Conclusion. PrEP Chicago is a network intervention aimed at increasing PrEP uptake among YBMSM and is showing promising study engagement. Additional examination of PrEP diffusion in the network is needed.
Disclosures. **All authors:** No reported disclosures.

1419. Perspectives of women prescribed HIV pre-exposure prophylaxis (PrEP)

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Background. Pre-exposure prophylaxis (PrEP) is an innovative HIV prevention strategy that involves taking a pill a day to stay HIV-negative. Despite being the only HIV prevention method that can be both used *and* controlled by women, PrEP remains vastly underutilized by women. As such, among women prescribed PrEP, little is known about their perspectives and experiences with this new HIV prevention tool.
Methods. The study took place at a community-based comprehensive sexual health clinic that offers PrEP care. The clinic is a part of the largest health care system in the Bronx, NY. We recruited cisgender women who have sex with men and who received at least one prescription for daily oral PrEP. We conducted individual semi-structured interviews and asked women their reasons for PrEP and benefits and challenges they encountered taking PrEP. Interviews were audiotaped and professionally transcribed. We used grounded theory and the constant comparative method to identify emergent themes.
Results. Among our sample (n = 12), median age was 39 years (range: 35–49); most women were either Latina or non-Latina Black. Women learned about PrEP from within the healthcare system or in the community. Most women were in a known sero-discordant partnership while few reported having multiple partners with unknown HIV status. Women felt that PrEP allowed them to "stay healthy" and, for those with positive partners, PrEP enabled them to maintain their relationships while remaining negative. With regards to their sex lives, PrEP allowed some to feel more connected to their partners in part because they felt they could forgo condoms. In contrast, PrEP provided "an extra layer of protection" for others when used with condoms and decreased HIV-related anxiety. Despite these benefits, many perceived PrEP-related stigma. Most did not disclose their PrEP use to others for fear that they would be assumed as HIV-positive or promiscuous, or be judged for being in a sero-discordant relationship.
Conclusion. While experiences with PrEP centered on maintaining health, improved intimacy, and reduced HIV-related anxiety, PrEP-related stigma was common. Future research should ascertain what role stigma may play in U.S women's PrEP uptake, persistence, and adherence and how stigma can be effectively addressed in future PrEP-related interventions.
Disclosures. **All authors:** No reported disclosures.

1420. Client-Centered Counseling-Based Resource Center Increased Uptake of HIV Pre-Exposure Prophylaxis (PrEP) in a Randomized Controlled Trial of Young Black Men who have Sex with Men

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Background. New US HIV infections are increasingly concentrated among young Black men who have sex with men (BMSM). Although oral PrEP is recommended by the CDC and WHO, uptake has been low among young BMSM. We evaluated the effect of a resource center offering a client-centered counseling approach to address the psychosocial, health care, and HIV prevention needs of young BMSM on the uptake of PrEP
Methods. BMSM aged 16–25 were randomized on a 1:1 basis to (1) standard of care PrEP referral or (2) standard of care PrEP referral + counseling-based PrEP resource center at enrollment with ongoing phone- and texting-based support. Subjects were asked to follow at 3 months. We evaluated the number of subjects who were started on PrEP in the community and the number of new sexually transmitted infections (STIs) over the course of the study
Results. 50 HIV- BMSM were enrolled. Median age was 22 years. 43 subjects had seen a doctor in the last 12 months but only 13 had discussed PrEP and only 1 subject had taken PrEP before. 80% of subjects reported unprotected anal sex in the 3 months prior to enrollment, 31% with a man who was HIV-positive or of unknown HIV status. 42 subjects completed the study, 22 in the intervention and 20 in the control arm. 21 subjects saw a medical profession over the study period, of whom 14 discussed PrEp. 6 subjects, all of whom were in the intervention arm, started PrEP and 4 were still taking PrEP at the end of the study (P = 0.012). At baseline 1 subject was diagnosed with syphilis, 4 with gonorrhea and 10 with Chlamydia. At the 3-month visit, 1 subject was diagnosed with syphilis, 5 with gonorrhea, and 5 with Chlamydia. 2 subjects, 1 in the intervention and 1 in the control arm, tested positive for HIV at the 3-month mark. Neither subject was taking PrEP. There was no difference in the incidence of new STIs between the 2 groups. Fewer subjects reported unprotected anal intercourse both over the study period compared with prior to the study (64% vs. 80%), as well as with men who were HIV-positive or of unknown HIV status (31% vs. 19%)
Conclusion. The large number of STIs over the study period (34 STIs in 21 subjects) highlights that this population is at high risk for HIV acquisition and would greatly benefit from PrEP. Our study shows that a resource center is an effective intervention to increase the uptake of PrEP in this patient population
Disclosures. **All authors:** No reported disclosures.

