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 transmissibility by facility type helps evaluate the potential impact of interventions in various settings.

Table: Transmissibility of *C. auris* by Facility Type

Facility Type	*C. auris* Transmissibility (per Day) (Median, IQR)	*C. auris* reproduction number (per Stay) (Median, IQR)	CRE Transmissibility[a] (per Day) (Mean, 95% CI)	CRE Reproduction Number[a]
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 (0.036–0.049)	1.61
VSNF	0.019 (0.014–0.023)	1.05 (0.70–1.27)	–	–

[a]Previous estimates (Poster 429, SHEA 2018), for comparison.

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

1269. HIV Testing in a Large Community Health Center Serving a Multi-cultural Population: A Qualitative Study of Providers

Anthony James, BA, BS[1]; Danelle Marable, MA[2]; Caroline Cubbison, MD[1]; Andrew Tarbox, BA[1]; Sarah Oo, MSW[2]; Kenneth Freedberg, MD, MSc[1,3] and Julie Levison, MD, MPhil, MPH[1,2,4]; [1]Massachusetts General Hospital, Boston, Massachusetts, [2]Massachusetts General Hospital Chelsea HealthCare Center, Chelsea, Massachusetts, [3]Harvard Medical School, Boston, Massachusetts, [4]Harvard Medical School, Boston, Massachusetts

Session: 140. HIV: Diagnosis and Screening
Friday, October 5, 2018: 12:30 PM

Background. In the United States, 15% of people with HIV (PWH) do not know their serostatus, leading to both individual morbidity and HIV transmission to others. While CDC guidelines recommend HIV screening for all individuals aged 13–64 years, racial and ethnic minorities in the United States continue to present to care with advanced HIV infection.

Methods. Our objective was to assess providers' perspectives on barriers to and facilitators of HIV testing at an urban community health center serving a predominantly racial/ethnic minority population of low socio-economic status. Study staff conducted five focus groups from January 2017 to November 2017 with 74 health center staff: 20 adult medicine/primary care providers, 28 community health workers (CHWs), six urgent care physicians, six community health administrators, and 14 behavioral health providers. Each focus group ranged from six to 20 participants. In addition to exploring participants' views on HIV testing in this setting, we also explored potential interventions to improve HIV testing. Interviews were digitally recorded. Data were analyzed using a grounded theory approach. We used open coding to develop themes and compared themes among provider groups.

Results. The main facilitators of routine HIV testing were clinical training in HIV/hepatitis care and CHWs engaging patients in topics that intersect with HIV risk factors. Providers' perceptions of key barriers were patients' cultural perceptions of HIV (e.g. HIV-related stigma), patients' concerns about test confidentiality, competing medical and social issues, and provider lack of HIV knowledge. All groups agreed that HIV testing should occur through the primary care provider though acknowledged that patients may be seeking healthcare more frequently through mental health, urgent care, or social services than primary care. Primary care physicians wanted easier mechanisms to identify patients in need of HIV testing and assistance with offering the test to non-English language speaking patients.

Conclusion. Specific, focused efforts can lead to improved HIV testing in racial ethnic minorities in community health centers. Training to improve provider comfort, increasing CHW engagement, and a focus on patients' cultural beliefs may all have an impact.

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

1270. Are HIV-Related Diagnostics Excessively Ordered? A Pilot Intervention Study to Improve Test Use in the Inpatient Setting

Daryush Tabatabai Asl, PharmD[1]; Harminder Sikand, PharmD, FCSHP, FASHP, FCCP[2]; Eva Sullivan, PharmD[3] and Nancy Crum-Cianflone, MD, MPH[3]; [1]Pharmacy, Scripps Mercy Hospital - San Diego, San Diego, California, [2]Pharmacy, Scripps Mercy Hospital, San Diego, California, [3]Scripps Mercy Hospital, San Diego, California

Session: 140. HIV: Diagnosis and Screening
Friday, October 5, 2018: 12:30 PM

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

Methods. A pre-interventional 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 based on in-hospital costs.

Results. In the pre-intervention arm, 87% (296/341) of total tests ordered did not meet criteria for appropriate ordering (160 unneeded CD4 counts, 126 RNA levels, and 10 genotypes). These tests resulted in excessive financial burden of $24,600. Post-intervention, 63% (32/51) of HIV-related tests were canceled netting an initial savings of $2,700. Most common cancelation reason was recent 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 unnecessary HIV-associated tests by 63% and offered significant cost savings. These data suggest the importance of evaluating the appropriateness of HIV-related diagnostic testing in the inpatient setting to improve test usage and reduce excessive healthcare costs.

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

1271. Prevalence and Factors Associated With HIV Testing Among Sexually Experienced 18–49-Year-Old Hong Kong Residents

Yanping Zhao, PhD[1]; William Parish, PhD[2]; Li-Gang Yang, MD[3]; Michael Emch, PhD[4]; King Man Ho, Dr[5]; Francois Yeung Fong, Dr[6]; Heidi Yin Hai Miu, MSc[7]; Joseph D. Tucker, MD, MA, PhD[8] and William Chi Wai Wong, MD[7]; [1]The University of Hong Kong, Hong Kong, Hong Kong, [2]University of Chicago, Chicago, Illinois, [3]Division of STD Control, Guangdong Provincial Dermatology Hospital, Dermatology Hospital of Southern Medical University, No. 2 Lujing Road, Guangzhou, Guangdong Province., Guangzhou, China, [4]206 Carolina Hall CB #3220 Chapel Hill, North Carolina 27599 USA, Chapel Hill, North Carolina, North Carolina, [5]Social Hygiene Service, Department of Health, Hong Kong Government, Hong Kong S.A.R., China., Hong Kong, Hong Kong, [6]Hong Kong Sexual Health Centre, Hong Kong S.A.R., China., Hong Kong, Hong Kong, [7]Department of Family Medicine and Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, Hong Kong, [8]Division of Infectious Diseases, University of North Carolina Project-China and University of North Carolina Chapel Hill, Chapel Hill, North Carolina

Session: 140. HIV: Diagnosis and Screening
Friday, October 5, 2018: 12:30 PM

Background. The main HIV transmission route in Hong Kong is sex, accounting for 78.0% 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, 19.5% (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 another 22.0% was tested in antenatal check-up or Hong Kong Red Cross. Among the sexually experienced residents, factors associated with HIV testing include marital status and number of sexual partners. Compared with single participants, those cohabiting, married, or with marital history were about seven times more likely to be tested (aOR = 6.73, 95% CI 2.23–20.31). Those who had >1 sexual partners were about twice as likely to be tested (aOR = 1.84, 95% CI 1.05–3.25). Other factors such as condom use, sexual orientation, anal sex behaviors or sexually transmitted infections history were not associated with HIV testing.

Conclusion. HIV testing among Hong Kong residents is comparatively low. Though those with more than one sexual partner are more likely to be tested, those single, nonconsistent condom users, or with risky behavior such as anal sex behaviors do not associate with higher HIV testing. More HIV testing campaign and awareness raising shall be targeted toward people with at-risk behaviors.

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