with unattended initial appointments did not reschedule (figure). Notably, 12% (4/34) PrEP-eligible individuals previously presented to the clinic yet did not re-present for dedicated PrEP evaluation.

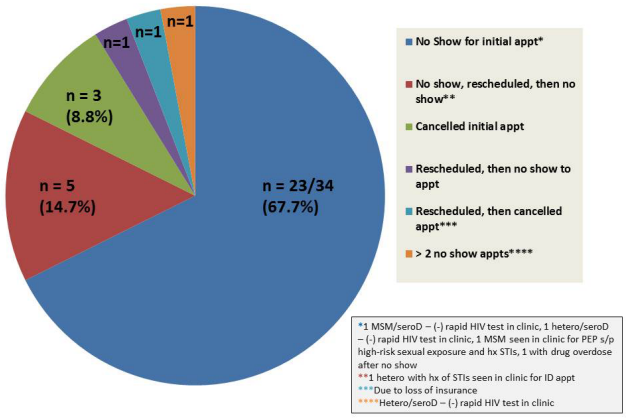
Conclusion. A significant proportion of individuals schedule but do not attend initial PrEP appointments. This cohort, particularly younger patients and those with nonprivate insurance, represents a distinct population - with a "near" yet incomplete engagement in care – for whom HIV prevention efforts and concerted outreach should be focused. Same day, rapid PrEP starts deserve serious consideration in order to capitalize on patient engagement when the opportunity presents. The paucity of data highlights the need for research of those who are PrEP-interested but not fully PrEP-engaged.

Table: Characteristics of HIV PrEP Seekers Compared by Appointment Attendance

Characteristic	Total (n=103)	Appointment Attendance: Attended (n=69, 67%)	Appointment Attendance: Did Not Attend (n=34, 33%)	p-Value
Sociodemographics				
Age, yrs, mean (standard deviation)	37 (11)	38 (11)	34 (12)	0.01
Sex, n (%)				0.19
Male	75 (73%)	53 (77%)	22 (65%)	
Female	28 (27%)	16 (23%)	12 (35%)	
Race/Ethnicity, n (%)				0.22
White	41 (41%)	31 (45%)	10 (32%)	
African American	44 (44%)	26 (38%)	18 (58%)	
Hispanic	12 (12%)	9 (13%)	3 (10%)	
Asian	3 (3%)	3 (4%)	0 (0%)	
(missing, n=3)				
Insurance, n (%)				<0.05
Private	47 (47%)	37 (54%)	10 (32%)	
Non-private*	53 (53%)	32 (46%)	21 (68%)	
(missing, n=3)				
*HIV Risk Factors***				
MSM, n (%)				<0.01
No	36 (40%)	20 (29%)	16 (73%)	
Yes	55 (60%)	49 (71%)	6 (27%)	
(missing, n=12)				
High Risk Heterosexual, n (%)				<0.01
No	55 (62%)	49 (71%)	6 (30%)	
Yes	34 (38%)	20 (29%)	14 (70%)	
(missing, n=14)				
Person who injects drugs, n (%)				0.21
No	67 (92%)	64 (93%)	3 (75%)	
Yes	6 (8%)	5 (7%)	1 (25%)	
(missing, n=30)				

*Non-private insurance includes Medicaid, Medicare and uninsured
**There were 10 individuals with unattended initial PrEP appointments with no identified HIV risk factors. There was no individual with intravenous drug use indentified as a sole HIV risk factor.

Figure: Characterization of Unattended PrEP Appointments



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1288. Bone Safety Outcomes with F/TAF vs. F/TDF for PrEP in the DISCOVER Trial

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Background. In the DISCOVER PrEP trial, emtricitabine/tenofovir alafenamide (F/TAF) was noninferior to emtricitabine/tenofovir disoproxil fumarate (F/TDF) for HIV prevention. Here we report the bone safety outcomes of F/TAF and F/TDF.

Methods. Men who have sex with men (MSM) and transgender women (TGW) at risk of HIV were randomized 1:1 to receive blinded F/TDF or F/TAF, taken once daily. Those on PrEP with F/TDF were eligible to enroll. Bone densitometry (DXA) of the hip and spine were performed in a subset of participants (BMD subset). Fracture events were compared in all study participants. Week 48 data are presented.

