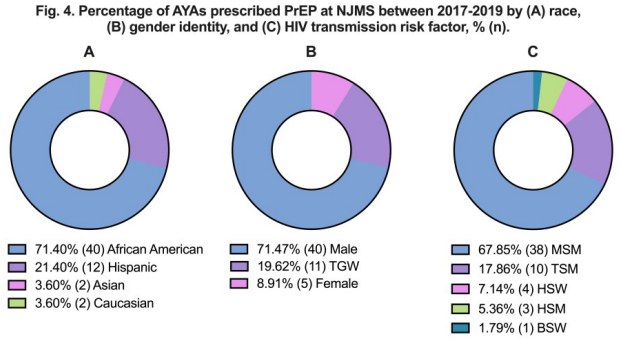
Fig. 4. Percentage of AYAs prescribed PrEP at NJMS between 2017-2019 by (A) race, (B) gender identity, and (C) HIV transmission risk factor, % (n).



Conclusion. AYA PrEP prescription rates at NJMS were higher than national estimates, primarily driven by IDP and DAYAM, in contrast to national data identifying emergency, family and internal medicine providers as common AYA PrEP prescribers. Compared to national data, our AYAs on PrEP better reflected the national PrEP indications by race and HIV risk factor (although intravenous drug use was not identified as a PrEP indication in our study presumably due to a lack of forthcomingness). IDP and DAYAM routinely identify high risk AYAs, screen for PrEP eligibility using detailed, nonjudgmental sexual histories, and prescribe PrEP to AYAs. It is thus important to integrate primary care into subspecialty clinics with an emphasis on including PrEP in routine sexual/reproductive health services. PCPs in other fields should expand AYA PrEP prescriptions to further engage high risk youth in HIV prevention.

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

985. Impact of Age and Medical Comorbidities on Renal Outcomes in the DISCOVER Trial

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Session: P-46. HIV: Prevention

Background. In DISCOVER, emtricitabine/tenofovir alafenamide (F/TAF) was noninferior to F/tenofovir disoproxil fumarate (TDF) for preexposure prophylaxis (PrEP) in men who have sex with men and transgender women, with a superior renal laboratory profile. The differential impact of F/TAF and F/TDF on renal parameters among older individuals and those with medical comorbidities is unknown.

Methods. DISCOVER randomized participants 1:1 to daily blinded F/TAF or F/TDF. We examined renal outcomes at week 48 including estimated glomerular filtration rate (eGFR) by Cockcroft-Gault, β2 microglobulin (M):Creatinine (Cr) and retinol binding protein (RBP):Cr ratios (markers of proximal renal tubular function), and discontinuations due to investigator reported study drug-related renal adverse events (AEs).

Results. Median age was 34 years (yrs)(range 18-76), with 12.5% vs 10.9% < 25yrs, 12.2% vs 14.4% ≥ 50yrs, and 1.1% vs 0.9% > 65yrs for F/TAF and F/TDF, respectively. The prevalence of medical comorbidities at baseline were; eGFR < 90mL/min= 9.1% vs 9.3%, diabetes= 2.9% vs 3.3%, and hypertension= 10.5 vs 11.1%, for F/TAF and F/TDF, respectively. eGFR changes by age category and medical comorbidity status are found in the Table. Forty participants had study drug-related renal AEs; 14 with F/TAF and 26 with F/TDF. Of these, 25% were > 50yrs, 20% had baseline eGFR < 90mL/min, 7.5% had history of diabetes, and 22.5% had history of hypertension. β2M:Cr and RBP:Cr changes were more favorable in participants receiving F/TAF, with greater magnitude of difference in older participants (data not shown).

Table.

