assess recent PrEP adherence at 8 clinics. Urine samples were collected during routine visits and analyzed using the LC-MS/MS assay. Test results were retrospectively paired with gender data, when available, and sex assigned at birth (SAAB) data. Adherence data were aggregated and analyzed to assess non-adherence proportions by sub-population.

Results. Gender data were available from 1,461 patients at 5 clinics, 1,344 (92%) of whom were cis males (Figure 1).

From the 5 clinics where gender and SAAB data were available, 3,835 tests were conducted and 517 (13.5%) indicated non-adherence (Figure 2).

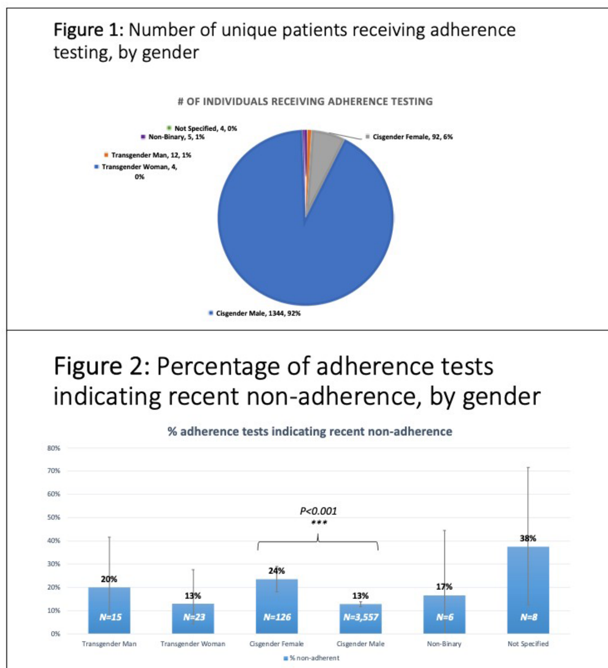
3 additional clinics conduct routine adherence testing and collect SAAB data (gender data not available). At these 8 clinics, SAAB data were available for 2,773 PrEP patients, totaling 5,602 urine tests (Figure 3).

Among these 5,602 adherence tests, 813 (14.5%) indicated non-adherence (Figure 4). SAAB females demonstrated significantly higher non-adherence than SAAB males (22% vs 14%, p< 0.001).

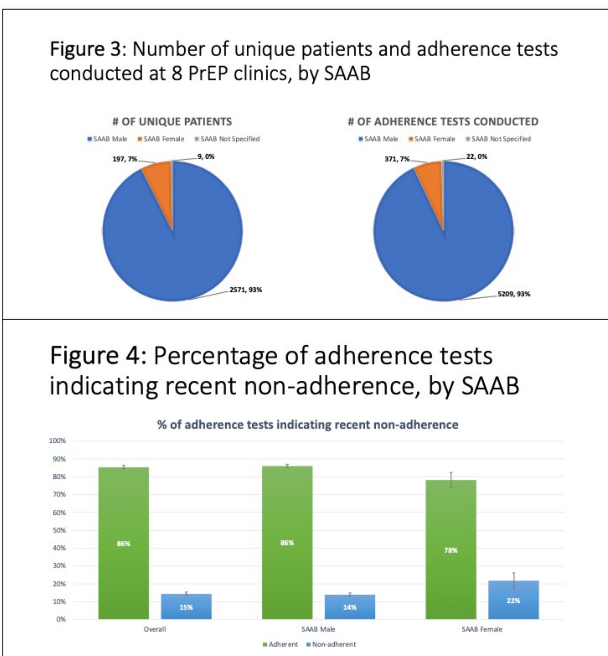
Across clinics, 89%-98% of PrEP patients are SAAB male (Figure 5).

Within these 8 clinics, SAAB female demonstrated consistently higher non-adherence (17%-44%, vs 12%-17% for SAAB males) (Figure 6).