Results. 5387 participants were enrolled in the main study, with 383 included in the BMD subset. In the BMD subset, the median age was 37 (IQR 29, 46); 0.8% were TGW, 9.4% were black, and 20.6% were Hispanic or Latinx. Fifty-three BMD subset participants were on baseline F/TDF PrEP at enrollment, 26 of whom were randomized to F/TAF. F/TAF was associated with more favorable changes in hip and spine BMD compared with F/TDF (Table 1); these differences were similar when participants on baseline PrEP were excluded. Participants age <35 on F/TAF gained BMD, whereas those on F/TDF lost BMD (Table 1). BMD decreases of ≥3% were less frequent in the F/TAF group than the F/TDF group at the hip (3.8% vs. 18.4%, $P < 0.001$) and spine (10.1% vs. 26.9%, $P < 0.001$). Osteopenia was more frequently diagnosed in the spine in participants on F/TDF compared with F/TAF (Figure 1, $P = 0.007$); but not in the hip. Fracture event frequency was the same (53 [2.0%] per group, $P = 1.00$). One pathological fracture was reported in the F/TAF group compared with two in the F/TDF group ($P = 0.57$). In participants on baseline F/TDF PrEP, those randomized to F/TAF had significantly improved hip BMD compared with baseline (median percent change 1.13 [IQR –0.86, 3.47], $P = 0.027$), while spine BMD was unchanged.

Conclusion. Through 48 weeks, DXA subset participants taking F/TAF for PrEP had significantly less change in BMD than those taking F/TDF, and were less likely to develop spine osteopenia. The incidence of fracture was similar, and pathological fractures were rare. F/TAF for PrEP is effective and has a superior bone safety profile compared with F/TDF.

Table 1. BMD changes at week 48

BMD Cohort	N	F/TAF	F/TDF	Difference	p value
Hip BMD median % change (IQR)	316	-0.04 (-1.12,1.33)	-0.90 (-2.09,0.46)	0.86	<0.001
Spine BMD median % change (IQR)	319	0.52 (-1.07,1.97)	-1.36 (-3.14,0.85)	1.88	<0.001
BMD Cohort, Age <35	**N**	**F/TAF**	**F/TDF**		**p value**
Hip BMD median % change (IQR)	166	0.29 (-1.35, 1.56)	-1.01 (-1.92, 0.46)	1.3	0.005
Spine BMD median % change (IQR)	167	0.52 (-0.83, 1.61)	-0.98 (-2.53, 1.03)	1.5	0.002
BMD Cohort, Age ≥35	**N**	**F/TAF**	**F/TDF**		**p value**
Hip BMD median % change (IQR)	209	-0.1 (-1.03, 1.31)	-0.82 (-2.69, 0.47)	0.72	0.002
Spine BMD median % change (IQR)	211	0.52 (-1.56, 2.0)	-1.57 (-3.57, 0.74)	2.09	<0.001

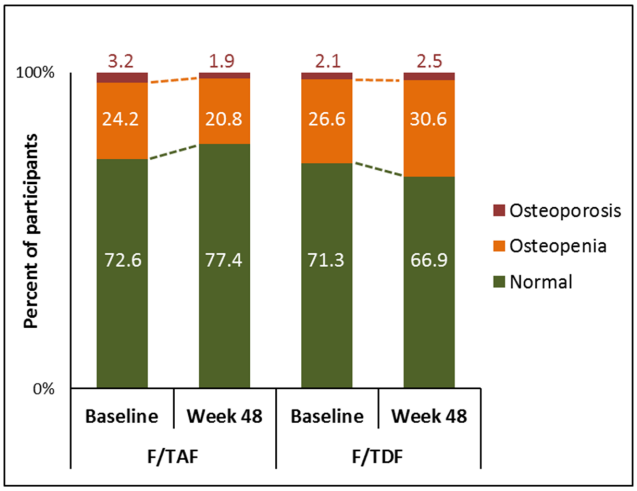

Figure 1. Distribution of participants by spine BMD clinical category

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1289. Douching and Rectal Inflammation in Sexual Minority Men: Implications for HIV Acquisition

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Background. Rectal douching is the practice of rinsing the anus and rectum prior to, or after, anal sex. Among gay, bisexual, and other men who have sex with men (sexual minority men), rectal douching is likely to enhance HIV acquisition by amplifying inflammation of the rectal mucosa. This study evaluated the association of rectal douching with rectal inflammation among sexual minority men at risk for HIV infection.

