**Table 2. Familiarity with HIV PrEP**

| Question                                                                 | Response | Percent of respondents | Number of responses |
|-------------------------------------------------------------------------|----------|-----------------------|--------------------|
| Are you familiar with the Center for Disease Control’s 2017 clinical practice guidelines for pre-exposure prophylaxis for the prevention of HIV infection or the United States Preventive Services Task Force’s 2019 recommendations for pre-exposure prophylaxis? | Yes      | 74%                   | 61                 |
| Which of these individuals qualifies for initiation of pre-exposure prophylaxis (select all that apply)? | No       | 26%                   | 21                 |
| 37-year-old heterosexual woman with an HIV-positive sexual partner who herself exhibits symptoms of acute HIV infection     |          |                       |                    |
| Which of these individuals qualifies for initiation of pre-exposure prophylaxis (select all that apply)? | Yes      | 17%                   | 14                 |
| 40-year-old sexually active transgender woman                           |          |                       |                    |
| Which of the following antiretrovirals is approved for pre-exposure prophylaxis (select all that apply)? | No       | 70%                   | 57                 |
| 18-year-old man, who exclusively has sex with one HIV-negative male partner with consistent condom use      |          |                       |                    |
| 29-year-old man who exclusively has sex with women who was diagnosed with a bacterial sexually transmitted infection within the last 6 months |          |                       |                    |
| Which of the following antiretrovirals is approved for pre-exposure prophylaxis (select all that apply)? | Yes      | 4%                    | 3                  |
| Tenofovir alafenamide and emtricitabine ( Descovy)                        |          |                       |                    |
| Tenofovir disoproxil fumarate and emtricitabine (Truvada)               |          |                       |                    |
| Renal function testing (eGFR) every 6 months                           | Yes      | 79%                   | 65                 |
| Hepatitis A, B, and C screening every 6 months                          | Yes      | 23%                   | 19                 |
| Triple screening for asymptomatic bacterial sexually transmitted infections and HIV using fourth-generation immunosassay every 3 months | Yes     | 88%                   | 72                 |
| Annual visit to evaluate need for ongoing PrEP prescribing              | Yes      | 65%                   | 53                 |

**Table 3. Prescribing Behavior and Practices**

| Question                                                                 | Response | Percent of respondents | Number of responses |
|-------------------------------------------------------------------------|----------|-----------------------|--------------------|
| How much of your patient panel do you estimate it is at risk for HIV infection? Risk factors include recent diagnosis of sexually transmitted infection, injection drug use, transgender identity, and risky sexual behavior. | Less than 25% | 78%                   | 64                 |
| approx 25%                                                               | 15-50%   | 21%                   | 17                 |
| Greater than 50%                                                         | 1%       | 1%                    | 0%                 |
| Approximately how many of your eligible patients do you discuss PrEP therapy with? | Less than 25% | 57%                   | 47                 |
| 25-50%                                                                  | 20%      | 8%                    | 6%                 |
| 51-75%                                                                  | 11%      | 9%                    | 7%                 |
| Greater than 75%                                                         | 4%       | 3%                    | 2%                 |
| Lack of time to provide education and counseling during visit            |          | 45%                   | 39%                |
| Lack of familiarity with indications for PrEP                            |          | 48%                   | 31                 |
| Cultural, racial, socioeconomic, or personal barriers                   |          | 38%                   | 24                 |
| About how often do you discuss PrEP with less than 75% of eligible patients, what do you attribute this to (select all that apply)? | Cultural, racial, socioeconomic, or personal barriers | 9%                   | 6%                 |
| Lack of familiarity with process for initiating and continuing PrEP      |          | 11%                   | 7%                 |
| Discontinue with managing patients on PrEP                              |          | 6%                    | 4%                 |
| Cultural, racial, socioeconomic, or personal barriers                   |          | 3%                    | 2%                 |
| Discontinue due to time required for monitoring                         |          | 0%                    | 0%                 |
| Patient declines due to time required for monitoring                    |          | 0%                    | 0%                 |
| If you discuss PrEP with less than 75% of eligible patients, what do you attribute this to (select all that apply)? | Patient declines due to time required for monitoring | 0%                    | 0%                 |
| Pharmacology and/or laboratory access barriers                          |          | 6%                    | 4%                 |
| Are you aware of the HIV prevention Epic Smartshot with qualifying criteria for pre-exposure prophylaxis and laboratory guidelines for initiation and monitoring? | Yes      | 21%                   | 17                 |
| How often do you use the Epic Smartshot when seeking to prescribe PrEP? | Less than 25% | 79%                   | 64%                |
| 25-50%                                                                  | 33%      | 9%                    | 6%                 |
| Greater than 50%                                                        | 11%      | 5%                    | 4%                 |
| Greater than 75%                                                        | 24%      | 4%                    | 4%                 |

