

Results. We identified 147 patients with new HIV diagnoses and 65 patients evaluated for PrEP. 63% of the newly diagnosed HIV were of Hispanic, African American or American Indian descent (46%, 14% and 3% respectively) while the majority of PrEP patients were White (58%) with a statistically significant difference between the groups ($P = 0.006$). There was no significant difference between the age groups [28 (19%) of the HIV and 13 (20%) of the PrEP were 18–24] or gender (88% of people accessing HIV care were men, vs. 91% men seen for PrEP). Insurance information at the time of presentation was available for 145 (21%) and 64 PrEP patients with statistically significant differences between the groups. 31 (21%) newly diagnosed HIV had no insurance and 71 (49%) had a Medicaid plan while 45 (70%) of PrEP patients has a private insurance plan ($P < 0.001$). None of the people accessing PrEP reported iv drug use as a risk factor compared with 16 (11%) of the newly diagnosed ($P = 0.003$). Retention in care at 3 months was similar (76% of HIV and 75% of PrEP). The predominant risk categories were MSM with multiple partners and/or condomless anal sex for both groups.

Conclusion. To our knowledge this is the first study evaluating HIV and PrEP health care disparities in a border region of the Southwestern US, which is home to a large Hispanic minority population. Our findings suggest that low income minority populations, such as Hispanic, African American and American Indian in this region continue to have a higher risk for HIV acquisition and highlights the ongoing need to expand research on how these populations perceive their risk for HIV and navigate complex systems, such as health insurance, when seeking clinical services for PrEP.

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1416. Comfort Discussing HIV Pre-Exposure Prophylaxis with Patients Among Physicians in an Urban Emergency Department

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Friday, October 6, 2017: 12:30 PM

Background. HIV pre-exposure prophylaxis (PrEP) is effective but underutilized in the United States. The emergency department offers an opportunity to access at-risk individuals for PrEP referral. While several studies have described provider awareness and acceptance of PrEP, these studies have focused largely on infectious diseases, HIV, and primary care specialty physicians. Thus, PrEP awareness, knowledge, and concerns among emergency physicians remain unknown. We sought to determine provider comfort in discussing PrEP with patients among emergency physicians in Missouri.

Methods. We conducted an online survey among 88 emergency physicians at Washington University in St. Louis from February 2017 to March 2017 in St. Louis, Missouri. The survey included demographics, comfort discussing PrEP, having ever heard of PrEP (awareness), knowledge of the current CDC prescribing guidelines, concerns with use, and knowing local PrEP referral information. The questions were asked on a Likert scale and dichotomously categorized. We evaluated predictors of physician comfort of discussing PrEP with patients using multiple logistic regression.

Results. Sixty-seven participants completed the survey; 64.1% were faculty. Most (79.1%) were PrEP aware, however, only 23.9% were knowledgeable of current guidelines and 22.7% of referral information. Concerns included lack of efficacy (53.7%), side effects (89.6%), and the selection for HIV resistance (70.1%). Comfort discussing PrEP was 43.3%. When adjusting for the concern of efficacy, having PrEP knowledge (OR: 5.43; CI: 1.19–30.81) and having referral knowledge (OR: 7.82; CI: 1.93–40.98) were significantly associated with comfort in discussing PrEP.

Conclusion. We found moderate PrEP awareness among emergency physicians, but also high levels of discomfort in discussing PrEP with their patients. Future provider training should include addressing misinformation surrounding the concerns with PrEP use and prescribing, reviewing current guidelines, and providing local referral resources for PrEP patient care. Emergency department settings can facilitate PrEP awareness and referral to care among at-risk patients to help reduce national HIV incidence.

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1417. Frame me if you must: PrEP framing and the impact on adherence to HIV Pre-exposure Prophylaxis

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Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. “PrEP whore” has been used both as a pejorative by PrEP opponents in the gay community and, reactively, by PrEP advocates as a method to reclaim the label from stigmatization and “slut-shaming.” The actual prevalence and impact of such PrEP-directed stigma on adherence have been insufficiently studied.

Methods. CCTG 595 was a randomized controlled PrEP demonstration project in 398 HIV-uninfected MSM and transwomen. Intracellular tenofovir-diphosphate (TFV-DP) levels at weeks 12 and 48 were used as a continuous measure of adherence.

