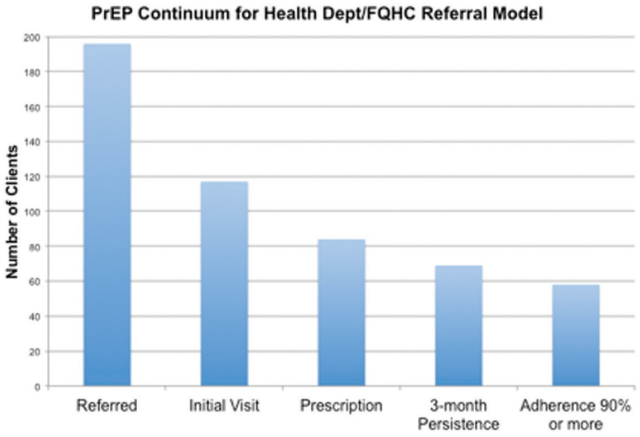
high-risk for HIV. Although this program is sustainable, efforts to improve steps along the PrEP care continuum are still needed in this population.



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1296. Potential use of Sexually Transmitted Infection (STI) Testing for Expanding HIV Pre-Exposure Prophylaxis (PrEP) at an Urban Hospital Center

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Background. Despite the high efficacy of PrEP, it continues to be underutilized. We examined the extent to which patients with a documented positive test for STIs were provided PrEP at an urban municipal medical center.

Methods. We reviewed data of all patients seen between January 1, 2014 and July 30, 2017 who were > 18 years old and had an initial HIV negative test and ≥1 positive test for Chlamydia, Gonorrhea, or Syphilis. We examined PrEP prescription data by gender, race/ethnicity, and clinic location. Differences between groups were compared using Chi-squared analysis and logistic regression.

Results. Of 1,142 initially HIV– patients who were identified as having a positive STI result, 52% were female, 89% either Black or Hispanic, with a median age of 40 years (quartiles 30, 47). 58% had Medicare/Medicaid and 34% were self-pay or uninsured (Table 1). Only 25 (2.1%) of 1,142 patients who had ≥1 STI test positive were prescribed PrEP. No women received PrEP. Whites (aOR: 21.7 [95% CI:4.4, 107, $P < 0.001$] and Hispanics (aOR:6.64 [95% CI:1.35, 32.8, $P = 0.02$] were both more likely to receive PrEP than Blacks, after adjusting for age, sex, marital status, and insurance. All PrEP prescriptions originated from the Medicine, Emergency, or HIV specialty clinics although most STI testing was obtained in Emergency and Obstetrical/Gynecological clinics (Table 2).

Conclusion. There were significant missed opportunities for HIV prevention among patients with STIs within the medical center, particularly among Hispanic and Black patients. Enrichment programs to educate providers and increase PrEP prescriptions may have a major impact on expanding HIV prevention, especially for women.

Table 1: Sociodemographics by PrEP Prescriptions Among PrEP Eligible Patients (n = 1,142)

	Prescribed PrEP n=25 n (%)	Not Prescribed PrEP n=1,117 n (%)	p-value
Age Categories			
18-24	3 (12)	282 (25.2)	0.286
25-34	10 (40)	301 (27)	
35-44	5 (20)	151 (13.5)	
45-54	5 (20)	205 (18.4)	
55+	2 (8)	178 (15.9)	
Sex			
Female	0	591 (53)	<0.001
Race/ Ethnicity			
White	14 (56)	111 (10)	<0.001
Black/ African American	1 (4)	462 (41.2)	
Hispanic or Latino/Latina	10 (40)	544 (48.8)	
Marital Status			
Single	22 (88)	931 (83.4)	0.498
Married	3 (12)	127 (11.3)	
Divorced/Separated/Widowed	0	59 (5.3)	
Insurance			
Public (Medicare/Medicaid)	11 (44)	655 (59)	<0.001
Uninsured	9 (36)	380 (34)	0.048
Private/Commercial	5 (20)	82 (7)	
Positive Gonorrhea test	10 (40)	114 (14.3)	<0.001
Positive Chlamydia test	11 (44)	549 (68.7)	0.009
Positive Syphilis test‡	11 (44)	505 (53.3)	0.356