Table: Median eGFR change (mL/min)

Category	F/TAF	F/TDF	Difference (F/TAF - F/TDF)	p value*
All	1.8	-2.3	4.1	<0.001
Age <25 yrs	2.6	-2.3	4.9	0.018
Age ≥50 yrs	0.6	-3	3.6	<0.001
Age ≥65 yrs	-1.7	-6	4.3	0.062
eGFR <90 mL/min	4.7	1.2	3.5	0.006
eGFR ≥90 mL/min	1.6	-3	4.6	<0.001
Diabetes	-0.1	-3.6	3.5	0.11
No diabetes	1.8	-2.1	3.9	<0.001
Hypertension	1.7	-4.3	6	<0.001
No hypertension	1.8	-1.8	3.6	<0.001

* P values are derived from the Van Elteren test

Conclusion. The DISCOVER trial allows for a large single variable comparison of the two tenofovir prodrugs in the absence of underlying HIV infection and in the absence of third antiretroviral agents. F/TAF was associated with favorable changes in renal biomarkers regardless of age or medical comorbidity. Participants ≥50yrs or with comorbidities were proportionately more likely to develop study drug related renal AEs, but these were present in the minority of cases.

Disclosures. **Eric Daar, MD**, **BMS** (Consultant)**Gilead Sciences Inc.** (Consultant, Grant/Research Support, Scientific Research Study Investigator)**Janssen** (Consultant)**Merck** (Consultant, Grant/Research Support)**Teva** (Consultant)**Theratechnology** (Consultant)**Viiv Healthcare** (Consultant, Grant/Research Support) **Jason Brunetta, MD**, **AbbVie** (Consultant)**Gilead Sciences Inc.** (Consultant, Grant/Research Support, Scientific Research Study Investigator, Speaker's Bureau, Other Financial or Material Support, Conference attendance sponsorship)**Janssen** (Other Financial or Material Support, Conference attendance sponsorship)**Merck** (Consultant, Speaker's Bureau, Other Financial or Material Support, Conference attendance sponsorship)**Viiv Healthcare** (Consultant, Speaker's Bureau, Other Financial or Material Support, Conference attendance sponsorship) **Eric Cua, MD**, **Gilead Sciences Inc.** (Scientific Research Study Investigator) **David Asmuth, MD**, **Gilead Sciences Inc.** (Scientific Research Study Investigator) **Christoph C. Carter, MD**, **Gilead Sciences Inc.** (Employee, Shareholder) **Yongwu Shao, PhD**, **Gilead Sciences Inc.** (Employee, Shareholder) **Pamela Wong, MPH**, **Gilead Sciences Inc.** (Employee, Shareholder) **Ramin Ebrahimi, MSc**, **Gilead Sciences Inc.** (Employee, Shareholder) **Moupali Das, MD**, **Gilead Sciences Inc.** (Employee, Shareholder) **Diana M. Brainard, MD**, **Gilead Sciences** (Employee) **Amanda Clarke, MD**, **Gilead Sciences Inc.** (Consultant, Scientific Research Study Investigator, Other Financial or Material Support, Conference attendance sponsorship)**Viiv Healthcare** (Consultant, Other Financial or Material Support, Conference travel sponsorship)

986. Improvement in Administration of HIV Post-Exposure Prophylaxis in the Emergency Department Following Sexual Assault

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Session: P-46. HIV: Prevention

Background. Nonoccupational post exposure prophylaxis (nPEP) following sexual assault can prevent HIV transmission. A standardized Emergency Department (ED) protocol for evaluation, treatment, and follow up for post assault victims was implemented to improve compliance with CDC nPEP guidelines.

Methods. A single-center observational study of post sexual assault patients before/after implementation of an ED nPEP protocol was conducted by comparing the appropriateness of prescriptions, labs, and necessary follow up. A standardized order-set based on CDC nPEP guidelines, with involvement of an HIV pharmacist and ID clinic, was implemented during the 2018-2019 academic year. Clinical data from pre-intervention period (07/2016-06/2017) was compared to post-intervention period (07/2018-08/2019) following a 1-year washout period.

Results. During the study, 147 post-sexual assault patients (59 Pre, 88 Post) were included. One hundred thirty-three (90.4%) were female, 68 (46.6%) were African American and 133 (90.4%) were candidates for nPEP. Median time to presentation following assault was 12.6 hours. nPEP was offered to 40 (67.8%) and 84 (95.5%) patients