Results. There were 97 respondents and 89 (92%) completed all questions. Most of the respondents identify themselves as female (36%), straight (27%), middle aged adolescents 15–17 years (64%), African American (46%) and currently in high school (69%). Majority have seen a medical provider in the past 12 months (90%), at the doctor’s office (61%), and majority have never been offered HIV test (60%). Majority have not heard of a medicine that can prevent HIV infection (58%), most have not heard of PrEP (57%), and many do not know where to go to learn more about PrEP (56%). Most have not been offered PrEP (86%) and respondents were split in adopting PrEP (yes 49% vs. no 51%). The reasons for not agreeing to start PrEP are shown in Figure 1. Majority are interested in attending educational program on PrEP (57%), Adolescents are likely to adopt PrEP if they heard about it (P = 0.01), if they know where to go to learn about it (P = 0.02), and if someone offered it (P = 0.03).

Conclusion. Adolescent knowledge of PrEP may be suboptimal and presents barriers to adopting it. However, they are willing to accept PrEP if offered. This study demonstrates potential avenues for intervention and provider-initiated programs should be evaluated in scaling-up PrEP into adolescent health services.

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1289. Knowledge, Attitudes and Barriers of Pre-exposure Prophylaxis for HIV Infection Among Resident Physicians in Rural, Eastern North Carolina

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Background. North Carolina bears a high burden of HIV and was ranked number 8 for the number of new infections in 2015. In 2014, the Centers for Disease Control and Prevention (CDC) published updated practice guidelines recommending the use of pre-exposure prophylaxis (PrEP) with daily oral dosing of tenofovir/emtricitabine to help prevent HIV infection in high-risk individuals. However, the use of PrEP in the primary care setting remains low and 1 in 3 primary care physicians is not aware of PrEP. The objective of our study was to evaluate PrEP knowledge among primary care resident physicians.

Methods. 149 resident physicians were surveyed at East Carolina University from the following specialties: Internal Medicine, Medicine-Pediatrics, Obstetrics Gynecology and Family Medicine. We collected participants’ age, biological sex, current residency program, and current year within the residency program.

Results. Study 149 resident completed the online survey. 20% of residents had never heard of PrEP. 17% of residents did not feel comfortable discussing sexual preferences with their patients. 15% of residents thought prescribing would increase risky sexual behaviors and 12% would not prescribe PrEP to patients with multiple sexual partners. In addition, 16% of residents identified potential side effects of PrEP (e.g. increase in creatinine levels or decrease in mineral bone density) as a reason to not prescribe PrEP. One resident had ever prescribed PrEP 83% of residents wanted more information on PrEP and 95% of residents would be willing to prescribe PrEP if educational workshops were offered.

Conclusion. PrEP is an underutilized tool among resident physicians in Eastern NC. We identified lack of knowledge of PrEP and concern for increased risky sexual behaviors as barriers to prescribing. Resident physicians require more education on PrEP in order to prescribe it to their patients.

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1290. A Model for “At-Distance” PrEP Navigation: Acceptability and Early Insights

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Background. HIV pre-exposure prophylaxis (PrEP) awareness and uptake among at-risk individuals remains suboptimal despite clear evidence of efficacy. Health navigators and peer educators have been employed to facilitate linkage and retention in many aspects of HIV prevention and care, including to improve PrEP utilization. Yet, the use of health navigators to improve PrEP utilization has not been well-explored in rural areas where unique challenges to HIV care have been well documented. Little is known, too, about how telemedicine may strengthen these efforts. We assessed acceptability and evaluated a health navigation program that primarily engages clients through at-distance technology-based methods.

Methods. To guide the design and implementation of a pilot PrEP tele-navigation program, we conducted a survey at-at-risk clients contacted through social networks and at a state-funded STI clinic. New Hampshire’s approximately nine months after the launch of the navigation platform, we analyzed characteristics of client-navigator interactions. Feedback surveys were distributed to clients 3 months following engagement with the navigators.

Results. From July 2017 to April 2018, 139 individuals engaged the navigation program via email, text, chat, phone call, or in-person. Among the most common services provided were PrEP counseling (n = 63 or 45% of inquiries), referral to STI/HIV testing (22%), and risk reduction counseling (19%). Eight clients have been linked to PrEP care for the first time through navigator interactions. No reported disclosed.

Conclusion. Our pilot program highlighted the diverse obstacles to PrEP utilization in at-risk rural clients, and suggests at-distance PrEP navigation and telemedicine can support improved PrEP utilization in the rural United States. Such a navigation program should be equipped to engage clients along the PrEP care continuum.

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