**Conclusion.** A significant proportion of healthcare providers at a major regional academic medical center are either not familiar with HIV PrEP prescribing clinical practice guidelines or are unable to appropriately identify situations whereby an individual meets eligibility for PrEP. In addition, a significant proportion do not discuss HIV PrEP with eligible patients. As such, data from the conducted survey will be used to inform the creation of clinical decision support tool to identify risk factors for HIV acquisition in patients, educate providers on guideline-based indications, and provide the option of a telePrEP referral service. Downstream effects anticipated from this intervention include increased HIV/STI testing, case identification, and increased rates of PrEP counseling and prescribing.

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

863. Pre-Exposure Prophylaxis (PrEP) Prescriptions among Individuals at High Risk for HIV in the United States, 2012-2018

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Session: P-49. HIV: Prevention

**Background.** To describe trends in emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) PrEP uptake in 2012-2018 and characterize high risk individuals who use PrEP.

**Methods.** The study identified individuals aged ≥15 years old with claims suggesting high risk for HIV infection in the IBM MarketScan® Commercial Claims and Multi-state Medicaid Databases. High risk was defined using ICD codes indicating high risk sexual behavior or rectal/repeated bacterial sexually transmitted infection (STI). The index date was defined as the earliest of the first high risk sexual behavior diagnosis, the first rectal bacterial STI diagnosis, or the second non-rectal bacterial STI diagnosis within 12 months. Individuals were considered PrEP users if they had at least one FTC/TDF PrEP prescription within 12 months of index date. Individuals with evidence of HIV prior to or within 30 days after PrEP initiation/index date were excluded. Comorbidities were assessed using a modified Charlson Comorbidity Index that excluded HIV/AIDS.

**Results.** FTC/TDF PrEP uptake increased from 0.1% to 7.3% among commercially insured individuals between 2012-2018, and from 0.01% to 0.5% among Medicaid insured individuals between 2012-2017. Individuals ≥35 years old had the largest increase in PrEP uptake (0.1% to 13.0%), while those 16-25 years old had the smallest increase (0.03% to 2.3%). The largest proportion of PrEP users across all years were aged 25-34 while the largest proportion of non-PrEP users were aged 18-24. Compared to PrEP users, a larger proportion of non-PrEP users were female (62.9% vs. 1.4%, p < 0.05) and blacks/African American (49.1% vs. 40.3%, p < 0.05). A larger proportion of PrEP users had a risk status of homosexual (46.6% vs. 1.5%, p < 0.05) or bisexual (3.9% vs. 0.8%, p < 0.05) behavior than non-PrEP users. PrEP users also had more comorbidities than non-users among individuals with Medicaid and were less likely to have fee-for-service insurance plans overall (p < 0.05).

**Conclusion.** Despite an increase in FTC/TDF PrEP initiations, uptake was low, especially among young adults, women, heterosexuals and blacks/African Americans. Low initiation rates in these groups may illustrate that FTC/TDF PrEP is not meeting the needs of all high-risk individuals.