Methods. HIV uninfected sexual minority men who reported receptive anal intercourse in the past 3 months (N = 197) were recruited from four STI clinics in South Florida, the leading region for new HIV infections among sexual minority men in the United States. A brief survey assessed rectal douching practices and sexual behaviors in the previous 3 months. Rectal inflammation was assessed by measuring 13 human rectal inflammatory cytokines/chemokines in rectal swabs using the LEGENDplex Human Inflammation Panel in a sample of 38 participants who reported douching and condomless receptive anal intercourse (CRAI).

Results. Average age was 35.8 years (SD=15.4). The sample was multi-ethnic: 42% Caucasian, 38% Hispanic/Latino, 13% Black/African American, and 7% other ethnic minority. Approximately two-thirds of participants (65%) reported any rectal douching in the past 3 months and the median number times participants douched was five. Participants who douched had more CRAI partners (Cohen's d = 0.4587; P < 0.01), and more CRAI partners to ejaculation (Cohen's d = 0.4813; P < 0.01) compared with participants who did not douche. Participants who reported douching five or more times in the past 3 months displayed significantly higher levels of IL-8 (Cohen's d = 0.79; P = 0.02) than those who douched less than five times.

Conclusion. Among sexual minority men who engage in CRAI, more frequent douching is associated with higher levels of rectal inflammation. Assessment of rectal douching should be included when evaluating HIV prevention interventions among sexual minority men, as those who douche are more likely to engage in CRAI and are at higher risk for acquisition of HIV and other sexually transmitted infection. Further mechanistic studies are needed to assess the role of rectal douching in promoting rectal inflammation.

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

1290. Community Screening and Education for HIV and Hepatitis C (HCV) infection in South Texas with Rapid Point of Care Testing and a Mobile Phone Application (app)

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Background. HIV and HCV infection cause considerable morbidity and mortality if untreated. The southern United States has the highest burden of new HIV diagnoses nationwide. Approximately 60% of hepatocellular carcinoma (HCC) in the United States is due to HCV. HCC incidence rates are the fastest growing among all cancers in Texas (TX). We aimed to use community screening events to provide additional diagnostic opportunities and surveillance data for HIV/HCV and to evaluate an HIV/HCV app to optimize public health education and prevention.

Methods. Two community HIV/HCV screening/education events occurred in April 2019 in the border city of Laredo, TX (at a community park) and San Antonio, TX (on a university campus). Those screened for HIV/HCV using point of care rapid tests completed a demographic and risk factor questionnaire. HIV/HCV education was offered to attendees via an app with a teach-back feature to assess short-term knowledge gains in specific areas: HIV and HCV cure, body organ impacted by HCV, HCV transmission, HCV symptoms.

Results. Attendees: Laredo event—approximately 260 people; San Antonio event approximately 100 people. 60 people were screened for HIV and HCV. 77% were Hispanic, 63% were female, 68% were 18–25 years old, 63% reported not having a primary care provider. One HCV seroreactive case was identified and linked to care. The most commonly reported risk factors were having tattoos (43%) and body piercing (37%). Other risk factors included street drug use (12%), home finger stick blood checks (12%), dental surgery outside the United States (12%). Fifty-three people utilized the HIV/HCV education app. 91% correctly identified that HIV cannot be cured, 87% correctly identified that HCV impacts the liver and that a test can confirm HCV infection. 81% correctly identified how HCV can be transmitted and 79% corrected identified that HCV can be cured. The app was rated 4.8/5, as "very useful" on a Likert scale.

Conclusion. Features of those screened included not being engaged in primary care, having risk factors for both HCV and HIV infection and the majority being young adults. The HIV/HCV mobile phone app was an acceptable education tool for those who utilized it. Appropriately developed and implemented apps can be effective in teaching key knowledge points about HIV/HCV infection.

