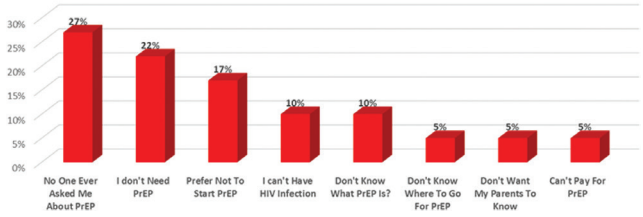
Results. There were 97 respondents and 89 (92%) completed all questions. Most of the respondents identify themselves as female (36%), straight (27%), middle aged adolescents 15–17 years (64%), African American (46%) and currently in high school (69%). Majority have seen a medical provider in the past 12 months (90%), at the doctor's office (61%), and majority have never been offered HIV test (60%). Majority have not heard of a medicine that can prevent HIV infection (58%), most have not heard of PrEP (57%), and many do not know where to go to learn more about PrEP (56%). Most have not been offered PrEP (86%) and respondents were split in adopting PrEP (yes 49% vs. no 51%). The reasons for not agreeing to start PrEP are shown in Figure 1. Majority are interested in attending educational program on PrEP (57%). Adolescents are likely to adopt PrEP if they heard about it ($P = 0.01$), if they know where to go to learn about it ($P = 0.02$), and if someone offered it ($P = 0.03$).

Conclusion. Adolescent knowledge of PrEP may be suboptimal and presents barriers to adopting it. However, they are willing to accept PrEP if offered. This study demonstrates potential avenues for intervention and provider-initiated programs should be evaluated in scaling-up PrEP into adolescent health services.

Figure 1. Several Reasons Why Adolescents are not Agreeing To Start Pre-exposure Prophylaxis (PrEP). Responses are not mutually exclusive.



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

1289. Knowledge, Attitudes and Barriers of Pre-exposure Prophylaxis for HIV Infection Among Resident Physicians in Rural, Eastern North Carolina

Arianne Morrison, MD; Ciarra Dortche, MPH and Nada Fadul, MD; Internal Medicine, East Carolina University, Greenville, North Carolina

Session: 142. HIV: Prevention
Friday, October 5, 2018: 12:30 PM

Background. North Carolina bears a high burden of HIV and was ranked number 8 for the number of new infections in 2015. In 2014, the Centers for Disease Control and Prevention (CDC) published updated practice guidelines recommending the use of pre-exposure prophylaxis (PrEP) with daily oral dosing of tenofovir/emtricitabine to help prevent HIV infection in high-risk individuals. However, the use of PrEP in the primary care setting remains low and 1 in three primary care physicians is not aware of PrEP. The objective of our study was to evaluate PrEP knowledge among primary care resident physicians.

Methods. 149 resident physicians were surveyed at East Carolina University from the following specialties; Internal Medicine, Medicine-Pediatrics, Obstetrics Gynecology and Family Medicine. We collected participants' age, biological sex, current residency program, and current year within the residency program.

Results. Sixty out 149 residents completed the online survey. 20% of residents had never heard of PrEP. 17% of residents did not feel comfortable discussing sexual preferences with their patients. 15% of residents thought prescribing would increase risky sexual behaviors and 12% would not prescribe PrEP to patients with multiple sexual partners. Only 3% of residents identified potential side effects of PrEP (e.g., an increase in creatinine levels or decrease in mineral bone density) as a reason to not prescribe PrEP. One resident had ever prescribed PrEP. 83% of residents wanted more information on PrEP and 95% of residents would be willing to prescribe PrEP if educational workshops were offered.

Conclusion. PrEP is an underutilized tool among resident physicians in Eastern, NC. We identified lack of knowledge of PrEP and concern for increased risky sexual behaviors as barriers to prescribing. Resident physicians require more education on PrEP in order to prescribe it to their patients.

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

1290. A Model for "At-Distance" PrEP Navigation: Acceptability and Early Insights

Jacob Perlson, BS[1]; Blake Kruger, BS[2]; Sravanthi Padullaparti, MPP, MS[2]; Elizabeth Eccles, MS, RN[3] and Tim Lahey, MD, MMSc[1]; [1]Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, [2]The Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, New Hampshire, [3]Section of Infectious Disease and International Health, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire

Session: 142. HIV: Prevention
Friday, October 5, 2018: 12:30 PM

Background. HIV pre-exposure prophylaxis (PrEP) awareness and uptake among at-risk individuals remains suboptimal despite clear evidence of efficacy. Health navigators and peer educators have been employed to facilitate linkage and retention in many aspects of HIV prevention and care, including to improve PrEP utilization. Yet, the use of health navigators to improve PrEP utilization has not been well-explored in rural areas where unique challenges to HIV care have been well documented. Little is known, too, about how telemedicine may strengthen these efforts. We assessed acceptability and evaluated a health navigation program that primarily engages clients through at-distance technology-based methods.

