development of new modes of administration, including a long-acting, intramuscular injectable. We sought to explore the treatment characteristics that may influence the willingness and uptake of long-acting injectable PrEP as opposed to the daily pills among a racially diverse sample of MSM.

Methods. Between January and May 2021, we actively recruited 28 HIV-negative MSM (8 Black, 10 Latinx, 10 White) who lived in Philadelphia, PA during the past 12 months using social networking sites (e.g., Facebook and Instagram) and a community listserv. Qualitative data collection used a hybrid approach in which 4 focus groups and 10 semi-structured interviews were conducted virtually. Focus groups were kept racially and ethnically homogenous to identify differences in emerging themes related to PrEP willingness and preferences for specific prevention modalities.

Results. Participants discussed differing levels of interest and willingness to use long-acting injectable PrEP as opposed to the daily pills. The main perceived facilitator for injectable PrEP included convenience of use such as having fewer concerns with adhering to daily pills. Perceived barriers to injectable PrEP included (1) a dislike of needles as well as (2) concerns of potential side effects and (3) lower treatment efficacy (i.e., whether it will be as effective as the daily pills). While Black and Latinx MSM reported experiences of racism and discrimination within the healthcare system, they also reported greater willingness to consider intramuscular injectables if their healthcare providers would provide in-depth information about the risks and benefits of this new modality.

Conclusion. Our findings provide important guidance for the development and promotion of future strategies to enhance the uptake of long-acting injectable PrEP to address the HIV epidemic among MSM. Primary care providers should play a key role in ameliorating concerns related to hesitancy towards injectable PrEP, including emphasizing ease of dosing, effectiveness, and safety of long-acting PrEP to prevent infection.

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848. Approaches to Optimize Recruitment of Historically Underrepresented Black and Hispanic/LatinX MSM, Transgender, and Gender Non-binary Individuals into the Lenacapavir for PrEP (PURPOSE 2) Trial

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Session: P-49. HIV: Prevention

Background. Black and Hispanic/Latinx gay and other men who have sex with men (MSM), transgender women (TGW), transgender men (TGM), and gender non-binary individuals (GNB) have been historically underrepresented in HIV prevention trials despite being disproportionately affected by the disease. Therefore, studies of pre-exposure prophylaxis (PrEP), a highly effective intervention for reducing HIV incidence, should include these individuals, and doing so would promote generalizability of the findings.

Methods. PURPOSE 2 (GS-US-528-9023) will evaluate a twice-yearly long-acting subcutaneous, first in class capsid inhibitor, lenacapavir, for PrEP in MSM, TGW, TGM, and GNB in the US, Brazil, Peru, and South Africa. The study team adopted a multifactorial approach to address historic underrepresentation. This included a literature review to assess successful evidence-based approaches for increasing enrollment of Black and Hispanic/ LatinX MSM, TG, and GNB individuals. We engaged with community and patient advocates as well as key stakeholders to solicit feedback prior to protocol development.

Results. We established a trial-specific Global Community Advisory Group and implemented their recommendations for site selection, investigator and staff diversity, and strong linkage with community-based organizations. We recruited new community-based research sites and principal investigators (PIs) to mirror historically underrepresented populations and emphasized mentorship of junior sub-Is by seasoned PIs to support enrollment and retention. We developed required trainings for all study and site staff on good participatory practices for PrEP, anti-racism and transgender cultural humility. We established recruitment goals of 50% Black and 20% Hispanic/LatinX MSM in the US, and 20% TGW study-wide. Our strategy to ensure achievement of these overall goals involves nuanced site-specific recruitment goals considering site capacity, local demographics, and HIV incidence data. We will review metrics weekly during enrollment and make any necessary adjustments.

Conclusion. Using novel approaches, we have carefully chosen with whom, where, and how we will collaborate to increase the diversity, equity, and inclusion in the PURPOSE 2 trial.

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849. Impact of a Combined Education and Data Driven Intervention on PrEP Uptake at the Veterans Health Administration

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Background. Despite proven efficacy, uptake of pre-exposure prophylaxis (PrEP) for HIV prevention in the US remains suboptimal. Whether electronic medical record (EMR) driven data tools increase PrEP uptake is unknown. Our study sought to understand the impact of education and an EMR data tool to increase PrEP uptake at the Veterans Northeast Ohio Healthcare System (VANEOHS).

Methods. Using EMR data we identified persons at the VANEOHS with a diagnosis of bacterial Sexually Transmitted Illness (STI) as defined by a positive syphilis, gonorrhea or chlamydia test in the past 6 months. Beginning October 2020 Infectious Diseases (ID) staff launched an intensive PrEP education campaign for Primary care providers (PCP) and the emergency room (ER). During a 6-week intervention period, a 'PrEP candidacy' note was placed for the PCP in selected patients' charts with recommendations for PrEP initiation and STI co-testing if appropriate. We measured the impact of the intervention on PrEP initiations from 3/1/21-5/31/21 and compared it to a pre-intervention period of 7/1/20-9/30/20 when candidates were identified in primary care only. We extracted pertinent data through the EMR and presented descriptive statistics as means and percentages. We compared outcomes using Chi-square test with simulated p-values due to small expected values.

Results. Forty-two potential PrEP candidates were identified during post-intervention period compared to 6 in the pre-intervention period. The post-intervention candidates included cis-gender women (5/42, 12%) and ER referrals (6/42, 14%), both absent from the pre-intervention cohort. Compared to the pre-intervention period there was an increase in PrEP consults to ID (6 vs. 16; p=0.003) and PrEP starts (4 vs. 9; p=0.04). We observed increased rates of STI (69% vs. 50%) and HIV co-testing (79% vs. 67%) from pre to post intervention but these were not statistically different. Of the 42 candidates, 24 had been identified using the STI data tool. Of these, only 4 were referred for PrEP and none were initiated on PrEP by the end of our observation period.

Table 1. Baseline Characteristics and Outcomes of Pre and Post Intervention Groups

CHARACTERISTICS	PRE-INTERVENTION N=6	POST-INTERVENTION N=42	p-values
Age (mean)	39.9	40.9	
Gender			
Cis gender male	6 (100%)	37 (88.1%)	
Cis gender female	0	5 (11.9%)	
Sexual Identity			
Bisexual	1 (16.7%)	4 (9.5%)	
Heterosexual	4 (66.7%)	29 (70.9%)	
MSM	1(16.7%)	7(16.7%	
Not available	0	4(9.5%)	
PrEP Candidate Identification			
Emergency Department	0	6 (14.2%)	
Primary Care Providers	6(100%)	12 (28.5%)	
STI Data Tool	0	24 (57%)	
Race			
Black	3 (50%)	25 (59.5%)	
White	3 (50%)	14(33.3%	
Native American	0	2 (4.8%)	
Hispanic	0	1 (2.4%)	
STI Co-testing			
Bacterial STI	3 (50%)	29 (69.0%)	**p=0.6402**
HIV screen	4 (66.6%)	33 (78.6%)	**p=0.6127**
Outcomes			
PrEP Consult requests	6	16	**p=0.003**
PrEP initations	4	9	**p=0.04**

STI= Sexually Transmitted Illness
Pre intervention= 7/1/20-9/30/20
Post intervention= 3/1/21-5/31/21
p values were calculated using Chi-square test