1421. Linkage and Anti-Retroviral Therapy Within 72-hours at a Ryan White-Funded FQHC in the Deep South

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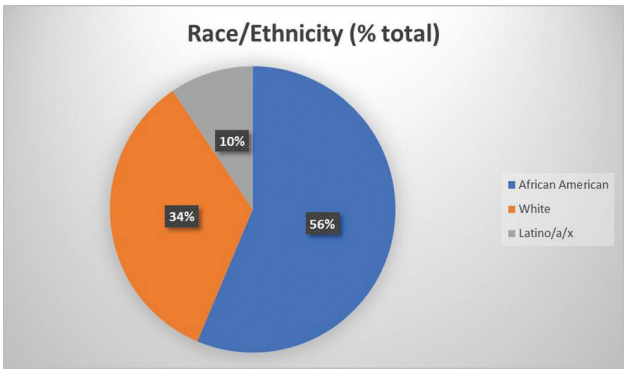
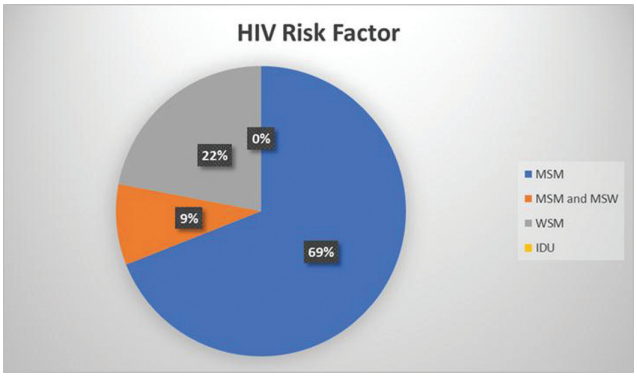
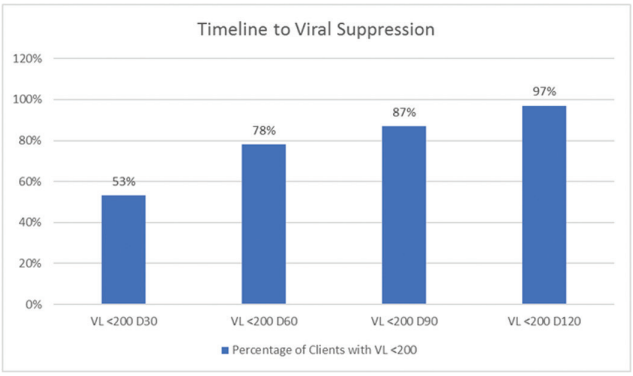
Background. The Southern United States is disproportionately affected by HIV with the city of New Orleans ranking second for HIV incidence. Our clinic is committed to overcoming this disparity by optimizing the HIV care continuum. Recent studies have shown that immediate linkage to care and access to antiretroviral treatment improves the health of people living with HIV and has the added public health benefit of reducing HIV transmission. Our Ryan White-funded FQHC initiated a test-and-start strategy linking newly diagnosed patients with a treating provider and starting ART within 72 hours of HIV diagnosis.
Methods. Patients newly diagnosed with HIV at one of our community based testing sites or by referral were linked to an ART-prescribing provider by a linkage to care specialist. Patients were assessed for readiness to begin ART and labs were drawn on day of visit. A 30-day supply of TAF/FTC and DTG are provided to patients and funded through Ryan White Part A in collaboration with our city's office of health policy. This regimen was chosen to overcome the risk of transmitted resistance. Patients were evaluated and enrolled in insurance services within this 30-day period.
Results. Between December 2016 – March 2017, 35 patients were referred for rapid start. 32 patients were linked to care within 72 hours of diagnosis. The median age of patient was 26 with 81% identifying as male, 78% were MSM and 56% African-American. 75% were linked within 24 hours of diagnosis. 50% had a concurrent STI. 38% were uninsured. By 120 days post-diagnosis, 31/32 patients were virally suppressed with 78% within 60 days post diagnosis. 12/16 of the uninsured patients were enrolled in active insurance within 30 days and the remaining were enrolled in Ryan White Services.
Conclusion. A test-and-start strategy of linkage and initiation of medications within 72 hours is feasible and highly effective in a Ryan-White funded clinic in the Southern United States.







