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DIAGNOSIS AND MANAGEMENT OF LYMPHOGRANULOMA VENERERUM (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.

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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 was two-fold: first, to determine the prevalence of HIV and other sexually transmitted infections (STIs) in a large sample of men who have sex with men (MSM) attending a sexual health clinic in Beirut, Lebanon; and second, to identify the predictors of HIV/STI screening, in order to understand motivations for screening in a context where rates of sexual health screening are low.

Methods Data were obtained from the medical records of 1364 MSM who visited a sexual health clinic in Beirut between 2014 and 2018. Socio-demographic and diagnostic

information, and quantitative data concerning sexual risk behavior and HIV/STI screening behavior were collected.

Results The prevalence of HIV (5.95%) and other STIs (57.32%) in the participant sample was similar to that of other European countries. 58.22% of the sample reported used alcohol or drugs during/before sex; 69.59% reported having used cellphone applications for sex; 33.09% considered their HIV risk to be high while 21.34% did not know their level of risk. On the whole, there was a high prevalence of these risk behaviors in MSM who had been screened for HIV/STIs before than those never tested. A binary logistic regression model showed that condom use, and infection with HPV, Chlamydia, and Gonorrhea were significant predictors of having had an HIV/STI screen.

Conclusion These findings demonstrate an urgent need to encourage sexual health promotion and HIV prevention awareness in Lebanese MSM and, most importantly, to promote STI/HIV screening in this high-risk population.

Disclosure No significant relationships.

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

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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.