Methods. To guide the design and implementation of a pilot PrEP tele-navigation program, we conducted a survey in at-risk clients contacted through social networks and at a state-funded STI clinic in New Hampshire. Approximately nine months after the launch of the navigation platform, we analyzed characteristics of client-navigator interactions. Feedback surveys were distributed to clients 3 months following engagement with the navigator.

Results. From July 2017 to April 2018, 139 individuals engaged the navigator program via email, text, chat, phone call, or in-person. Among the most common services provided were PrEP counseling ($n = 63$ or 45% of inquiries), referral to STI/HIV testing (22%), and risk reduction counseling (19%). Eight clients have been linked to PrEP care to-date. Qualitative analysis of client-navigator interactions revealed a variety of recurring barriers expressed by clients including concerns maintaining confidentiality with parents and partners, side effects of PrEP, and financial constraints. Clients provided suggestions for program improvement and indicated they felt engagement with the program increased knowledge of PrEP as well as linkage to testing and HIV prevention services.

Conclusion. Our pilot program highlighted the diverse obstacles to PrEP utilization in at-risk rural clients, and suggests at-distance PrEP navigation and telemedicine can support improved PrEP utilization in the rural United States. Such a navigator program should be equipped to engage clients along the PrEP care continuum.

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

1291. Assessing Uptake of HIV Pre-Exposure Prophylaxis (PrEP) Among High-risk Demographics in a Community-Based Clinic in Brooklyn

Terry Marryshow, MD[1]; Hector Ojeda-Martinez, MD[2] and Dimitre Stefanov, PhD[3]; [1]Internal Medicine, SUNY Downstate Medical Center, Brooklyn, New York, Internal Medicine, STAR Health Center, Brooklyn, New York, [2]Infectious Diseases, STAR Health Center, Brooklyn, New York, Infectious Diseases, SUNew York Downstate Medical Center, Brooklyn, New York, [3]SUNY Downstate Medical Center, Brooklyn, New York

Session: 142. HIV: Prevention
Friday, October 5, 2018: 12:30 PM

Background. PrEP is a proven, effective means of preventing HIV. Uptake in groups at highest risk of HIV, such as Black men who have sex with men (MSM) and Hispanics, has been disproportionately low nationwide. We analyzed the demographics of PrEP patients in the STAR Health Center in East Flatbush, Brooklyn (BK) to assess our effectiveness in PrEP uptake and retention among at-risk groups.

Methods. We performed a retrospective analysis of 134 consecutive patients who enrolled in our clinic for PrEP between June 2016 and December 2017. We assessed risk factors, demographics, insurance status, location, and retention in care. Retention was defined as completing medical visits within 3 months of prior visit. We compared demographics, sexual practices, and locations of our patients to those among new HIV diagnoses in BK, as reported by NYC Department of Health's 2016 surveillance report. Fisher's exact test was used to detect differences in gender, race, and sexual practices.

Results. Only 11.94% of those enrolled in our clinic and prescribed PrEP were women, compared with 27.19% of BK new HIV diagnoses ($P < 0.005$). There was no statistically significant difference in race, and distributions were similar between the two groups. There was a higher proportion of MSM among those prescribed PrEP (71.64%) compared with BK new HIV diagnoses (46.64%) ($P < 0.005$). Retention rates were low, with female gender (6/16, 37.5%) and White race (12/32, 37.5%) having the lowest retention in care, compared with Hispanic patients (13/21, 61.90%) who had highest retention. 41.04% of PrEP patients were uninsured. ZIP codes with highest HIV incidence per NYC Department of Health surveillance report were well represented in our clinic for PrEP.

Conclusion. In STAR, PrEP uptake was similar across race and location when compared with people who newly acquired HIV. There was a larger proportion of individuals known to be MSM among those prescribed PrEP. This study shows that STAR's efforts at targeting at-risk groups are reaching the appropriate demographics. However, there was a detectable disparity in PrEP uptake in women. Research into further interventions to increase PrEP access for women and improve retention overall is needed. Nevertheless, STAR's program presents a model to follow for other areas with disparities in PrEP uptake among at-risk groups.

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

1292. HIV Pre-Exposure Prophylaxis (PrEP) Implementation at Silom Community Clinic in Bangkok, Thailand, 2016–2018

Vanessa Kung, PhD[1,2]; Sarika Pattanasin, DrPH, MSc[2]; Chaiwat Ungsedhapand, MD[2]; Wipas Wimonsate, MRP, MSc[2]; Michael Thigpen, MD, DTM&H, FIDSA[2,3] and Eileen Dunne, MD, MPH, FIDSA[2,3]; [1]Department of Medicine, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, [2]HIV/STD Research Program, Thailand Ministry of Public Health – U.S. Centers for Disease Control and Prevention Collaboration, Nonthaburi, Thailand, [3]Division of HIV/AIDS Prevention, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Session: 142. HIV: Prevention
Friday, October 5, 2018: 12:30 PM

Background. Since 2014, the Thailand National Guidelines have recommended pre-exposure prophylaxis (PrEP) to prevent HIV among persons at risk. In March 2016, Silom Community Clinic (SCC) began PrEP provision to men who have sex with men (MSM) and transgender women (TGW) in Bangkok, Thailand.

