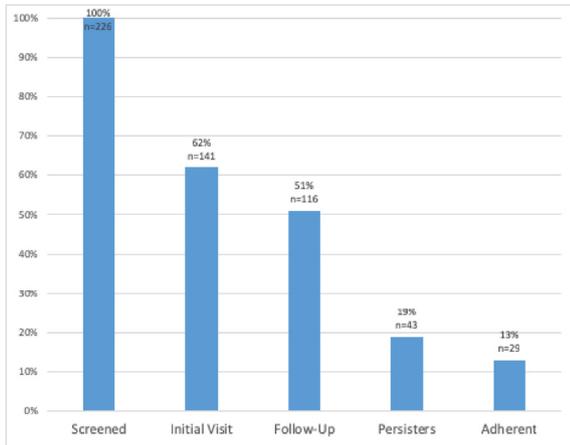


**Conclusion.** At a Deep South PrEP clinic, persistence overall was poor for MSM. More nonpersisters had inconsistent condom use, indicating higher risk despite non-persistence. Although not statistically significant, nonpersisters were more likely to be black, uninsured, and have multiple sexual partners when compared with persisters. Disparities seen nationally in new HIV diagnoses are reflected in nonpersisters. Nonpersisters may not realize the extent of their risk of HIV acquisition and warrant intensive engagement interventions.



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

### 1283. Attitudes and Practices Regarding HIV Post-Exposure Prophylaxis

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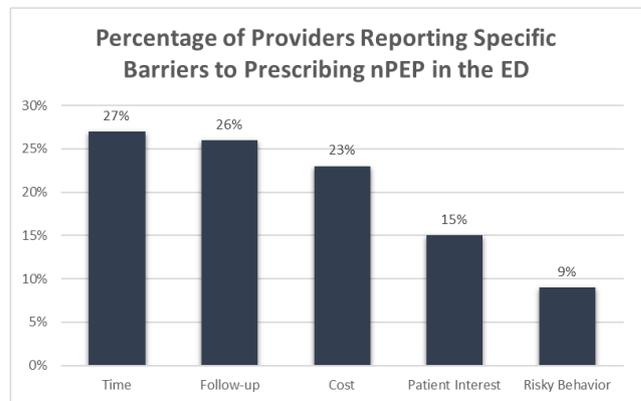
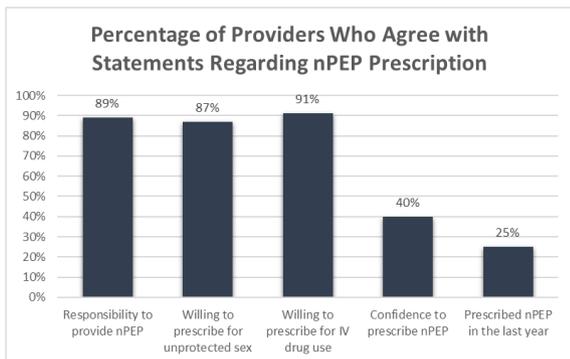
**Session:** 149. HIV: Prevention  
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**Background.** Research suggests nonoccupational Post Exposure Prophylaxis (nPEP) is underprescribed when indicated in the Emergency Department (ED). This study is an assessment of ED providers' attitudes and practices regarding administration of HIV nPEP.

**Methods.** This was an anonymous survey based on literature review and modified Delphi technique. We approached 153 ED providers at work over a 4-month period from 5 hospital-based and 2 freestanding EDs with an annual census between 35,000 and 75,000 patients. The EDs are a combination of urban, suburban, and rural EDs. There were 152 completed surveys: 80 attendings, 27 residents, and 44 physician assistants.

**Results.** The majority of surveyed providers (133/149, 89.3%) believe it is their responsibility as an emergency provider to provide HIV nPEP in the emergency department (Figure 1). Although 91% (138/151) and 87% (132/151) of respondents are willing to prescribe nPEP to a patient in the ED for IV drug use and unprotected sex, respectively, only 40% (61/152) of participants felt they could confidently prescribe the appropriate regimen. Ultimately, only 25% (37/151) of participants prescribed nPEP in the last year. Number of years in practice, age, and gender did not result in a significant difference in nPEP administration. Respondents noted time (27%), access to follow-up care (26%), cost to patients (23%), patients' perceived interest in HIV counseling (15%), and concern for ongoing risky behaviors (9%) as barriers to prescribing nPEP (Figure 2). 64% (95/149) of respondents feel that it is their responsibility as an ED provider to refer patients at risk of nonoccupational exposures for risk-reduction counseling.

**Conclusion.** This study identified an opportunity for HIV prevention in the emergency department. The majority of participants had not prescribed nPEP in the past 12 months. Although most were willing to prescribe nPEP and felt it was their responsibility, the majority of participants were not confident in prescribing it. Future interventions to increase the use of nPEP in the ED should target provider education, cost, access to follow-up care and counseling.



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

### 1284. Pre-exposure Prophylaxis (PrEP) for HIV in Vermont: an Assessment of Prescribing in a Uniquely Rural State

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**Background.** In the United States and Vermont, men who have sex with men (MSM) make up the majority of new human immunodeficiency virus (HIV) infections every year. Despite HIV prevention campaigns and approval of antiviral therapy for pharmacologic HIV pre-exposure prophylaxis (PrEP), HIV cases in Vermont—a predominantly rural state—are on the rise. The primary objective of this study was to assess prescribing practices and barriers surrounding PrEP for adult MSM in Vermont.

**Methods.** A web-based healthcare provider survey was deployed electronically over a 10 week period in 2019 to a convenience sample of licensed primary care, sexual health, and infectious disease providers in Vermont. Questions were designed to target factors thought to influence PrEP prescribing, with a focus on prescribing behaviors and perceived barriers.

**Results.** An estimated 500 providers received the survey. There were 137 survey respondents, 106 (77%) were physicians, primarily in internal medicine. Though only 47 (34%) providers had experience prescribing PrEP to MSM patients, over 89% identified as willing to prescribe PrEP to high-risk groups. Among PrEP prescribers, screening frequency for HIV and bacterial sexually transmitted infections (STIs) while on PrEP fell below the current guideline recommendations at 72% and 53%, respectively. Less than 70% of providers routinely obtain sexual history for male patients. Among providers willing to prescribe PrEP, concern regarding medication toxicity was the only statistically significant barrier ( $\chi^2 = 5.5, P = 0.02$ ). Concerns regarding risk compensation behavior and lack of knowledge or experience regarding prescribing PrEP also demonstrated an association with provider willingness to prescribe PrEP, however did not reach statistical significance.

**Conclusion.** The majority of Vermont providers sampled are willing to prescribe PrEP, suggesting there is great opportunity to increase prescribing and use, potentially having an impact on reducing HIV transmission among MSM in the state. Provider education targeted toward guidelines for STI and HIV screening on therapy, obtaining sexual histories, and minimal toxicity risk may serve to increase prescribing of PrEP among Vermont providers.

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### 1285. PrEP Acceptability, Uptake, and Adherence Among Young Men Who Have Sex with Men and Transgender Women in PrEP Demonstration Project, Chiang Mai, Thailand

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**Background.** Young men who have sex with men (YMSM) and transgender women (YTGW) are at high risk for HIV acquisition. In attempt to end the HIV epidemic, the comprehensive HIV prevention packages should be offered. However, the