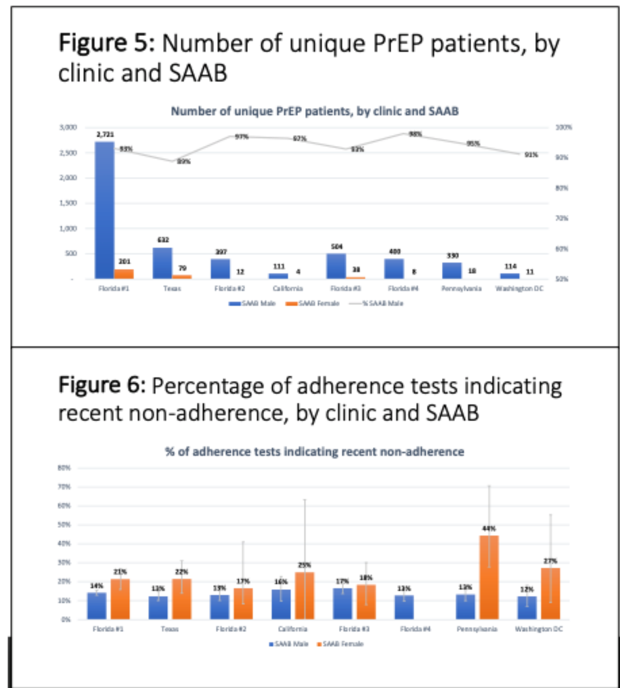
Figures 1 and 2



Figures 3 and 4



Figures 5 and 6



Conclusion. Real-world data align with nationwide trends in PrEP utilization and show that the majority of PrEP patients are cis men. When initiated on PrEP, cis women exhibit higher rates of non-adherence than cis men. These data underscore the need to collect gender-identity data to monitor PrEP disparities and suggest that greater efforts are needed to target PrEP access, utilization, and accompanying support services to cis women and gender minority groups.

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

980. Drexel Medicine Resident Knowledge, Practices and Attitudes Regarding Pre-exposure prophylaxis (PrEP)

Jen E. Mainville, MPH[1]; Ed Gracely, PhD[2]; Zsofia Szep, MD[3]; [1]Drexel Medicine-Partnership Comprehensive Care Practice, Philadelphia, Pennsylvania; [2]Drexel College of Medicine, Philadelphia, Pennsylvania; [3]Drexel University College of Medicine, Philadelphia, PA

Session: P-46. HIV: Prevention

Background. Pre-exposure prophylaxis (PrEP) is a highly effective daily oral antiretroviral medication that was approved by the FDA in 2012 and has been shown to reduce the risk of HIV by 95% in real-world studies. Despite this, many healthcare providers are not offering PrEP to their patients who are at risk for HIV.

Methods. We performed a cross-sectional study among Drexel Internal Medicine, Family Medicine, and Obstetrics and Gynecology residents. The survey included questions about experience, knowledge, attitudes toward and barriers to using PrEP. The survey was adapted from previous studies regarding medical providers' attitudes and knowledge about PrEP (Petroll, 2016; Seifman, 2016; Blumenthal, 2105). A Likert 5-point scale was used for attitude and barriers questions.

Results. Among 143 participants, 80% specialized in Internal Medicine. 43% of participants were in their first year of training and the mean age (+ SD) was 28.8 + 2. 76% reported never initiating a conversation about PrEP with a patient and only 18% reported ever prescribing PrEP to their patients. 92% reported being very or extremely willing to prescribe PrEP to a male with a current male partner known to be HIV positive. Only 43% of residents reported being moderately likely to prescribe PrEP to a patient coming in for a STI exposure. 68% of residents reported their knowledge about PrEP was a major barrier to prescribing PrEP.

Conclusion. We found that most residents have minimal experience with prescribing PrEP, and knowledge was identified as the largest barrier. Additional education and a better understanding of PrEP indications is necessary to ensure eligible PrEP patients have access to this highly effective HIV prevention method.

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

981. Extended Adherence and Persistence to HIV PrEP in a Multidisciplinary PrEP Clinic

Kristen Whelchel, PharmD, CSP[1]; Autumn Zuckerman, PharmD, BCPS, AAHIVP, CSP[2]; Josh DeClercq, MS[3]; Leena Choi, PhD[3]; Shahristan Rashid, PharmD Candidate[4]; Sean Kelly, MD[2]; [1]Vanderbilt Specialty Pharmacy, Nashville, Tennessee; [2]Vanderbilt University Medical Center, Nashville, TN; [3]Vanderbilt University Medical Center, Department of Biostatistics, Nashville, Tennessee; [4]Lipscomb University College of Pharmacy and Health Sciences, Nashville, Tennessee

Session: P-46. HIV: Prevention

Background. Methods to identify and address barriers to human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) persistence are needed to improve low PrEP persistence rates beyond 6 months. We evaluated PrEP adherence and persistence in a multidisciplinary clinic model with an integrated specialty pharmacist.

Methods. We conducted a single-center, retrospective, cohort study of patients initiating PrEP in the multidisciplinary Vanderbilt PrEP Clinic with prescriptions filled by Vanderbilt Specialty Pharmacy between 9/1/2016 and 3/31/2019. In this model, integrated clinical pharmacists manage PrEP access, affordability, and therapy monitoring. Clinical data were collected from the electronic health records and pharmacy claims data. Adherence was calculated from fill data using proportion of days covered (PDC). Persistence at 6, 12 and 18 months was measured using patient-reported discontinuation date or the date of the last fill plus the fill's days' supply for patients lost to follow-up. The Kaplan-Meier estimation method was used to estimate persistence probabilities.

