and April 2018. We estimated facility transmissibility and facility reproduction number (number infected by one indexed patient per day, and per stay, respectively, at the facility) of C. auris based on estimated colonization pressure, a count of newly colonized patients between successive surveys at the same facility, and mean lengths of stay at facilities (estimated from CMS administrative data). The results were summarized by facility type [ACH, long-term acute care hospitals (LTACHs), or ventilator unit at skilled nursing facilities (VSNFs)], and were compared with previous estimates for transmissibility of carbapenem-resistant Enterobacteriaceae (CRE).

**Results.** Swabs were collected from 13 ACHs, 12 LTACHs, and 11 VSNFs. The C. auris facility reproduction number may exceed the critical value of 1 in both ACHs and VSNFs, and may exceed that for CRE in ACHs (table).

**Conclusion.** Transmissibility of C. auris is comparable to that of CRE. The transmissibility within VSNFs emphasizes their potential role as amplifiers in the outbreak. Understanding transmissibility by facility type helps evaluate the potential impact of interventions in various settings.

| Facility Type | C. auris Reproduction Number (per Day) | Transmissibility* | CRE Reproduction Number* |
|---------------|---------------------------------------|-------------------|--------------------------|
| ACH           | 0.218 (0.215–0.221) 1.05 (1.04–1.07) | 0.104 (0.079–0.138) | 0.50                     |
| LTACH         | 0.035 (0.019–0.045) 0.73 (0.40–0.97) | 0.042             | 1.61                     |
| VSNF          | 0.019 (0.014–0.023) 0.50 (0.70–1.27) | –                 | –                        |

*Previous estimates (Poster 429, SHEA 2018), for comparison.

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1269. HIV Testing in a Large Community Health Center Serving a Multi-cultural Population: A Qualitative Study of Providers
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Friday, October 5, 2018: 12:30 PM

**Background.** In the United States, 15% of people with HIV (PWU) do not know their serostatus, leading to both individual morbidity and HIV transmission to others. While CDC guidelines recommend HIV screening for all individuals aged 13–64 years, racial and ethnic minorities in the United States continue to present to care with advanced HIV infection.

**Methods.** Our objective was to assess providers’ perspectives on barriers to and facilitators of HIV testing at an urban community health center serving a predominantly racial/ethnic minority population of low socioeconomic status. Study staff conducted five focus groups from January 2017 to November 2017 with 74 health center staff: 20 adult medicine-primary care providers, 20 community health workers (CHWs), six urgent care physicians, six community health administrators, and 14 behavioral health providers. Each focus group ranged from six to 20 participants. In addition to exploring participants’ views on HIV testing in this setting, we also explored potential interventions to improve HIV testing. Interviews were digitally recorded. Data were analyzed using a grounded theory approach. We used open coding to develop themes and compared themes among provider groups.

**Results.** The main facilitators of routine HIV testing were clinical training in HIV/hepatitis care and CHWs engaging patients in topics that intersect with HIV risk factors. Providers’ perceptions of key barriers were patients’ cultural perceptions of HIV (e.g. HIV-related stigma), patients’ concerns about test confidentiality, competing medical and social issues, and provider lack of HIV knowledge. All groups agreed that HIV testing should occur through the primary care provider through acknowledgment that patients may be seeking healthcare more frequently through mental health, urgent care, or social services than primary care. Primary care physicians wanted easier mechanisms to identify patients in need of HIV testing and assistance with offering the test to non-English language speaking patients.

**Conclusion.** Specific, focused efforts can lead to improved HIV testing in racial/ethnic minorities in community health centers. Training to improve provider comfort, increasing CHW engagement, and a focus on patients’ cultural beliefs may all have an impact.