Disclosures. **All authors:** No reported disclosures.

1422. Acute HIV infection (AHI): Trained Service Linkage Workers and fourth-generation Assay Significantly Shorten Time to Antiretroviral Therapy Initiation.

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Background. Identification and early initiation of antiretroviral therapy (ART) during acute HIV infection (AHI) can preserve the immune system, reduce HIV reservoir size, and prevent transmission. We aimed to characterize patients with symptomatic AHI and their linkage/retention to care in a county clinic.

Methods. Retrospective chart review of 60 patients diagnosed with AHI from 7/2012 to 4/2017 at two county hospitals emergency departments in Houston, TX. We compared the interval between diagnosis and initiation of ART before and after implementation of an AHI protocol in 11/2014 comprised of trained service linkage workers and use of the fourth-generation Ag/Ab combination assay as newly recommended by the CDC in 6/2014. AHI was defined as 1) detectable HIV RNA or reactive fourth-generation Ag/Ab combination assay with non-reactive HIV-1 antibody, 2) reactive third-generation Ab assay and negative/indeterminate Western blot (WB), or 3) positive WB that is negative for p31 band. CDC and DHHS definitions were used for linkage to and retention to care respectively.

Results. 10 patients were diagnosed prior to AHI protocol (25-month period) and 50 after (31-month period). 92% established care with 78% retention. Median age 34 years (IQR 25–42), with 78% men, 58% Hispanic, 36% Black non-Hispanic, 50% men having sex with men. Presenting symptoms include fever 78%, chills 47%, malaise/fatigue 47%, nausea 38%, sore throat 37%, and headache 37%. Physical exam findings include rash 20%, pharyngeal edema/erythema 14%, cervical lymphadenopathy 8%, and thrush 7%. Baseline median CD4+ T cell count was 205 cells/μL (IQR 123–350), median HIV RNA 4.75 x 10^6 copies/mL (IQR 1.1–10.0 x 10^6). 56% had leukopenia, 47% thrombocytopenia, 37% syphilis, 12% aseptic meningitis and 8% K103N mutation. Median time to ART initiation decreased from 17 days (IQR 11.75–23.5) to 7 days (IQR 4.0–13.25) after protocol implementation ($P = 0.011$).

Conclusion. Employing trained service linkage workers and the new CDC testing algorithm significantly decreased time to initiating ART, which may improve long-term outcomes in these patients. However, 14% of patients were lost to follow-up, highlighting the need for a strategy to maintain engagement of care.

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1423. Effect of a Multidisciplinary Intervention for Early ART Initiation for Inpatients with Newly Diagnosed HIV

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Background. Antiretroviral therapy (ART) is recommended for all HIV patients. However, significant attrition occurs between HIV diagnosis and ART initiation especially among indigent populations. The purpose of this study was to evaluate the outcomes after the implementation of a multidisciplinary intervention for early ART initiation (EAI) for patients with HIV in a southern inner city hospital, Grady Memorial Hospital (GMH) in May 2016.

Methods. This is a single center, retrospective chart review with 6-month follow up of patients who were admitted to GMH from 1/1/15 to 9/30/16 and were either newly diagnosed with HIV and ART naïve at admission or diagnosed previously and not on ART at the time of admission. The outcomes are proportion initiated on ART in hospital, proportion enrolled at the clinic, proportion attending a provider's visit within 30 days of hospital discharge and proportion achieving viral suppression (VS) within 6 months of hospital discharge before and after implementation of EAI. Bivariate analysis compared pre-EIA to post-EIA groups, using Chi-square or Fisher exact tests for categorical and Wilcoxon rank-sum test for continuous variables.