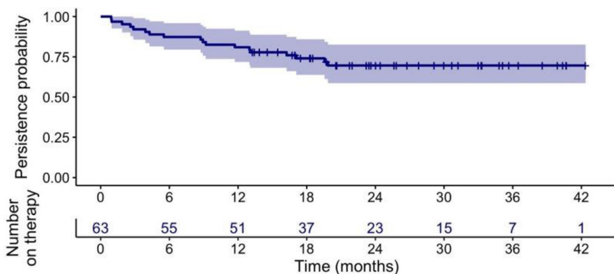
Results. Most of the 63 patients included were male (97%), white (84%), commercially insured (94%) with a median age of 38 years, and men who have sex with men at high risk for acquiring HIV (97%); Table 1. The majority of patients with at least one follow-up visit (n=58) reported no adverse effects (78%), no missed doses (71%), and had a median PDC of 99% (IQR 97% – 100%). Persistence at 6, 12 and 18 months was 0.87 (95% confidence interval, CI, 0.80 – 0.96), 0.81 (95% CI 0.72 – 0.91), and 0.74 (95% CI 0.64 – 0.86), respectively; Figure 1. Of the 18 patients who discontinued PrEP, 9 discontinued due to perceived lack of risk for acquiring HIV, 6 were lost to follow up, 1 moved, transferring PrEP care to a new provider, 1 had worsening depression, and 1 had renal function decline.

Table 1 Patient Characteristics

	Number (%) N=63
Age at PrEP start (years; median (IQR))	38 (29,47)
Gender, male	61 (96.8)
Race	
White	53 (84.1)
Black	5 (7.9)
Other/Unknown	5 (7.9)
Insurance type	
Commercial	59 (93.7)
Medicaid	3 (4.8)
Tricare	1 (1.6)
Indication for PrEP	
MSM* at high risk	61 (96.8)
Serodiscordant heterosexual contact	2 (3.2)
Number of sexual partners in last 6 months	
1	13 (21)
2-5	21 (33)
6-10	7 (11)
>10	8 (13)
Not reported	14 (22)
Reported condom use	
Inconsistent (<100%)	28 (60.3)
Consistent (100%)	14 (22.2)
No condom use	5 (7.9)
Not reported	5 (7.9)
Not sexually active at initial appointment	1 (1.6)
eGFR $\geq$ 60 mL/min	63 (100)
Hepatitis B status	
Susceptible at baseline	33 (52.4)
Immune due to vaccination	27 (42.9)
Immune due to natural infection	2 (3.2)
Indeterminate (isolated cAb positive)	1 (1.6)
Side Effects, Yes**	13 (22)
Patient-Reported Missed Doses, Yes**	17 (29)

*MSM: men who have sex with men
**Data collected from 58 patients with at least one follow-up appointment

Figure 1 Persistence on HIV PrEP



Conclusion. Patients receiving PrEP treatment in a multidisciplinary clinic with an integrated clinical pharmacist had high rates of adherence and persistence up to 18 months. Patients reported few side effects and reasons for therapy discontinuation were appropriate. Efforts to incorporate pharmacy support in managing PrEP patients could be beneficial in increasing patient adherence and persistence.

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

982. Formal Education Improves Southeastern United States Primary Care Residents' Understanding and Attitudes Towards HIV Pre-Exposure Prophylaxis: Results of a Regional Survey

Christian D. Weaver, MD[1]; Leandro A. Mena, MD, MPH[1]; Lori M. Ward, PhD[1];
[1]University of Mississippi Medical Center, Jackson, Mississippi

Session: P-46. HIV: Prevention

Background. HIV pre-exposure prophylaxis (PrEP) has been identified as one of the pillars of the national plan to end the HIV epidemic. Notably, southern states have also been shown to have the lowest PrEP-to-need ratio in the country, and previous work on assessing clinician understanding of and attitudes towards PrEP has mainly focused on in-practice physicians, nurse practitioners, and other clinicians. We aimed to assess the attitudes towards and understanding of PrEP among residents training in programs categorized as primary care in the Southeastern United States.

Methods. Program directors in ACGME approved residency programs in Family Medicine, Internal Medicine, Internal Medicine-Pediatrics, and Obstetrics and Gynecology were asked to distribute an invitation with a link to the survey to their residents during a six week period in May and June 2019. The survey contained questions that assessed demographics, type of program, PrEP awareness, knowledge, attitudes, and formal education Logistic regression was utilized to assess association between formal PrEP education and comfort levels with PrEP and other STI related topics.

