For males, 12% and 12% of tests were positive that year. We estimated that screening uptake was 12% and 14% among females, and 4% and 8% among males aged 15–19 and 20–24 in 2018. There was also a gradient of CT rates by ONMARG quintile, indicating that those with lower SES had higher rates of CT. We also observed a large cluster of CT infection in the vicinity of a local post-secondary instituation.
Conclusion There is a need for gender-neutral screening guidelines and changes to the primary care practices to increase routine screening of CT among young males, along with targeted interventions based on the local epidemiology, to curb the epidemic of CT.
Disclosure No significant relationships.

P474 CASES OF *LYMPHOGRANULOMA* VENEREUM IN CHICAGO, IL, JULY 2016 – APRIL 2017

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Background Lymphogranuloma venereum (LGV) is caused by *Chlamydia trachomatis (CT)* serovars L1–L3. The most recent US outbreak of LGV was in 2016 in Michigan in men who have sex with men (MSM) living with HIV.
Methods To better understand LGV epidemiology in Chicago and increase provider awareness, in 2016, the Chicago Department of Public Health (CDPH) introduced a case-based reporting system for MSM with suspected LGV proctitis. Providers were asked to complete standard forms for adult MSM demonstrating symptoms of proctitis. Demographic/clinical and behavioral risk factors data were abstracted from 7/21/16 - 4/30/17. Rectal specimens found to be positive for *CT* on nucleic acid amplification testing were submitted for LGV laboratory confirmation.
Results A total of 50 suspect LGV cases were reported to CDPH; 47 specimens were submitted to for further molecular testing: 19 were confirmed to be LGV, 10 were non-LGV/*CT* positive, 2 had indeterminate results and 16 were *CT*-negative. All confirmed cases were from rectal swabs: 21% (4/19) were non-Hispanic Black, 42% (8/19) were non-Hispanic white, 32% (6/19) were Hispanic, and 5% (1/19) were non-Hispanic Asian. The median age was 35 years (range = 21–46 years). Of 19 confirmed cases, 84% (N=16) were HIV (+), and in two cases, HIV was diagnosed at the time of LGV infection. The median CD4 count was 613 cells/ml (range = 311–1170 cells/ml, IQR=238); HIV RNA was <40 copies/ml in 58% (11/19) of cases. Amongst the confirmed cases for which treatment information was available (N=17), all had been empirically treated with doxycycline for 21 days.
Conclusion LGV may be suspected in MSM presenting with proctitis symptoms. These data likely underestimate the true local prevalence of LGV in Chicago since reporting was restricted to symptomatic MSM. Improvements in chlamydia case-based surveillance in key populations are critical given the association with LGV and HIV.
Disclosure No significant relationships.

P475 *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE:* PREVALENCE AND FACTORS ASSOCIATED AMONG WOMEN WITH HIV IN SÃO PAULO, BRAZIL

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Background Our goal was to estimate the prevalences of and risk factors for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) among women with HIV.
Methods Cross-sectional study of women with HIV, who were receiving care from sixteen public health services in São Paulo (October/2013 to March/2014). Participants answered a questionnaire including demographic, behavioral, and clinical data. An urine sample was tested for CT and NG, using a polimerase chain reaction. The chi-square test and a logistic regression model were used to test the associations with CT or NG infections.
Results 836 women were included. The mean age was 40.5 ±0.34 years, and the prevalences of CT and NG infections were 1.8% and 0.5%, respectively. The highest prevalences of CT infection were among who were 18–25 years old (15.9%), had black skin color (2.6%), had ≥2 sexual partners during the last year (7.3%), had a partner who had been imprisoned (3.3%), and not used condoms during the last 6 months (4%). According to clinical characteristics, the highest prevalences were among who had a spontaneous abortion (3.5%), prior STD (3.7%), had been diagnosed with HIV infection during the last year (4.8%), had a CD4+ <350 cells/mm^3 (4.8%), had atypical squamous cells/glandular cells of undetermined significance in their last Pap smear (11.1%), and had positive NG test results (25%). CT infection was associated with CD4+ <350 cells/mm^3 [adjusted odds ratio (ORadj): 24.5], age of 18–25 years (ORadj: 23.2), the non-use of condoms during the last 6 months (ORadj: 10.2), prior STI (ORadj: 9.4), and having ≥2 sexual partners during last year (ORadj: 6.1).
Conclusion Although we observed a low prevalence of CT infection among women with HIV, younger age was associated with a strong risk of infection. Therefore, it may be appropriate to include screening for CT as part of the routine care for this population.
Disclosure No significant relationships.

P476 PREVALENCE OF CHLAMYDIA AND GONORRHEA AMONG YOUTH IN LOS ANGELES AND NEW ORLEANS RECEIVING FREQUENT TESTING

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Background *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) disproportionately affect adolescents, however,