1412. Predictors of First-Year Medication Adherence in a National Cohort of Veterans Initiating Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Infection

Michael Ohl, MD, MPH;1 Kelly Richardson, PhD;2 Bruce Beck, MA2; Bruce Alexander, PharmD;3 Puja Van Epps, MD;3 Marissa Maier, MD3; Brian Lund, PharmD3 and Mary Vaughan-Sarrazin, PhD3 Division of Infectious Diseases, Department of Internal Medicine, University of Iowa, Iowa City, Iowa;1 Iowa City VA Health Care System, Iowa City, Iowa;2 Geriatric Research Education & Clinical Center (GERCC), Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio, VA Portland Health Care System, Oregon Health and Science University, Portland, Oregon; Iowa City VAAMC, Iowa City, Iowa;3 Center for Comprehensive Access and Delivery Research and Evaluation (CADRE), Iowa City VA Medical Center, Iowa City, Iowa

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. Current guidelines for HIV Pre-Exposure Prophylaxis (PrEP) recommend daily use of tenofovir disoproxil fumarate / emtricitabine (TDF/FTC). Little is known about levels and predictors of long-term PrEP medication adherence in routine clinical settings.

Methods. We used a previously-validated algorithm and national Veterans Health Administration (VHA) administrative data to identify a cohort of Veterans initiating PrEP during 2012–2015 (i.e., TDF/FTC use, no other antiretroviral use, and no diagnosis codes for HIV, hepatitis B, or needle-stick injury). We used pharmacy refill data to calculate the proportion of days covered (PDC) by TDF/FTC in the 365 days after initiation, and multivariable logistic regression to identify patient characteristics associated with high adherence (i.e., PDC > 0.80).

Results. Among the 706 Veterans initiating PrEP were men, reflecting the overall demographics of patients in VHA. The median age was 38. Reported rate of adherence in administrative data was 141 (20.0%) black, 485 (68.7%) white, 42 (5.9%) other, and 38 (5.4%) missing. Only 30 PrEP users (4.2%) lived in rural areas. Co-existing diagnoses included cardiovascular disease in 264 (37.4%) patients, diabetes in 95 (13.5%). The median PDC for TDF/FTC in the first year was 0.78 (IQR 0.41–0.96), and a minority (N = 120, 17%) had only a single TDF/FTC fill. Predictors of high adherence were older age (OR 1.88, 95% CI 1.20–2.84 for age 50–64 compared with age <35); white compared with black race (OR 1.96, 1.30–2.94); Male sex (OR 4.17, 1.67–12.50), absence of a substance use diagnosis (OR 1.47, 1.05–2.04), and presence of diabetes (OR 1.66, 1.02–2.75).

Conclusion. Adherence to TDF/FTC in the first year of PrEP was overall high. Race, gender, and substance-use-related differences in PrEP adherence mirrored those previously described for PrEP uptake. Interventions to promote equitable PrEP uptake should include strategies to support adherence.

Disclosures. All authors: No reported disclosures.

1413. Perceptions of HIV Pre-exposure prophylaxis (PrEP) among young pregnant women from KwaZulu-Natal, South Africa

Laia Jimena Vazquez Guillamet, MD1; Anthony P Moll, Chief Medical Officer2; Alexa Kacin, BA candidate1; Jabulile Madi, Professional Nurse1; Ntombi Ndlovu, Professional Nurse1 and Sheela Shenoi, MD, MPH1 Internal Medicine, Yale New Haven Bridgeport Hospital, Bridgeport, Connecticut;3 Church of Scotland Hospital, Tugela Ferry, South Africa; 4 Northeastern University, Boston, Massachusetts; 5 Phulanjalo NGO, Tugela Ferry, South Africa; 6 Yale University School of Medicine, New Haven, Connecticut

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. Pre-exposure prophylaxis (PrEP) is effective for HIV prevention with good adherence. In high HIV prevalence settings, young women ages 18–24 are at high risk for HIV acquisition, particularly during pregnancy and the postpartum period, and would potentially benefit from PrEP. More information is needed to achieve successful implementation of PrEP in this population.

Methods. The study was performed in Tugela Ferry, one of the poorest subdistricts of South Africa. From June-August 2016, the team interviewed 187 HIV negative pregnant women ages 18–24 anonymously at three maternity care facilities. Interviews collected data on demographics, HIV and PrEP knowledge, HIV risk and readiness for oral PrEP.

