 (55.1)	8 (14.8)	14 (14.3)	6
HBV	51 (52.0)	0 (0.0)	0 (0.0)	0
HCV	51 (52.0)	0 (0.0)	0 (0.0)	0
Any STI screening	61 (62.2)	12 (36.1%)	45 (45.9)	37**

STI, sexually transmitted infection; PCP, primary care provider; HIV, human immunodeficiency virus, ID, infectious Disease; GC/CT, *Neisseria gonorrhoea/Chlamydia trachomatis*; HBV, hepatitis B virus; HCV, hepatitis C virus

*All 98 patients were tested for all listed STIs

**Occurred in 31 patients

Conclusion. EG-STI screening uptake was low among PCPs evaluating USAF members with incident HIV infection. Underutilization of EG-STI screening can result in missed infections and forward transmission of GC/CT. Barriers to low uptake need to be explored. Continued education and training of PCPs may be necessary to improve uptake of EG-STI screening.

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1543. Risk Reduction service delivery during the COVID Pandemic to a marginalized urban population in Newark, NJ

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Session: P-69. Sexually Transmitted Infections

Background. North Jersey Community Research Initiative (NJCRI) is a non-profit organization in Newark, NJ that provides medical care and support services for highly vulnerable and hard to reach patient populations (e.g. homeless, HIV/AIDS, transgender, MSM, injection drug users, sex workers), 83% of whom are people of color. We are in a unique position to identify critical vulnerabilities and continued risk factors in our communities and patients during pandemics especially identifying HIV, HCV and other STIs and providing support services to this population.

Methods. We assessed the impact of COVID on HIV, HCV, STI Clinical care, testing, prevention, treatment, mental health and substance abuse services and patient retention. We used our EMR data to track patient visits, prevention visits and testing pre and post covid. Post Covid we utilized Telemedicine and mobile units to continue to provide services as well as self collection kits for the patients for testing. We staggered schedules on site in our outdoor triage center for support services like syringe exchange and food pantry and made an outdoor triage center for all services. Our phone system was routed to providers who assessed provided medical care through telemedicine and remote lab orders and Medication orders were sent via EMR to pharmacies who delivered the medications.

Results. Pre Covid Jan-Feb 2020: 855 clinical visits including testing Behavioral visits 191. Syringe exchange 38,653 needles to 73 clients, Food 189 clients received food. LGBTQ service Clients Reached 779

Post Covid

March 2020 333 clinical visits including testing behavioral visits 144

April 2020 360 clinical visits including testing behavioral visits 208

May 2020 447 clinical visits including testing behavioral visits 282

Syringe exchange March- May 27,367 needles to 53 clients

Food received March-may 118 clients

LGBTQ clients reached 2035

Conclusion. Assess and implement best practices post COVID to plan for services in the event that we have another wave of COVID. STI, HIV and HCV services and testing can be successfully delivered remotely and through an outdoor triage facility in an underserved urban setting. Point of Service testing for both home and outdoor settings will be added to treatment paradigms to better serve the needs of the community.

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1544. Sexually Transmitted Infection Laboratory Testing and Education Trends Among Physician Office Visits in the United States, 2009-2016

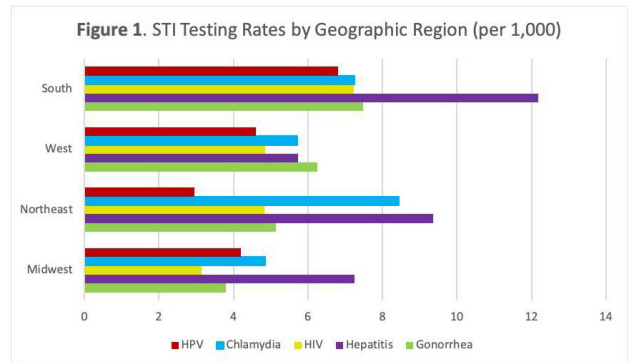
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Session: P-69. Sexually Transmitted Infections

Background. Rates of sexually transmitted infections (STIs) have been rising in the United States (US). Physician offices play an important role in providing both STI prevention and education, as well as STI laboratory testing options for patients who present at risk. However, few studies have documented the extent to which physicians' offices have contributed to prevention and testing efforts. We address this gap by evaluating STI testing and education provided in US physician offices from 2009 to 2016.

Methods. This was a cross-sectional study of the Centers for Disease Control and Prevention's National Ambulatory Medical Care Survey (NAMCS) from 2009 to 2016. Data weights were applied to extrapolate sample data to national estimates. Testing for HIV, HPV, Chlamydia (2009 - 2016) and Hepatitis and Gonorrhea (2014 - 2016) were presented as testing visits per 1,000 total visits. Subgroup analyses were performed for age group, sex, and geographical region by individual STI test and receipt of STI prevention education.

Results. A total of 7.6 billion visits were included for analysis, of which 0.6% included an STI test. Testing rates increased over the study period for Chlamydia ($R^2=0.27$), HPV ($R^2=0.28$), and HIV ($R^2=0.51$). Peak testing occurred in 2015 for all tests. STI prevention education was provided to 0.5% of patients. Females were tested at a higher rate for all STIs (4.2%) compared to males (0.4%). Females also received more STI prevention education overall (0.6% versus 0.4%, respectively). While the age group 25 - 24 accounted for highest Hepatitis (15.9%) and HPV (11.3%) testing rates, the 15 - 24 age group had the highest overall testing rate (9.4%). STI testing was highest in the South region (Figure 1).



Conclusion. STI testing in US physician offices increased in recent years. Females accounted for the majority of STI testing and STI prevention education. Testing was more frequent among patients 15 - 24 years old and those seen in the South region. Further research should be conducted to determine reasons for differences in testing and education amongst sex, age group, and geographic region.

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1545. Three Site Testing for Sexually Transmitted Infections for People Living with HIV in One Southeastern Ryan White HIV/AIDS Program Clinic: First Year of Experience

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Session: P-69. Sexually Transmitted Infections

Background. For comprehensive care, it is recommended that people living with HIV who are sexually active have annual multisite testing for gonorrhea and chlamydia. Appropriate testing is defined by testing at all sites of sexual exposure (urogenital, pharyngeal, rectal). In the first year of 3 site testing at our HIV clinic, we aimed to describe (1) the rate of appropriate sexually transmitted infection (STI) testing, (2) the factors associated with STI diagnosis, and (3) the percentage of extragenital STIs that would have been missed with only urogenital testing.

Methods. Participants were > 14 years old with > 1 in-person medical visit at the Ryan White HIV/AIDS Program clinic in 2019. We collected demographics, reported sexual activity, and STI test dates and results. Controlling for number of sites tested, a log-binomial model was used to estimate the association of different characteristics with an STI diagnosis.

Results. For this cohort (n=857; Table 1), 44% reported sexual activity, 34% reported no sexual activity and 22% had no sexual activity information recorded. Of 1185 STI tests performed for 491 participants, 51 STIs were diagnosed in 33 participants. One STI was diagnosed for a female (0.7%). Overall, 68% (253/375) received appropriate urogenital testing, 63% (85/134) received appropriate pharyngeal testing and 69% (72/105) received appropriate rectal testing. For male participants with > 1 STI test (n=347), Hispanic ethnicity was associated with an STI diagnosis (Table 2). Of those with concurrent extragenital and urogenital tests, 96% of people with an STI (n=26) were positive at only an extragenital site.