

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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**Session:** P-49. HIV: Prevention

**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 (VANEHOHS).

**Methods.** Using EMR data we identified persons at the VANEHOHS 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 (57.7%)	
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 initiations	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

Table 2.0 Outcomes of STI Data Tool Intervention	
PrEP Candidates Identified N=24	
PrEP Consult requests	4 ( 16.7%)
PreP Initiations	0
No follow up action	15 ( 62.5%)
Patient declined PrEP	7 (29.2%)

**Conclusion.** The use of the data tool had no direct impact on PrEP uptake. Instead, the doubling of PrEP starts was attributable to education. Further studies are needed to maximize the utility of data tools to increase PrEP uptake.

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### 850. Reasons for not Using PrEP and Actions that May Facilitate PrEP Uptake in Ontario and British Columbia, Canada

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**Session:** P-49. HIV: Prevention

**Background.** HIV Pre-exposure prophylaxis (PrEP) is an underutilized intervention to prevent HIV infection in Canada. Known barriers to PrEP uptake include lack of awareness, low HIV risk perception, side effects, PrEP not being publicly funded (which is the case in Ontario) and stigma. We aimed to identify barriers to PrEP use and actions that may facilitate PrEP uptake in Ontario and British Columbia.

**Methods.** Gay, bisexual and other men who have sex with men 19 years or older living in Ontario and British Columbia, Canada, answered a survey between July 2019 and August 2020. Participants who met Canadian PrEP guideline criteria for PrEP and not already using PrEP indicated which barriers were relevant to them and which actions would make them more likely to start PrEP. We used descriptive statistics and tested differences between Ontario and British Columbia using Chi-square tests for proportions and t-tests or Wilcoxon rank-sum tests for continuous variables.

**Results.** Of 1527 survey responses, 260 (184 in Ontario and 76 in British Columbia) who were never PrEP users and met criteria for PrEP were included. In Ontario, the most common barriers were affordability (43%) and concern about side effects (42%). In British Columbia, the most common reasons were concern about side effects (41%) and not feeling at high enough risk (36%). In Ontario, the actions that would most likely encourage the respondent to start PrEP were short waiting time (63%), the healthcare provider informing about their HIV risk being higher than perceived (62%) and a written step-by-step guide (60%). In British Columbia, the actions that would most likely encourage the respondent to start PrEP were short waiting time (68%), people speaking publicly about PrEP (68%) and their healthcare provider counselling about: their HIV risk being higher than perceived (64%), side effects of PrEP (64%) and about how PrEP works (62%).

Table. Top reasons for not using PrEP and top actions that might influence the decision to start PrEP stratified by province. (n= 184 in Ontario, n= 76 in British Columbia).

Reasons for not using PrEP	ONTARIO		BRITISH COLUMBIA		p-value
	n	%	n	%	
Concern about side effects	77	42%	31	41%	0.875
Unable to afford it	80	43%	12	16%	<0.001
Not feeling at high enough risk	49	27%	27	36%	0.151
Unwillingness to take a pill regularly	47	26%	18	24%	0.753
Not knowing where to get it	48	26%	16	21%	0.391
Lack of protection against other STIs	36	20%	14	18%	0.831
Consistent condom use for anal sex	20	13%	13	17%	0.170

  

Actions that might influence the decision to start PrEP	ONTARIO		BRITISH COLUMBIA		p-value
	n	%	n	%	
Short waiting time to PrEP appointment	114	63%	46	68%	0.526
HCP informing about being at higher risk than perceived	111	62%	44	64%	0.837
Written step-by-step guide	109	60%	43	61%	0.861
People speaking publicly about PrEP	101	56%	46	68%	0.099
HCP informing about how PrEP works	101	57%	43	62%	0.425
Help finding publicly funded PrEP	103	58%	39	57%	0.884
A list of available PrEP providers	99	56%	41	59%	0.588
HCP counselling about side effects	92	51%	44	64%	0.055

**Conclusion.** Concern about side effects and not feeling at high enough risk were common barriers. Short waiting times may increase PrEP uptake. In Ontario, the findings suggested lack of affordability. In British Columbia, actions involving healthcare providers were valued.

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### 851. Rate of Sexually Transmitted Infections and Engagement in HIV Pre-Exposure Prophylaxis at the Veterans Affairs Maryland Health System

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**Session:** P-49. HIV: Prevention

**Background.** Rates of sexually transmitted infections (STIs) and uptake of HIV pre-exposure prophylaxis (PrEP) during the 2020 coronavirus pandemic are unknown. We evaluated data from the Veterans Affairs Maryland Health Care System (VAMHCS) data to determine rates of STI and PrEP linkage in our Veterans.

**Methods.** We extracted patient-level data on demographics, STI testing (chlamydia, gonorrhea, and syphilis), International Classification of Diseases (ICD) diagnosis codes and refills of TDF-FTC and TAF-FTC. We compared the ratio of positive STI tests in 2018, 2019 and 2020 using chi-square tests. Individuals eligible for PrEP were defined as patients with a newly positive STI result or an ICD diagnosis of: high risk sexual behavior; an STI mentioned above; or gender identity disorder. We excluded anyone with a positive HIV test or a creatinine >1.8. We identified patients initiated on PrEP through pharmacy refill data to define initiation of care. Finally, we used chi-square tests to compare differences of initiation of PrEP between years and demographics.

**Results.** The STI positivity rate significantly increased (p< 0.01) from 44.2% (2018) and 42.9% (2019) to 61.6% (2020) [Table 1]. The median ages of those who had a positive STI test were 50 (2018), 44 (2019) and 44 (2020). In 2020, 17% of patients eligible for PrEP filled PrEP. Engagement was similar (p=0.33) in 2019 and 2018, where 14% and 11.6% of patients eligible for PrEP received a prescription (p-value=0.33) [Figure 1]. The median age of those refilling PrEP were: 44 (2018); 43 (2019) and 41 (2020). In 2020, we observed a statistically significant difference (p< 0.01) in initiation of PrEP in care among Black patients with 11.7% of eligible patients filling PrEP as compared to white patients (26.2%) and other races (23.3%) [Figure 2].

Table 1. Rate of positive tests at VAMHCS from 2018-2020.

	STI positive	STI negative	Total tested	Rate of positivity	p-value
2018	172	3754	3926	43.80%	Reference
2019	168	3750	3918	42.90%	0.84
2020	150	2284	2434	61.60%	<0.001