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1291. Comparison of Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) Screening Rates Before and After Implementation of a Quality Improvement (QI) Project Aimed at Incorporating Routine "Opt-Out" Testing at a Primary Care Resident Clinic in Columbia, SC

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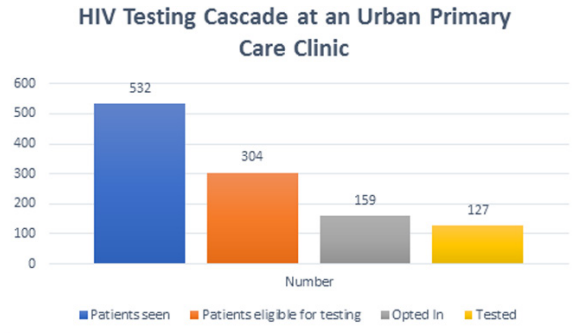
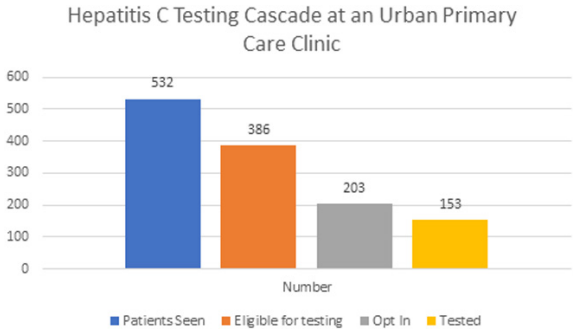
Background. Southern states account for the majority of new cases of Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) in the United States. Despite this, routine screening for these viruses in asymptomatic individuals remains low and patients often present with advanced disease.

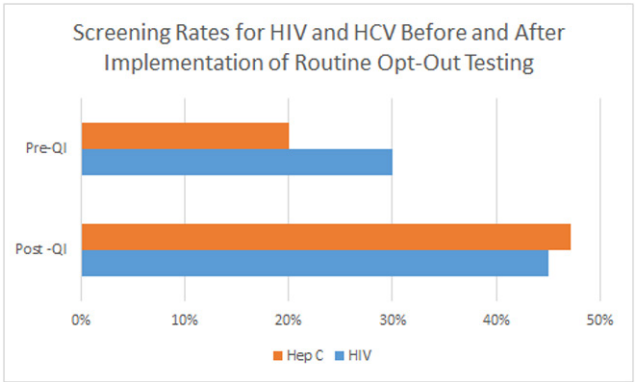
Methods. We examined the screening rates for HIV and HCV before and after implementation of a Quality Improvement (QI) project aimed at routine "opt out" testing in asymptomatic individuals. The QI project was implemented at a single primary care clinic in February 2019 and will continue until August 2019. Persons were considered eligible for testing if they were between the ages of 18–65 years for HIV and 18–74 years for HCV. Screening rates were determined by calculating the percentage of eligible patients tested within the study period and compared with baseline screening rates of patients seen June–July 2018. Characteristics of the study population were valued by using descriptive statistics. Chi-square test was used to compare categorical variables. A significance level of P < 0.05 was considered statistically significant. We present 4-week data.

Results. 532 patients were seen for the month of February 2019 (347 (65%) females and 185 (35%) males). Mean age was 57 years (SD = 19). Patients seen were predominantly black females. After QI implementation, the screening rate for HIV was 45% compared with the baseline screening rate of 30% (P = 0.014). Similarly, the screening rate for HCV was 47.2% compared with baseline screening rate of 20% (P < 0.001). Gender, age, chief complaint and insurance coverage did not impact screening rates. The major reason persons were not screened was opting out due to patient preference. 34% of eligible persons opted out of HIV testing, while 33% of eligible persons opted out of HCV testing. Provider engagement was initially high but tapered off. No new cases of HIV were found. 4 new cases of HCV with active viremia were identified.

Conclusion. While the implementation of routine "opt-out" testing significantly increased the percentage of individuals screened, a significant number of people are still choosing to opt out of testing. The percentage of persons opting out is higher than that seen in previous studies and may be contributing to the southern epidemic.







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