1409. HIV in Ecuador: A Current Perspective of the Epidemics from a Major HIV Care Center.

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Background. *Human Immunodeficiency Virus* (HIV) infection is estimated to affect 36.7 million people (persons living with HIV [PLWH]). In Latin America and Caribbean exist around 2 million of PLWH. Ecuador estimates are close to 35.000 PLWH with prevalence of 3 cases per 1000 population, being 31.4% woman.

Since the first case of HIV reported in the country in 1983 the efforts have been made to improve prevention and treatment of the disease being epidemiology paramount in planning. Herein we present a current panorama of HIV in Ecuador from a major center serving approximately 2 million people in the coastal zone.

Methods. Patients with diagnosis of HIV/AIDS (ICD-10 B24) from January to December 2015 were included from a database comprising 346.386 visits to outpatient clinics. The variables we consider were demographics, newly vs. previously diagnosed, type of antiretroviral regimen, AIDS-defining conditions, CD4 count and viral load. The statistical analysis was made on Microsoft Excel.

Results. A total of 3776 HIV positive patients were found during the study period. Median age was 37 ± 15, 37 ± 15 for males and 38 ± 15 for females ($P > 0.05$). Male to female ratio was 4.72:1.

More than half patients (2588, 68.5%) were receiving antiretroviral therapy. The most common therapy used was tenofovir + emtricitabine + efavirenz, followed zidovudine + lamivudine + efavirenz for 472 (18.2%). Most patients (91.97%) with HIV infection were not in AIDS stage. Newly diagnosed HIV was seen in 824 patients (21.82%), of which 59 (7%) were on AIDS stage at time of diagnosis. There was only 45 cases in this group (5.46%) with CD4 <200 cells/mm3 possibly suggesting rapid progression or advanced disease.

Conclusion. HIV infection is a public health concern in Ecuador affecting mostly young males. More than half patients are on antiretroviral therapy and most patients are not in AIDS stage. This study comprises a current view of the epidemiological situation of HIV/AIDS in the coast of Ecuador and allows for planning and further research.

Table 1. Main results of data analysis (n=3776)	
Demographics	
Age (IQR)	37±15
Males	82.6%
CD4 < 200 cells/mm3	202 (5.3%)
Viral load < 200 copies	2023 (53.5%)
AIDS phase	303 (8%)
Asymptomatic	3473 (91.9%)
Patients using antiretroviral	**2588 (68.5%)**
Tenofovir + Emtricitabine + Efavirenz	1787 (69%)
Zidovudine + Lamivudine + Efavirenz	472 (18.2%)
Tenofovir + Emtricitabine + Lopinavir + Ritonavir	164 (6.3%)
Zidovudine + Lamivudine + Lopinavir + Ritonavir	165 (6.4%)
Newly diagnosed patients	**824 (21.8%)**
On AIDS phase	59 (7%)
Asymptomatic	765 (93%)
CD4 < 350 cell/mm3	126 (15.29%)

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1410. Knowledge, Attitude and Practice of Pre-exposure prophylaxis (PrEP) against HIV infection of medical providers at an academic center

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Background. Pre-exposure prophylaxis (PrEP) against HIV infection is available for people at risk of acquiring HIV infection and who are not positive for HIV infection. It is proven to be effective at preventing HIV infection in many studies in various populations. However, due to lack of knowledge or due to attitudes towards PrEP, this mode of prevention may be underutilized by people at risk and their providers. Our aim is to assess the baseline knowledge of, attitudes towards and practice of medical providers at Tufts Medical Center.

Methods. survey of 80 medical providers at Tufts Medical Center with a short questionnaire.

Results. The median age of the participants were 31 years old (IQR 28–34.5, range 22–71). 38.75% were male. Ethnicity were White (60%), Asian (20%), and others (20%).

Fifty-five percent were Doctor of Medicine or Doctor of Osteopathic (MD/DO), 20% Physician assistant (PA), 8.75% Registered nurse (RN) and 7.5% were medical students. Other groups included Nurse practicioner (NP), medical assistant, research coordinator and PA student.