‡Treponemal and/or non-treponemal test

Table 2: +STIs and PrEP Prescriptions by Location and Gender

Locations	Patients with +STI	Male +STI Prescribed PrEP (%)	Female +STI Prescribed PrEP(%)
Emergency	358	6 (24)	0
OB/GYN	353	0	0
Medicine	159	15 (60)	0
Psychiatry	111	0	0
Specialty	63	0	0
Not available	37	0	0
Pediatrics	32	0	0
HIV	31	4 (16)	0
Surgery	13	0	0

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

1297. Characteristics for PrEP Uptake, Retention, and Discontinuation: Data From the ANCHOR Study

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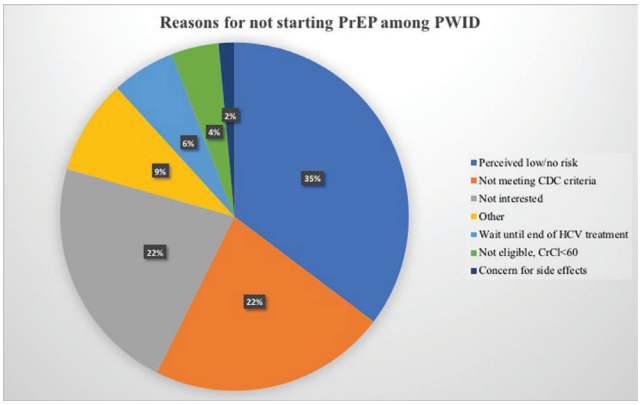
Background. People who inject drugs (PWID) have an increased risk for HIV, and HCV infection may foreshadow HIV acquisition in current epidemics. Studies of PWID have demonstrated a desire to obtain HCV treatment; however, use of pre-exposure prophylaxis (PrEP) in this population has not been well studied.

Methods. The ANCHOR study is an ongoing single-center study evaluating treatment of HCV in PWID. Enrolled patients have chronic HCV, opioid use disorder, and inject opioids. Patients are treated with sofosbuvir/velpatasvir and offered PrEP. Patients complete baseline community health worker (CHW)-administered surveys, physician assessment of PrEP eligibility, and are offered PrEP uptake.

Results. Of 89 enrolled patients, 49 (55%) met CDC criteria for PrEP, and 21 (24%) patients started PrEP. Reasons for not starting PrEP are in Figure 1. Though most patients are black ($n = 82$, 92.1%) and heterosexual ($n = 81$, 91%), these patients were less likely to start PrEP ($P = 0.0068$ and $P = 0.0283$, respectively). Baseline interest in starting PrEP was correlated with uptake ($P = 0.0023$), however, self-identifying as high-risk for HIV acquisition or meeting CDC criteria for PrEP were not. Though more patients endorsed sharing of injection equipment to a CHW than a physician (17% vs. 7%), endorsement to a physician rather than CHW was associated with starting PrEP ($P = 0.0307$). To date, 13 (62%) patients discontinued PrEP, 7 (54%) due to side effects.

Conclusion. Preliminary results of the ANCHOR study support that engagement in HCV care provides an opportunity for PWID to participate in PrEP intake; however, we found relatively low uptake in these patients, despite over half meeting CDC criteria. Our findings highlight the importance of counseling by physicians for initiation of PrEP, and suggest that improved communication between CHW and physician regarding risk behaviors could improve uptake. These data also reinforce that patients must be counseled and managed for side effects in order to retain them in care. Given the increasing opioid epidemic in the United States, more consideration needs to be given regarding how to incorporate PrEP into care, and how to effectively target and improve interest in PrEP for high-risk populations with poor uptake, including minorities and PWID.



Disclosures. **C. Gross**, Merck, Pfizer, Johnson and Johnson: Shareholder, stock. **E. Rosenthal**, Gilead Sciences, Merck: Grant Investigator, Grant recipient.