Results. Of 500 participants, 81(16%) endorsed TS, the majority of whom were HIV+ (51, 63%) and used drugs daily or more (57,70%; see Table 1). PLWH with TS were more likely to be Black (44, 86%, p= 0.05) and Trans female (17, 33%, p<0.01) than HIV- participants with TS. In the TS cohort, PLWH were more likely to engage in anal sex (38,75%, p<0.01), have sex weekly or more (46, 90%; p<0.01), have sex with more than 2 partners (27, 77%, p<0.03), and have a history of syphilis (14, 27% p=0.04) compared to HIV- participants. Only 21% and 35% of PLWH and 17% and 22% of HIV- always used condoms in vaginal sex and anal sex, respectively (p>0.05).

Table 1: Participant Characteristics and Associations with Transactional Sex and HIV Status

| Characteristic                  | Total Transactional Sex (N=4,674) | Transactional Sex HIV (N=1,752) | Transactional Sex HIV- (N=2,922) | P-value |
|--------------------------------|-----------------------------------|----------------------------------|----------------------------------|---------|
| Co-primary partner             | 31.4%                             | 17.1%                            | 54.3%                            | 0.015   |
| Co-primary coitus              | 13.4%                             | 14.3%                            | 12.5%                            | 0.679   |
| Year of diagnosis              | 1982                              | 1986                             | 1988                             | 0.04    |
| Median age                     | 20.4 (16-26)                      | 20.4 (16-26)                     | 20.4 (16-26)                     | 0.68    |
| Median age, CCH (years)        | 21.7 (18-28)                      | 21.7 (18-28)                     | 21.7 (18-28)                     | 0.68    |
| Age at diagnosis               | 18.9 (15-22)                      | 18.9 (15-22)                     | 18.9 (15-22)                     | 0.68    |
| HIV history                    | None (0%)                         | None (0%)                        | None (0%)                        | 1.00    |
| HIV positive                   | 2.21%                             | 2.26%                            | 2.16%                            | 0.49    |

Conclusion. In this cohort of people with TS, there were high rates of HIV and racial, sexual, and gender minorities. Notably, PLWH had higher rates of frequent sex, multiple partners, and anal sex, as well as suboptimal vaginal suppression and condom use during anal sex. As such, PLWH +TS may be a consequential part of HIV transmission networks. While those without HIV also had frequent sex and suboptimal condom use, PrEP experience was limited. As the majority had interest in PrEP, targeted strategies to initiate and maintain PrEP in people with TS may be critical in preventing HIV acquisition. Interventions to identify TS, address high-risk behaviors, achieve and maintain vaginal suppression +TS PLWH, and connect +TS HIV- individuals to PrEP are key to a comprehensive strategy to end the HIV epidemic.

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development of new modes of administration, including a long-acting, intramuscular injectable. We sought to explore the treatment characteristics that may influence the willingness and uptake of long-acting injectable PrEP as opposed to the daily pills among a racially diverse sample of MSM.

Methods. Between January and May 2021, we actively recruited 28 HIV-negative MSM (mean age 32, 91 woke) who lived in Philadelphia, PA during the past 12 months using social networking sites (eg, Facebook and Instagram) and a community listserv. Qualitative data collection used a hybrid approach in which 4 focus groups and 10 semi-structured interviews were conducted virtually. Focus groups were kept racially and gender-homogenous to identify themes related to PrEP willingness and preferences for specific prevention modalities.

Results. Participants discussed differing levels of interest and willingness to use long-acting injectable PrEP as opposed to the daily pills. The main perceived facilitator for injectable PrEP included convenience of use such as having fewer concerns with adhering to daily pills. Perceived barriers to injectable PrEP included (1) a dislike of needles as well as (2) concerns of potential side effects and (3) lower treatment efficacy (ie, whether it will be as effective as the daily pills). While Black and Latinx MSM reported experiences of racism and discrimination within the healthcare system, they also reported greater willingness to consider intramuscular injectables if their healthcare providers would provide in-depth information about the risks and benefits of this new modality.

Conclusion. Our findings provide important guidance for the development and promotion of future strategies to enhance the uptake of long-acting injectable PrEP to address the HIV epidemic among MSM. Primary care providers should play a key role in ameliorating concerns related to hesitancy towards injectable PrEP, including emphasizing ease of dosing, effectiveness, and safety of long-acting PrEP to prevent infection.