Results. We identified approximately 7,574 residents across 247 residencies in 11 states. We received 217 responses to our survey, of which 203 had complete data for analysis. The majority of the sample was 25-29 years old (75%), male (53%), White (46%), and PGY-2 (48%). Twenty-one percent of the sample received formal education on PrEP. After controlling for demographic variables, residents with prior formal PrEP education were more likely to be comfortable taking sexual history from LGBTQI patients, discussing/providing PrEP, discussing PrEP efficacy, discussing PrEP monitoring, side effects, drug resistance, and adherence compared to residents who did not have formal PrEP education (Table 1).

Association Between Formal PrEP Education and Comfort Levels with Discussing PrEP and other STI Related Topics

Table 1: Logistic Regression Model Findings for Association between Formal PrEP Education and Comfort Levels with PrEP and Other STI Related Topics†

Comfort Level (Comfortable vs. Uncomfortable, N=203)	Odds Ratio	95% CI	p- value
Taking Sexual History from a LGBTQI Patient (n=198)	9.924	2.582 - 38.151	0.001*
Discussing and Providing PrEP (n=201)	20.632	7.355 - 57.877	0.000*
Efficacy of PrEP (n=201)	23.743	8.306 - 67.872	0.000*
Monitoring while on PrEP (n=201)	16.905	6.272 - 45.563	0.000*
Side Effects and Risks (n=201)	12.732	4.834 - 33.533	0.000*
PrEP Related Drug Resistance (n=170)	25.029	6.136 - 102.101	0.000*
PrEP Adherence (n=201)	19.256	6.994 - 53.019	0.000*

*p-value ≤ 0.05; †Covariates included in the models: Age group, gender identity, race/ethnicity, sexual orientation, post graduate year

Conclusion. We found a strong association between formal PrEP education and resident's confidence in discussing PrEP. Investing in formal resident education programs in the Southern region will be important in achieving the Ending the HIV Epidemic's goal of reducing new infections by 75% in 5 years and 90% in 10 years.

Disclosures. **Leandro A. Mena, MD, MPH**, **Binx Health** (Grant/Research Support)**Evofem** (Grant/Research Support)**Gilead Science** (Consultant, Grant/Research Support, Speaker's Bureau)**GSK** (Grant/Research Support)**Janssen** (Grant/Research Support)**Merck** (Consultant, Grant/Research Support)**Roche Molecular** (Consultant, Grant/Research Support)**SpeedDx** (Grant/Research Support)**ViiV Healthcare** (Consultant, Grant/Research Support, Speaker's Bureau)

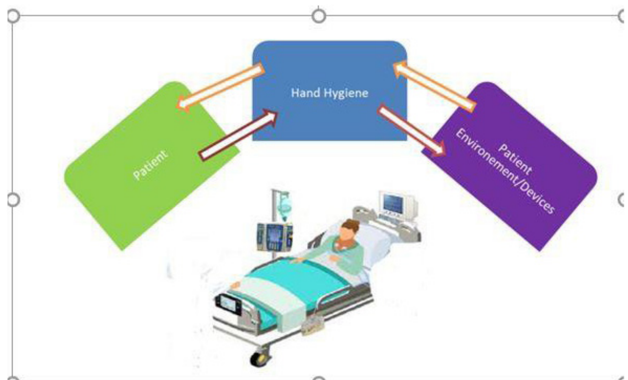
983. Hand Hygiene not only the Motion but the Moments

Shahrzad E. Darvish, MSN, RN, CIC[1]; Jean-Sebastien Rachoin, MD[1];
Dennis Meredith, DVM, CIC[1]; Denise Polat, MD, CIC[1]; Jessica McKnight, MPH, CIC[1]; Jes Smith, MHA, RN[1]; Tracey Hamilton, BSHA,CFER, CRCST[1]; Raquel Nahra, MD[1]; [1]Cooper University Health, Bryn Mawr, Pennsylvania

Session: P-46. HIV: Prevention

Background. Hand hygiene (HH) is a paradigm of infection prevention.Often emphasis has been placed on appropriate motion of hand hygiene.The implementation of the 5 moments of HH in clinical practice hindered by the perceived enormous lift of educating healthcare providers.

Hand Hygiene Moments Opportunities



Methods. Retrospective evaluation of education on WHO 5 moments of HH implementation. Other data collected CLABSI, CAUTI, MDR Acinetobacter, MRSA, Clostridium difficile LabID. Education occurred between October and December 2018. Data was collected from January 2018 to December 2019. Baseline 5 Moments of HH