Results. Among 187 pregnant women, the mean age was 20.3 years (SD 5.97), 179 (95.7%) were unemployed, 93 (49.7%) completed secondary school, and 137 (73.3%) reported one partner in the last month. None reported having ever being paid for sex. While 185 (98%) knew that HIV can be transmitted through sex, only 117 (62.5%) knew that a woman can transmit HIV to her child, and only 95 (51%) knew that HIV can be transmitted through breastfeeding. Sixty-eight (36.4%) women believed that a sexual partner had been sexually active with another person in the last month, though 182 (97.3%) had difficulty negotiating condom use with their partner, and only 7 (3.7%) women reported consistent use of condoms. The vast majority (97%) would start PrEP if a doctor recommended it though 100 (53.5%) were concerned about being mistaken for HIV positive.

Conclusion. Pregnant young women in rural South Africa are at risk for HIV acquisition and are interested in PrEP. Knowledge of risks of HIV laps, particularly with regard to exclusive breastfeeding. Young pregnant women are not able to negotiate consistent condom use and need a HIV prevention tool that is within their control. Stigma may be a barrier to effective PrEP use among these women. Further research is needed to guide potential PrEP implementation in pregnant women.

Disclosures. All authors: No reported disclosures.

1414. Partnerships between a University-Affiliated Clinic and Community Based Organizations to Reach Black Men who have Sex with Men for PrEP Care

Clement Medal1; Nwora Luke Okeke, MD, MPH2; Terry Munn, MSW2; Miguel Hunter, n/a3; Kareem Alexis, BS3; Amy Corneli, MPH, PhD3; Arlene Sena, MD3; Kara McGee, MSHP, PA-C3 and Mehri McKellar, MD3; 1Duke Clinical Research Institute, Durham, North Carolina; 2Medicine - Infectious Diseases, Duke University Medical Center, Durham, North Carolina; 3Triangle Empowerment Center, Durham, North Carolina, 4North Carolina, North Carolina, 4Triangle Empowerment Center, Durham, North Carolina, 5Duke University School of Medicine, Durham, North Carolina, 6Division of Infectious Diseases, University of North Carolina, Chapel Hill, North Carolina, 7Division of Infectious Diseases, Duke University Medical Center, Durham, North Carolina, 8Medicine - Infectious Diseases, Duke University Medical Center, Durham, North Carolina

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. While pre-exposure prophylaxis (PrEP) is a promising strategy for reducing HIV transmission, persons at highest risk for infection are not being adequately reached, particularly Black Men who have Sex with Men (MSM).

Methods. In December 2015, a dedicated PrEP clinic was established at Duke University Medical Center in Durham, North Carolina (NC). We performed a retrospective review of patients evaluated at the PrEP clinic, abstracting the following routinely collected variables: age, race, ethnicity, sex at birth, self-identified gender, HIV risk factors and source of referral. Descriptive statistics are presented as medians and frequencies.

Results. Over 18 months, 91 patients were evaluated. Most were male (90%, n = 82), approximately half were non-Hispanic Black (46%, n = 42), and median age was 31 years (range 19–66). Most patients identified as MSM (78%, n = 71) and 3 (3%) were transgender women who have sex with men (TGW). Specifically, 30% (n = 27) were Black MSM or TGW. Risk factors for all patients included multiple sexual partners (65%), known HIV+ partner (19%), or a recent sexually transmitted infection (16%). One-quarter of patients (n = 23) were uninsured. Among all Black patients, the most common source of referral was a community-based organization (CBO) (40%, n = 17), and specifically, Black MSM and TGW were most commonly referred by a CBO (44%, n = 12). Among White patients, most were self-referrals (7%, n = 18). Demographic characteristics of our patient population relative to those newly diagnosed with HIV in NC in 2015 are shown in Table 1.

Conclusion. Although further efforts are needed to improve PrEP uptake in underserved communities, the racial breakdown of our PrEP clinic is more representative of the national HIV epidemic as compared with all PrEP users in the US. Our study demonstrates that community partnerships can be a valuable avenue for patient recruitment and achieve success in reaching Black MSM with messages about PrEP.

Table 1: Demographics of Duke PrEP Clinic Patients and New Diagnoses in NC* (n = 91)

| Characteristic | Duke PrEP Clinic | New HIV Cases - NC |
|---------------|-----------------|--------------------|
| Black-total   | 46.2%           | 63.9%              |
| Black-MSM     | 29.7%           | 39.5%              |
| Black-MSW     | 8.8%            | 8.2%               |
| Black-WSM     | 7.7%            | 14.1%              |
| White-total   | 41.8%           | 22.2%              |
| White-MSM     | 40.7%           | 14.5%              |
| White-MSW     | 0.0%            | 1.5%               |
| White-WSM     | 1.1%            | 3.0%               |

*MSM: men who have sex with men; MSW: men who have sex with women; WSM: women who have sex with men

No reported disclosures from 2015.

