and April 2018. We estimated facility transmissibility and facility reproduction number (number infected by one index colonized 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 (acute care hospital (ACH), long-term acute care hospital (LTACH) or ventilator unit at skilled nursing facility (VSNF), 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 transmission by facility type helps evaluate the potential impact of interventions in various settings.

| Facility Type | Transmissibility (per Day, Median, IQR) | Reproduction Number | Transmissibility (per Stay, Median, IQR) | 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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**Session:** 140. HIV: Diagnosis and Screening

**Background.** The main HIV transmission route in Hong Kong is sex, accounting for 78% 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. Once recruited, face-to-face interviews were carried out with a computer-assisted self-interview. The final data were weighted according to the 2011 Hong Kong census and factors identified through logistic regression.

**Results.** Among 881 participants, 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 at home (14.4%).

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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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**Session:** 140. HIV: Diagnosis and Screening

**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 the implementation of a pharmacist-driven intervention protocol based on published guidelines improved utilization of HIV-related diagnostics in the inpatient setting.

**Methods.** A pre-intervention 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 per 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 on in-hospital costs.

**Results.** In the pre-intervention arm, 87% (296/341) of total tests ordered did not meet criteria for appropriate ordering. The intervention netted an initial savings of $2,700. A common cancellation reason was right 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 unneeded 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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