**Disclosures.** Mo Zhou, PhD1; Merck & Co., Inc. (Consultant) Yan Song, PhD2; Merck & Co., Inc. (Consultant) Emma Gao, MS, MPH2; Merck & Co., Inc. (Consultant) Yohance Whiteside, PhD, MSPH, Merck & Co., Inc. (Employee) Emma Billmeyer, BA3; Merck & Co., Inc. (Consultant) James Signorovitch, PhD, Merck & Co., Inc. (Consultant)

864. Adolescent Primary Care Provider Knowledge of HIV Pre-Exposure Prophylaxis (PrEP) and Universal Screening at a Midwest Academic Medical Center

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Session: P-49. HIV: Prevention

**Background.** HIV remains a problem for adolescents with 21% of new infections occurring in youth. In this study we attempted to assess the knowledge of and comfort with pre-exposure prophylaxis and universal HIV testing among adolescent primary care providers affiliated with one academic medical center.

**Methods.** We conducted a survey of internal medicine/pediatrics, pediatrics, and family medicine residents and attending physicians affiliated with an academic medical center.

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Results. 138 (76%) respondents were aware that PrEP is approved for adolescents. There was no significant difference across specialties or between residents and attendings. 44.8% of respondents felt uncomfortable prescribing PrEP and two thirds had never prescribed PrEP. Reasons for not prescribing PrEP included: not seeing adolescents who qualify (n=80), not having enough training (66%), confidentiality concerns (22%), forgetting to address PrEP (19), and concern for incidence of HIV is too low to recommend PrEP (15). Pediatricians were the least likely to test for HIV with 11% of pediatricians, 2% of internal medicine/pediatricians, and 36% of family medicine respondents reported universal HIV testing for patients 15 years and older (p < 0.05). Residents were more likely to test for HIV than attendings (53%, 3% vs. 12%, p < 0.05). 111 participants completed the “test your knowledge” section. 31.5% correctly named two approved PrEP medications. There were 183 responses to the survey (49% response rate).

Conclusion. Adolescent primary care providers are aware that PrEP is FDA approved for adolescents but a gap in PrEP prescribing and HIV testing persists. There remain perceptions that HIV incidence is too low to discuss PrEP and that providers are not seeing patients who qualify. Next steps include developing an institutional PrEP guideline and creating an electronic medical record order set to facilitate PrEP prescribing.

Disclosures. All Authors: No reported disclosures

865. Social Media Secret Facebook Groups for HIV Pre-Exposure Prophylaxis Awareness among Female Sex Workers in Cameroon

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Session: P-49. HIV Prevention

Background. About 25% of Cameroonian female sex workers (FSW) lived with HIV in 2018. PrEP was introduced in Cameroon in 2019, with minimal uptake as of 2021. The goal of this pilot project was to evaluate the potential of a novel social media intervention to raise Pre-Exposure Prophylaxis (PrEP) awareness and complement HIV prevention strategies among FSW, a key risk population.

Methods. From October 2020 to April 2021, sixty adult HIV-negative FSW who owned a phone with internet access joined the study; 40 in the intervention arm and 20 in the control group. The intervention had a Secret Facebook Group (SFG) platform for confidentiality. It included 12 videos on HIV prevention in the local dialect, released over 8 weeks. In-person surveys were administered before and after the intervention, and three months later. Likert scale was used to evaluate the main outcome: PrEP awareness. Data was analyzed using Stata IC/version 14.2.

Results. Demographic characteristics were similar between intervention and control groups for age (29 years, SD7.3), literacy (45% secondary school), parity (1.9, SD1.5), and years as sex worker (7.8, SD 7.3). One FSW had heard about PrEP before the intervention. 39% (15/38) of FSW in the intervention group and 50% (10/20) in the control group owned a phone with internet access joined the study; 40 in the intervention arm and 20 in the control group. After the intervention, 31.5% (12/38) of participants reported good PrEP knowledge and three months later. Likert scale was used to evaluate the main outcome: PrEP awareness. Data was analyzed using Stata IC/version 14.2.

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