Knowledge. Approximately two-third (67.5%) of study participants heard of PREP. In MD/DO group, 81.81% (36/44) heard about PREp. 46.26% responded correctly that PREP should be given daily. 68.75% answered correctly that Tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC; Truvada) is the standard regimen.

Attitude. 31.81% of the MD/DO group were not comfortable prescribing PREP. Top three barriers perceived for prescribing PREP were "Not enough knowledge" 72.5%; "Lack of experience" 56.25% and "Not covered by insurance" 17.5%.

Practice. Of 61 participants who are eligible to prescribe medications (MD/DO, PA, NP), 15.27% prescribed PREP prior to the survey. Over 75% would refer patients to infectious diseases or other providers to prescribe PREP.

Conclusion. There are some knowledge and practice gap of PREP. Most are not comfortable prescribing PREP thus will refer patients to infectious diseases. It is essential to promote knowledge and attitude about PREP in medical providers who have an important role in advising at-risk patients about PrEP which will lead to a better practice.

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1411. HIV Pre-Exposure Prophylaxis (PrEP) Uptake, Initiation, and Persistence in the Detroit Public Health STD Clinic

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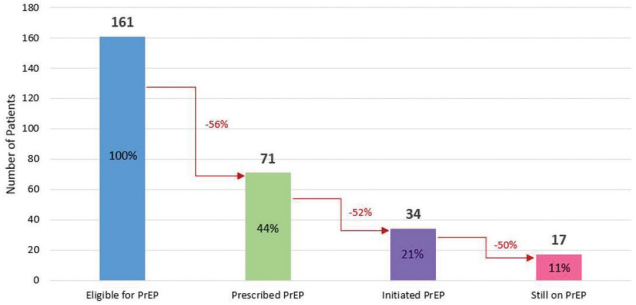
Background. HIV pre-exposure prophylaxis (PrEP) is an effective HIV prevention tool; however, little is known about PrEP uptake, initiation, and persistence among patients prescribed PrEP in STD clinics.

Methods. Between July 2016 and March 2017, STD clinic staff compiled reports detailing the eligibility and initiation of PrEP in the Detroit STD Clinic. Staff called all patients prescribed PrEP to determine whether they had started PrEP, were still on PrEP, and their reasons for never initiating or discontinuing PrEP. We used chi-square tests to evaluate differences in PrEP initiation and discontinuation by age and race, calculated the population's mean duration on PrEP (persistence), and used proportional hazards regression to assess differences in persistence by age and race.

Results. A total of 161 STD clinic patients were eligible for PrEP, of whom 71 (44%) were prescribed PrEP. Of the 71 patients prescribed PrEP, staff successfully interviewed 45 (63%) a median of 113 days following their receipt of prescription. Thirty-four (76%) interviewed patients had initiated PrEP, of whom 17 (50%) had subsequently discontinued their medication a mean of 92 days (95% confidence interval [CI]: ± 23.8) following receipt of a prescription. Figure 1 illustrates the PrEP care continuum for our clinic. There was no significant difference in PrEP initiation or discontinuation by age or race. There was no significant difference in persistence by race. Ages 18–24 had the shortest mean persistence (62 days, 95% CI: ±37.5), while those ages 35–44 had the longest mean persistence (146 days, 95% CI: ± 47.3) though this was not a significant difference (hazard ratio 0.39, $P = 0.28$). The most common reason for not initiating or discontinuing PrEP was concern about side effects (29%).

Conclusion. Clinicians in the Detroit STD clinic prescribed PrEP for less than half of PrEP-eligible patients, only 76% of those prescribed PrEP ever filled their first prescription, and the mean duration of use among those who filled a first prescription was under 6 months. Our findings highlight the need for further evaluation of why eligible patients are not prescribed PrEP, intensified support services to encourage PrEP persistence, and improved patient counseling about potential side effects.

Figure 1. HIV Pre-Exposure Prophylaxis (PrEP) Care Continuum in the Detroit Public Health STD Clinic



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