P494 DIAGNOSIS AND MANAGEMENT OF LYMPHOGRANULOMA VENEREUM (LGV) IN A MUNICIPAL STD CLINIC, SAN FRANCISCO, 2016–18

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Background Little is known about the prevalence of lymphogranuloma venereum (LGV) among men who have sex with men (MSM) with symptomatic rectal chlamydia (CT) in US settings.

Methods Clinicians at the San Francisco municipal STD clinic order an LGV PCR when evaluating rectal symptoms on a case by case basis. The LGV PCR is only run if the CT nucleic amplification test (NAAT) is positive. We compared characteristics of MSM found to have LGV with those who were infected with non-LGV CT.

Results Rectal LGV testing was ordered at 666 patient-visits during 2016–2018, with 197 visits (29.6%) having a positive CT NAAT (169 individuals), and 94 visits a positive LGV PCR (47.7% of CT NAAT+ visits, 14.1% of all visits). Compared to visits at which the patient was CT+/LGV-, MSM with LGV were significantly (p<0.05) more likely to report rectal discharge (67% vs 40%), bleeding (39% vs 26%), have ≥10 white blood cells (WBCs) on rectal gram stain (54% vs 29%), or be diagnosed with proctitis (78% vs 63%). At over half (54%) of CT+/LGV- visits there were < 5 WBCs on rectal gram stain, compared with 29% of CT+/LGV+ visits. There was no significant difference in reported number of sex partners, history of gonorrhea or chlamydia in the past year, or PrEP use between CT+/LGV+ and CT+/LGV- visits. MSM at CT+/LGV+ visits were more likely to be ≥ 40 years (42% vs 23%), Hispanic (40% vs 27%), and living with HIV (57% vs 30%).

Conclusion Almost 50% of MSM with rectal CT were positive for LGV in this clinic-based sample. In the absence of an LGV test, clinicians should have a low threshold for empiric LGV treatment in MSM with rectal symptoms and a positive rectal CT NAAT.

Disclosure No significant relationships.

P495 HIV, STIS AND SEXUAL HEALTH SCREENING IN MEN WHO HAVE SEX WITH MEN IN LEBANON: A RETROSPECTIVE STUDY

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Background The aim of this study is to gain a better understanding of the knowledge, attitudes, motivations and behaviors with regard to syphilis and syphilis risk among men who have sex with men (MSM) in Beirut who are repeatedly infected.

Methods Interviews were conducted with 17 MSM diagnosed with syphilis at least twice within the previous 5 years in a sexually transmitted infections (STI) clinic and checkpoint in Beirut. The focus of the interviews was on participants' general attitudes, personal concern, risk perceptions and self-reported sexual behaviors in relation to syphilis. Data were analyzed using Qualitative Thematic Analysis.

Results The number of early syphilis infections ranged from 2 to 3 and participants had a high level of knowledge about syphilis transmission, symptoms, health consequences if untreated. Most of the participants attributed their syphilis infections to their high number of sex partners and to a lack of consistent condom use with sexual partners. The majority attributed their infection to oral sex. The majority did not express concerns about getting syphilis again, and none appeared to be aware of the connection between syphilis and HIV risk. Conversely, almost all participants expressed concerns about infecting others. There was evidence of significant stigma in relation to syphilis in the Lebanese MSM community.

Conclusion The significant stigma associated with syphilis translates into decreased discussion and, thus, awareness of the infection. Syphilis risk was associated with multiple sexual partners and to periods of especially high-risk behavior. Knowledge about syphilis risk, and especially about the relationship between syphilis risk and HIV risk, was lacking. There appears to be little willingness to modify high-risk behaviors, suggesting that an awareness-raising campaign to change attitudes and behaviors in Lebanese MSM could be fruitful.

Disclosure No significant relationships.

P496 SYPHILIS RISK PERCEPTIONS AMONG REPEATEDLY INFECTED MEN WHO HAVE SEX WITH MEN IN BEIRUT-LEBANON

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