At study visits, participants were asked to describe how they perceived others’ reactions to them being on PrEP. These perceptions were categorized a priori as either “positively framed,” “negatively framed,” or both. We used Wilcoxon rank-sum to determine the association between positive and negative framing and TFV-DP levels at weeks 12 and 48.

Results. By week 4, 29% of participants reported perceiving positive reactions from members of their social groups, 5% negative, and 6% both. Reporting decreased over 48 weeks, but positive reactions were consistently reported more than negative. At week 12, no differences in mean TFV-DP levels were observed in participants with positively-framed reactions compared with those reporting no outcome or only negatively-framed (1338 [IQR, 1036–1609] vs. 1281 [946–1489] fmol/punch, $P = 0.17$). Additionally, no differences were observed in those with negative reactions vs. those without (1209 [977–1427] vs. 1303 [964–1545], $P = 0.58$). At week 48, mean TFV-DP levels trended toward being higher among those that report any reaction, regardless if positive (1335 [909–1665] vs. 1179 [841–1455], $P = 0.09$) or negative (1377 [1054–1603] vs. 1192 [838–1486], $P = 0.10$) than those reporting no reaction. At week 48, 46% of participants reported experiencing some form of PrEP-directed judgment, 23% reported being called “PrEP whore,” and 21% avoiding disclosing PrEP use.

Conclusion. Over 48 weeks, nearly half of participants reported some form of judgment or stigmatization as a consequence of PrEP use. However, individuals more frequently perceived positively framed reactions to being on PrEP than negative. Importantly, long-term PrEP adherence does not appear to suffer as a result of negative PrEP framing.

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1418. Baseline Characteristics from PrEP Chicago: A Randomized Controlled Diffusion-Based Network Intervention for HIV Prevention Among Young Black Men Who Have Sex With Men

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Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. Several studies have documented low knowledge, uptake and retention of pre-exposure prophylaxis (PrEP)—a biomedical intervention for HIV prevention—among young black MSM (YBMSM).

Methods. PrEP Chicago is a randomized controlled peer change intervention designed to promote uptake of PrEP among YBMSM. Participants were recruited using respondent-driven sampling and randomized to intervention or control conditions. Initial seeds for recruitment were selected based on their structural position in a previously described Facebook network.

Intervention participants undergo a small group peer change agent workshop led by intervention staff. Booster phone calls are then conducted to participants approximately once per month. The primary focus of the intervention is to motivate participants to discuss PrEP within their social network. Controls attend a group sex-diary session and receive no boosters. After one year, participants cross over conditions.

Results.

	Intervention, n (%)	Control, n (%)	p value
Age, mean (sd)	26.1 (4.2)	25.7 (4.3)	0.28
Education			0.034
Less than HS	11 (5.4)	19 (9.1)	
HS/GED	121 (59.0)	136 (65.4)	
More than HS	59 (28.8)	35 (16.8)	
Graduate/Professional	1 (0.5)	2 (1.0)	
Other/Don't Know	13 (6.3)	16 (7.7)	
Employment			0.31
Employed	109 (52.2)	92 (43.0)	
Not Employed	81 (38.8)	9 (46.3)	
Disabled	6 (2.9)	7 (3.3)	
Don't Know/Prefer not to answer	13 (6.2)	16 (7.5)	
Sexual Orientation			0.24
Gay	135 (64.6)	123 (57.5)	
Bisexual	46 (22.0)	62 (29.0)	
Other	28 (13.4)	29 (13.6)	
Ever Taken PrEP			0.79
No	202 (96.7)	208 (97.2)	
Yes	7 (3.3)	6 (2.8)	
HIV Status			0.62
Negative	78 (49.1)	71 (44.7)	
Positive	81 (50.9)	88 (55.3)	

A total of 423 (209 intervention, 214 control) participants were successfully recruited. Only 13 (3.1%) participants reported ever having taken PrEP while 169 (53.1%) participants tested positive for HIV at baseline. A difference in education was noted between intervention and control groups ($P = 0.034$). A majority of participants in both groups identified as gay or bisexual. Study retention was evaluated through completion of the first booster. Intervention participants successfully completed 63.7% of the first boosters.

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.

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

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Friday, October 6, 2017: 12:30 PM

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.

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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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Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

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

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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.