1415. PrEP Uptake and Emergent HIV infections in Southern Arizona: Is There A Disconnect?

Anca Georgescu, MD1; Cesar Egurola, N/A2; Spencer Schaff, MPH2; Julia Fisher, PhD; Shannon Smith, N/A; Catalin Florita, MD3; Alyssa Guido, MPH and Stephen Klotz, MD3; 1Department of Medicine/Division of Infectious Diseases, University of Arizona College of Medicine, Tucson, Arizona, 2Department of Medicine/Division of Infectious Diseases, University of Arizona, Tucson, Arizona, 3University of Arizona, Tucson, Arizona

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. Despite expansion of antiretroviral therapy in recent years and growing evidence for PrEP (pre exposure prophylaxis) efficacy, HIV incidence has continued to rise while PrEP uptake has remained low, particularly in populations at risk. Our goal is to compare these populations and further identify discrepancies in populations at risk in Southern Arizona.

Methods. We retroactively reviewed health records for patients evaluated at Banner University Medical Center Tucson outpatient clinics between January 2014 and September 2016, either with a new HIV diagnosis or prescribed tenofovir/efavirenz for PrEP.
Results. We identified 147 patients with new HIV diagnoses and 65 patients evaluated for PrEP. 63% of the newly diagnosed HIV were of Hispanic, African American or American Indian descent (46%, 14% and 3% respectively) while the majority of PrEP patients were White (58%) with a statistically significant difference between the groups (P = 0.006). There was no significant difference between the age groups [28 (19%) of the HIV and 13 (24%) of the PrEP were 18–24] or gender (88% of people accessing HIV care were men, vs. 91% men seen for PrEP). Insurance information at the time of presentation was available for 145 HIV and 64 PrEP patients with statistically significant differences between the groups. 31(21%) newly diagnosed HIV had no insurance and 71 (44.7%) did not have a medical doctor (P = 0.001). None of the people accessing PrEP reported iv drug use as a risk factor compared with 16 (11%) of the newly diagnosed (P = 0.003). Retention in care at 3 months was similar (76% of HIV and 75% of PrEP). The predominant risk categories were MSM with multiple partners and/or condomless anal sex for both groups.

Conclusion. To our knowledge this is the first study evaluating HIV and PrEP health care disparities in a border region of the Southwestern US, which is home to a large Hispanic minority population. Our findings suggest that low income minority populations, such as Hispanic, African American and American Indian in this region continue to have a higher risk for HIV acquisition and highlights the ongoing need to expand research on how these populations perceive their risk for HIV and navigate complex systems, such as health insurance, when seeking clinical services for PrEP.

Disclosures. All authors: No reported disclosures.

1416. Comfort Discussing HIV Pre-Exposure Prophylaxis with Patients Among Physicians in an Urban Emergency Department

Brett Tortelli, BA1; Douglas Char, MD2; William Powderly, MD2 and Rupa Patel, MD3; 1Washington University, St. Louis, Missouri, 2Division of Emergency Medicine, Washington University, St. Louis, Missouri, 3Division of Infectious Diseases, Washington University, St. Louis, Missouri.

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. HIV pre-exposure prophylaxis (PrEP) is effective but underutilized in the United States. The emergency department offers an opportunity to access at-risk individuals for PrEP referral. While several studies have described provider awareness and acceptance of PrEP, these studies have focused largely on infectious diseases, HIV, and primary care specialty physicians. Thus, PrEP awareness, knowledge, and concerns among emergency physicians remain unknown. We sought to determine provider comfort in discussing PrEP with patients among emergency physicians in Missouri.

Methods. We conducted an online survey among 88 emergency physicians at Washington University in St. Louis from February 2017 to March 2017 in St. Louis, Missouri. The survey included demographics, comfort discussing PrEP, having ever heard of PrEP (awareness), knowledge of the current CDC prescribing guidelines, concerns with use, and knowing local PrEP referral information. The questions were asked on a Likert scale and dichotomously categorized. We evaluated predictors of physician comfort of discussing PrEP with patients using multiple logistic regression.

Results. Sixty-seven participants completed the survey; 64.1% were faculty. Most (79.1%) were PrEP aware, however, only 23.9% were knowledgeable of current guidelines and 22.7% of referral information. Concerns included lack of efficacy (53.7%), side effects (89.6%), and the selection for HIV resistance (70.1%). Comfort discussing PrEP was 43.3%. When adjusting for the concern of efficacy, having PrEP knowledge (OR: 5.43; CI: 1.19–30.81) and having referral knowledge (OR: 7.82; CI: 1.93–40.98) were significantly associated with comfort in discussing PrEP.