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848. Approaches to Optimize Recruitment of Historically Underrepresented Black and Hispanic/Latinx MSM, Transgender, and Gender Non-Binary Individuals into the Lenacapavir for PrEP (PURPOSE 2) Trial

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Background. Black and Hispanic/Latinx gay and other men who have sex with men (MSM), transgender women (TGW), transgender men (TGM), and gender non-binary individuals (GNB) have been historically underrepresented in HIV prevention trials despite being disproportionately affected by the disease. Therefore, studies of pre-exposure prophylaxis (PrEP), a highly effective intervention for reducing HIV incidence, should include these individuals, and doing so would promote generalizability of the findings.

Methods. PURPOSE 2 (GS-US-528-9023) will evaluate a twice-yearly long-acting subcutaneous, first-in-class capsid inhibitor, lenacapavir, for PrEP in MSM, TGW, TGM, and GNB in the US, Brazil, Peru, and South Africa. The study team adopted a multifac torial approach to address historic underrepresentation. This included a literature review to assess successful evidence-based approaches for increasing enrollment of Black and Hispanic/Latinx MSM, TG, and GNB individuals. We engaged with community and patient advocates as well as key stakeholders to solicit feedback prior to protocol development.

Results. We established a trial-specific Global Community Advisory Group and implemented their recommendations for site selection, investigator and staff diversity, and strong linkage with transgender-based organizations. We recruited new community-based research sites and principal investigators (PIs) to mirror historically underrepresented populations and emphasized mentorship of junior sub-Is by seasoned PIs to support enrollment and retention. We developed required trainings for all study and site staff on good participatory practices for PrEP, anti-racism and transgender cultural humility. We established recruitment goals of 50% Black and 20% Hispanic/Latinx MSM in the US, and 20% TGW study-wide. Our strategy to ensure achievement of these overall goals involves nuanced site-specific recruitment goals considering site capacity, local demographics, and HIV incidence data. We will review metrics weekly during enrollment and make any necessary adjustments.

Conclusion. Using novel approaches, we have carefully chosen with whom, where, and how we will collaborate to increase the diversity, equity, and inclusion in the PURPOSE 2 trial.

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849. Impact of a Combined Education and Data Driven Intervention on PrEP Uptake at the Veterans Health Administration

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Session: P-49. HIV: Prevention

Background. Despite proven efficacy, uptake of pre-exposure prophylaxis (PrEP) for HIV prevention in the US remains suboptimal. Whether electronic medical record (EMR) driven data tools increase PrEP uptake is unknown. Our study sought to understand the impact of education and an EMR data tool to increase PrEP uptake at the Veterans Northeast Ohio Healthcare System (VANOEHS).

Methods. Using EMR data we identified patients at the VANOEHS with a diagnosis of bacterial Sexually Transmitted Illness (STI) as defined by a positive syphilis, gonorrhea or chlamydia test in the past 6 months. Beginning October 2020 Infectious Diseases (ID) staff launched an intensive PrEP education campaign for Primary care providers (PCP) and the emergency room (ER). During a 6-week intervention period, a ‘PrEP candidacy’ note was placed for the PCP in selected patients’ charts with recommendations for PrEP initiation and STI co-testing if appropriate. We measured the impact of the intervention on PrEP initiations from 3/1/21-5/31/21 and compared it to a pre-intervention period of 7/1/20-9/30/20 when candidates were identified in primary care only. We extracted pertinent data through the EMR and presented descriptive statistics as means and percentages. We compared outcomes using Chi-square test with simulated p-values due to small expected values.

Results. Forty-two potential PrEP candidates were identified during post-intervention period compared to 6 in the pre-intervention period. The post-intervention candidates included cis-gender women (5/42, 12%) and ER referrals (6/42, 14%), both absent from the pre-intervention cohort. Compared to the pre-intervention period there was a 6-fold increase in PrEP consults to ID vs. ER (16 vs. 2.5, p<0.003) and PrEP starts (4 vs. 9, p=0.04). We observed increased rates of STI (69% vs. 50%) and HIV co-testing (79% vs. 67%) from pre to post intervention but these were not statistically different. Of the 42 candidates, 24 had been identified using the STI data tool. Of these, 4 only were referred for PrEP and none were initiated on PrEP by the end of our observation period.

Table 1. Nuclear Characteristics and Characteristics of Pre and Post Intervention Groups

| Characteristics | Pre Intervention | Post Intervention | p-value |
|-----------------|------------------|-------------------|---------|
| Age (years)     | 39.5 ± 7.8       | 42.3 ± 7.2        | 0.034   |
| Gender          | 0.57             | 0.55              | 0.706   |
| Race             | 0.12             | 0.11              | 0.736   |
| Education level  | 0.10             | 0.11              | 0.736   |

PPF Cards: Identification: Emergency Department; Care Coordination; STT Data Tool

Conclusion. Using EMR data and an electronic data tool, we increased PrEP consultations and initiations.

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