Results. The study included 109 patients: 86 pre-EAI vs 23 post-EAI. Baseline (BL) characteristics in the pre- vs post-EIA groups include: 68 (79.1%) vs. 17 (73.9%) male, 75 (87.2%) vs. 18 (78.3%) black, 57 (67.1%) vs. 12 (52.2%) uninsured. Median BL viral load was 138,340 vs. 103,955 copies/mL; median BL CD4+ cell count was 127 vs. 243 cells/mL respectively. During hospitalization, 17 (19.8%) vs. 9 (39.1%) were started on ART ($P = 0.0529$), 36 (41.9%) vs. 15 (65.2%) were enrolled ($P = 0.0461$) in HIV care, 23 (26.7%) vs. 14 (60.9%) attended an appointment ($P = 0.0021$), and 38 (44.2%) vs. 21 (52.2%) achieved VS ($P = 0.7833$). The median time to first appointment was 35 vs. 12 days ($P = 0.0088$) in the pre-EAI and post-EAI groups, respectively.

Conclusion. Implementation of the EAI program showed a trend toward increased rate of patients started on ART while inpatient, a significantly greater enrollment and first appointment within 30 days, and a significantly shorter time to establishing care. The majority of newly diagnosed HIV patients are still discharged without ART, therefore further work is needed to increase uptake of the program.

Disclosures. **M. Patel**, ViiV: Scientific Advisor, Consulting fee

1424. Implementing an HIV Test and Treat Rapid Response Anti Retroviral Initiation Program in a Southern City with High HIV Incidence

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Background. Early initiation of antiretroviral (ART) after HIV diagnosis (Test and Treat Rapid Response, TTRR) is safe and acceptable, shortens the time to virologic suppression, reduces HIV associated morbidity and mortality, and can potentially decrease HIV transmission. Miami Dade County is first in the US for HIV incidence. As with other cities in the South, barriers to routine HIV care result in delays in engagement in care. The average time from HIV diagnosis at the Florida Department of Health (FDOH) STD clinic in Miami to ART initiation is 60 days. The University of Miami, in collaboration with the FDOH, implemented a pilot HIV TTRR program in 2016 whose aim is to speed up the process from initial HIV diagnosis to initiation of ART. This study describes enrolled patients' demographics and the time to ART initiation in the first year of implementation (March 2016–February 2017).

Methods. When an individual is diagnosed with HIV at the FDOH STD clinic, a TTRR team consisting of a Disease Intervention Specialist, Patient Navigator, Case Manager, and HIV Provider, is activated. This team ensures that: 1) a visit with an HIV provider occurs within 48 hours; 2) ART is prescribed as soon as possible (1–7 days from diagnosis); and 3) provision of ART and appropriate follow up occurs at the initial visit. Demographics, laboratory results, and time to ART were recorded and summarized

Results. In one year, 45 patients were enrolled (73% male, 27% female); 70% of male were MSM. A majority were foreign born (32% Cuba, 24% Haiti, 18% other Hispanic countries), and from ethnic minorities (53 % Hispanic, 30% African American). An HIV Provider evaluated 48% of the patients the same day of HIV diagnosis; 88% within 48 hours. The mean time to ART initiation was 6 days (37% same day, 69% <7 days). FTC/TAF/EVG/c was most frequently prescribed (91%). The mean viral load at initial presentation was 4.32 log10 (SD=1.1). The mean CD4 count was 463 cells/mm^3 (SD=263); 20% had less than 200 cells/mm^3. All but one patient came to the next consecutive appointment.

Conclusion. Implementation of a TTRR program is feasible in cities with recognized barriers to HIV care. TTRR programs should be essential components of HIV prevention efforts to control the spread of the HIV epidemic in the South.

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1425. Needs Assessment for Resident Education Within the Collaboration for Vaccine Education and Research (CoVER)

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