

**Conclusion** The overwhelming etiology of urethritis among HIV-infected men in Malawi is *Neisseria gonorrhoeae*. Current syndromic management guidelines that treat gonorrhea, chlamydia and trichomonas seem adequate for treatment of UD but future guidelines must be informed by ongoing monitoring of antibiotic resistance.

**Disclosure** No significant relationships.

**P793 RISK FACTORS FOR INCIDENT NON-GONOCOCCAL URETHRITIS (NGU) IN MEN WHO HAVE SEX WITH WOMEN (MSW) ATTENDING AN STD CLINIC**

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**Background** Incidence and risk factors for NGU remain poorly defined. We conducted a cohort study to estimate incidence and identify associated risk factors in MSW.

**Methods** We enrolled cisgender male STD clinic patients age  $\geq 16$ , who reported exclusively female partners. At enrollment and six monthly follow-up visits, men underwent a clinical exam, provided urethral swab and urine specimens, and completed a sexual behavior survey. We tested for chlamydia (CT) and *Mycoplasma genitalium* (MG) using Aptima. NGU was defined as urethral symptoms or visible discharge plus  $\geq 5$  polymorphonuclear leukocytes per high-power field on a Gram-stained slide. NGU following an NGU-negative visit was considered incident. We estimated incidence of NGU overall, pathogen-associated (MG or CT) and idiopathic NGU using Poisson regression for clustered outcomes. We performed relative risk binomial regression for clustered data to identify characteristics associated with incident NGU.

**Results** From 08/2014-08/2018, 254 participants had  $\geq 1$  follow-up visit, contributing 100.6 person-years at risk during follow-up. Median age was 32 (range=17–71), 53% were white and 24% black. Eighty-four (33%) had NGU at enrollment. Forty-five men had 53 cases of incident NGU (incidence=0.53 per person-year (95% confidence interval [CI]=0.39–0.71)). Incidence of pathogen-associated and idiopathic NGU was 0.06 (95% CI 0.03–0.13) and 0.47 (95% CI = 0.34–0.63), respectively. After adjustment for age, condom use and new partners during follow-up, risk of incident NGU was higher among black men (adjusted RR (ARR)=2.2; 95%CI=1.1–4.4), those with a history of NGU before enrollment (ARR=3.1; 1.5–6.5) and more sex partners during follow-up (ARR=1.2 per partner; 1.0–1.5); risk was lower among men who used lubricant at last sex (ARR=0.44; 0.20–0.96).

**Conclusion** Incidence of NGU was high, predominantly idiopathic, and associated with traditional socio-behavioral characteristics, but not age, condom use, or new partners. The lubricant-use association was unexpected and warrants further exploration. More precise daily diary data may yield additional insights.

**Disclosure** No significant relationships.

**P794 SIGNS AND SYMPTOMS ASSOCIATED WITH SINGLE-PATHOGEN NONGONOCOCCAL URETHRITIS IN MEN**

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**Background** Syndromic management remains the standard non-gonococcal urethritis (NGU) treatment approach. Whether pathogen-specific signs/symptoms inform treatment decisions remains unclear. We identified men with single- and mixed-pathogen NGU and assessed for the presence of pathogen-specific signs or symptoms to improve syndromic management.

**Methods** As part of an ongoing cohort study (the Idiopathic Urethritis Men's Project [IUMP]), we recruited men with NGU. NGU was diagnosed by signs and/or symptoms of urethritis, and a urethral Gram stain with  $\geq 5$  neutrophils per high-power field without evidence of gram negative intracellular diplococci. Participants underwent a clinical history and physical exam, which documented specific self-reported symptoms and clinician observed signs. Single- and mixed-infections were identified by NAAT testing of first-catch urine for *Neisseria gonorrhoeae* (NG), *Chlamydia trachomatis* (CT), *Mycoplasma genitalium* (MG), *Trichomonas vaginalis* (TV), and *Ureaplasma urealyticum* (UU); five-pathogen-negative cases were classified as idiopathic urethritis (IU).

**Results** One hundred fifty-five men with NGU are included in this analysis. The median age was 28 (range 18–63), 101 (65%) were African American, and 135 (87%) self-identified as heterosexual. The most commonly reported symptom was urethral discharge (92%), followed by burning/tingling (37%), and dysuria (28%). Over half of these men reported more than one symptom (58%). Single-pathogen NGU was detected in 99 (64%) men, mixed-pathogen in 14 (9%), and IU in 42 (27%). For single pathogen NGU, 53 (34%) had CT, 26 (17%) had MG, 3 (2%) had TV, and 17 (11%) had UU. We compared single-pathogen NGU, mixed-infection and IU for differences in signs or symptoms and found no pathogen-specific differences.

**Conclusion** In men with NGU, no pathogen-specific signs and symptoms were identified that could inform treatment decisions. Pathogen-specific point-of-care tests are needed.

**Disclosure** No significant relationships.

**P795 PREVALENCE AND ETIOLOGY OF POST-AZITHROMYCIN PERSISTENT NON-GONOCOCCAL URETHRITIS (NGU) SYMPTOMS IN MEN**

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**Background** Persistent NGU occurs when symptoms persist after empiric NGU treatment and has been associated with *Mycoplasma genitalium* (MG) infection. The prevalence and etiology of persistent NGU in men remains largely unknown.