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1270. Are HIV-Related Diagnostics Excessively Ordered? A Pilot Intervention Study to Improve Test Use in the Inpatient Setting
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Friday, October 5, 2018: 12:30 PM

**Background.** Excessive ordering of HIV-related laboratory tests (CD4 counts, HIV RNA levels, and HIV genotypes) may result in increased healthcare costs, unneeded interventions (e.g., response to low CD4 in acute illness), and patient anxiety. Recent data have evaluated methods to reduce excessive testing in outpatients, but there are limited data in the inpatient setting. The purpose of this study was to evaluate modification of a pharmacist-driven intervention protocol based on published guidelines improved utilization of HIV-related diagnostics in the inpatient setting.

**Methods.** A pre-interventional study performed on HIV diagnostics usage over a 1-year period, followed by a 3-month post-interventional study at a large academic medical center to evaluate and improve HIV test ordering. Patients were included if ≥18 years old with suspected or documented HIV infection and CD4 count, HIV RNA level, or HIV genotype ordered. A pharmacist-driven intervention was undertaken in which ordered tests were evaluated and canceled if deemed inappropriate based on pre-specified criteria based on CDC and DHHS guidelines, and clinicians were provided education on appropriate ordering. Results were tabulated and presented as descriptive statistics, and financial data were calculated based on in-hospital costs.

**Results.** In the pre-intervention arm, 87% (296/341) of total tests ordered did not meet criteria for appropriate use. A 42% decrease in CD4 testing, a 63% decrease in HIV RNA testing, and a 100% decrease in HIV genotype testing were observed. These results resulted in excessive financial burden of $24,600. Post-intervention, 63% (32/51) of HIV-related tests were canceled netting an initial savings of $2,700. Most common cancellation reason was recent outpatient laboratories readily available. Post-intervention, HIV-related testing decreased over time, likely due to the intervention audit and feedback provided to clinicians.

**Conclusion.** A pharmacist-driven intervention reduced the number of unnecessary HIV-associated tests by 63% and offered significant cost savings. These data suggest the importance of evaluating HIV-related diagnostic testing in the inpatient setting to improve test usage and reduce excessive healthcare costs.

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1271. Prevalence and Factors Associated With HIV Testing Among Sexually Experienced 18–49-Year-Old Hong Kong Residents
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**Background.** The main HIV transmission route in Hong Kong is sex, accounting for 78.0% of the total reported cases. The majority of HIV cases were identified among those 20 to 49 years of age. In this study, we explored the prevalence and factors associated with HIV testing among 18 to 49 years old residents in Hong Kong.

**Methods.** A population-based survey on sexual practice and health behavior was conducted in Hong Kong with a sample of 881 participants drawn from geospatial modeling, proportional to the district population sizes. Invitation letters were sent to selected households and interviewers were sent to recruit one subject per household.

**Results.** Among those surveyed, 81.6% reported having sex before, among whom, 18.5% (137) had ever taken HIV tests. The main reasons for the 75.5% of participants not taking HIV testing are they do not think they are at risk of HIV infection (59.1%) or think they are very healthy (29.4%). The main places for HIV testing among those tested were public hospital/clinic (39.7%), private clinic/hospital (34.7%), and another 22% was tested in an initial check-up or Hong Kong Red Cross. Among the sexually experienced residents, factors associated with HIV testing include marital status and number of sexual partners. Compared with single participants, those cohabiting, married, or with marital history were about seven times more likely to be tested (aOR = 6.73, 95% CI 2.23–20.31). Those who had >1 sexual partners were about twice as likely to be tested (aOR = 1.84, 95% CI 1.05–3.25). Other factors such as condom use, sexual orientation, anal sex behaviors or sexually transmitted infections history were not associated with HIV testing.

**Conclusion.** HIV testing among Hong Kong residents is comparatively low. Though those with more than one sexual partner are more likely to be tested, those single, nonconsistent condom users, or with risky behavior such as anal sex behaviors do not associate with higher HIV testing. More HIV testing campaign and awareness raising shall be targeted toward people with at-risk behaviors.

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