Conclusion. We found moderate PrEP awareness among emergency physicians, but also high levels of discomfort in discussing PrEP with their patients. Future provider training should include addressing misinformation surrounding the concerns with PrEP use and prescribing, reviewing current guidelines, and providing local referral resources for PrEP patient care. Emergency department settings can facilitate PrEP awareness and referral to care among at-risk patients to help reduce national HIV incidence.

Disclosures. All authors: No reported disclosures.

1417. Frame me if you must: PrEP framing and the impact on adherence to HIV Pre-exposure Prophylaxis

Eric Ellerin, MAS1; Jill Blumenthal, MD1; Sonia Jain, PhD2; Xiaoying Sun, MS3; Kayta Corado, MD1; Michael Dube, MD1; David Moore, PhD2; Sheldon Morris, MD2; MPH2 and the California Collaborative Treatment Group; 1Medicine, University of California, San Diego, California, 2Family and Preventive Medicine, University of California, San Diego, La Jolla, California, 3Los Angeles Biomedical Research Institute at Harbor-UCLA, Torrance, California, 4Medicine, University of Southern California, Los Angeles, California, 5Psychiatry, UCSD, San Diego, California.

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. “PrEP whore” has been used both as a pejorative by PrEP opponents in the gay community and, reactively, by PrEP advocates as a method to reclaim the label from stigmatization and “slut-shaming.” The actual prevalence and impact of such PrEP-directed stigma on adherence have been insufficiently studied.

Methods. CCGT 595 was a randomized controlled PrEP demonstration project in 398 HIV-uninfected MSM and transwomen. Intracellular tenofovir-diphosphate (TFV-DP) levels at weeks 12, 16, 20, and 48 were used as a continuous measure of adherence. At study visits, participants were asked to describe how they perceived others’ reactions to them being on PrEP. These perceptions were categorized a priori as either “positively framed,” “negatively framed,” or both. We used Wilcoxon rank-sum to determine the association between positive and negative framing and TFV-DP levels at weeks 12 and 48.

Results. By week 4, 29% of participants reported perceiving positive reactions from members of their social groups, 5% negative, and 6% both. Reporting decreased over 48 weeks, but positive reactions were consistently more negative than negative. At week 12, no differences in mean TFV-DP levels were observed in participants with positively-framed reactions compared with those reporting no outcome or only negatively-framed (1338 [IQR, 1036-1609] vs. 1281 [946-1489] fmol/µl, P = 0.17). Additionally, no differences were observed in those with negative reactions vs. those without (1209 [977–1427] vs. 1303 [964–1455], P = 0.58). At week 48, mean TFV-DP levels trended being higher among those that report reaction, regardless of if positive (1335 [909–1665] vs. 1179 [841–1455], P = 0.09) or negative (1377 [1054–1603] vs. 1192 [838–1486], P = 0.10) than those reporting no reaction. At week 48, 46% of participants reported experiencing some form of PrEP-directed judgment, 23% reported being called “PrEP whore,” and 21% avoiding disclosing PrEP use.

Conclusion. Over 48 weeks, nearly half of participants reported some form of judgment or stigmatization as a consequence of PrEP use. However, individuals more frequently perceived positively framed reactions to being on PrEP than negative. Importantly, long-term PrEP adherence does not appear to suffer as a result of negative PrEP framing.

Disclosures. All authors: No reported disclosures.

1418. Baseline Characteristics from PrEP Chicago: A Randomized Controlled Diffusion-Based Network Intervention for HIV Prevention Among Young Black Men Who Have Sex With Men

Mir Ferreira, DVIM, MPH1; Lindsay Young, PhD2 and John Schneider, MD, MPH2; 1Department of Medicine, University of Chicago, Chicago, Illinois, 2Department of Medicine, Section of Infectious Diseases and Global Health, University of Chicago, Chicago, Illinois.

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. Several studies have documented low knowledge, uptake and retention of pre-exposure prophylaxis (PrEP)—a biomedical intervention for HIV prevention among young black MSM (YBMSM).

Methods. PrEP Chicago is a randomized controlled peer change intervention designed to promote uptake of PrEP among YBMSM. Participants were recruited using respondent-driven sampling and randomized to intervention or control condition. Initial seeds for recruitment were selected based on their structural position in a previously described Facebook network.

Conclusion. Intervention participants undergo a small group peer change agent workshop led by intervention staff. Booster phone calls are then conducted to participants approximately once per month. The primary focus of the intervention is to motivate participants to discuss PrEP within their social network. Controls attend a group sex-diary session and receive no boosters. After one year, participants cross over conditions.

Results.