Methods. SCC staff routinely counseled MSM and TGW attending HIV voluntary counseling and testing about PrEP. If clients believed that they were at substantial

risk of HIV and were interested in PrEP, they could receive PrEP after screening that included HIV and renal function testing. Eligible clients received a 30-day supply of daily oral tenofovir-emtricitabine costing 800 Baht (30 USD), and completed a baseline computer-assisted self-interview (CASI) on knowledge and behaviors. At every 3-month follow-up, PrEP clients had a CASI on adherence; if they were interested in discontinuation of PrEP, they completed a CASI that included reasons for discontinuation. We conducted a descriptive analysis of baseline and follow-up CASI results.

Results. From March 2016 to February 2018, 192 clients were prescribed PrEP, and 80 (42%) continued PrEP for at least 6 months. The median age of clients starting PrEP was 31 years (range, 17–67 years), and 98% were MSM. Overall, most (77%) reported at least 1 of four risk behaviors in the last 3 months; among the 148, 120 (81%) had a sex partner with unknown or positive HIV status, 99 (67%) had anal sex without a condom, 22 (15%) reported an STI, and 16 (11%) received money or goods in exchange for sex. Among the 166 clients who returned for at least one follow-up visit, 135 (81%) completed the CASI at the last follow-up visit; of those, 106 (78%) reported 100% adherence to daily PrEP in the last 7 days, and 126 (93%) reported ≥80% adherence in the last 30 days. Of the 36 clients who discontinued PrEP and completed CASI, 33% reported the reason for discontinuation was no current HIV risk (33%); most (69%) reported that they would consider PrEP in the future.

Conclusion. Most PrEP users reported adherence to daily PrEP, and almost one half of those starting PrEP continued through month six. PrEP use at SCC is dynamic, and commonly started and stopped based on self-assessed risk. Regular review of PrEP implementation, with a focus on client needs, will optimize use of this prevention approach.

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

1293. The Next Step in PrEP: Evaluating Outcomes of a Pharmacist-Run HIV Pre-Exposure Prophylaxis (PrEP) Clinic

Keenan Ryan, PharmD, PhC[1]; Jessica Lewis, BS Biology/Psychology[2]; Daniel Sanchez, BS[3]; Beverly Anderson, BA[3] and Renee-Claude Mercier, PharmD[4]; [1]University of New Mexico Health Sciences Center, Albuquerque, New Mexico, [2]College of Pharmacy, University of New Mexico, Albuquerque, New Mexico, [3]University of New Mexico, Albquerque, New Mexico, [4]University of New Mexico College of Pharmacy, University of New Mexico College of Pharmacy, Albquerque, New Mexico

Session: 142. HIV: Prevention

Friday, October 5, 2018: 12:30 PM

Background. PrEP has been proven as an effective option for preventing the transmission of HIV; however, there are limited numbers of providers willing to prescribe PrEP. Pharmacists are an underutilized resource that are able to provide PrEPservices in many states. In Albuquerque, New Mexico, one of the nation's first pharmacy-run HIV PrEP clinics was established in July 2015. The objective of this study was to describe the outcomes of an alternative model for HIV prevention.

Methods. The electronic medical record was used to identify and retrospectively review patients of the PrEP clinic from July 2015 to July 2017. Pertinent information including: risk factors for HIV acquisition, sexually transmitted infections (STIs) history, laboratory and medication-related data were captured. Data on partner HIV status and HAART regimen was collected when available. Adherence was evaluated by self-reported missed doses and the compliance rate was calculated from the patient's medication fill history. Descriptive statistics was performed using SPSS.

Results. The first PrEP appointment was attended by 136 patients during study period. Baseline demographics are reported in Table 1. Two patients tested positive for HIV at baseline. PrEP was started in 127 patients with tenofovir/emtricitabine(TDF/FTC). There were no HIV seroconversions among those who started PrEP. Only one patient discontinued due to side effects. No significant elevation in Scr was noted over time. Overall, patients demonstrated a high adherence rate with an average of <1 missed doses per month and a median compliance rate of 0.99.

Conclusion. A pharmacist run PrEP clinic is an alternative model to increase patient access to PrEP. TDF/FTC was provided to high-risk individuals and well-tolerated. Providers were able to promote high level of adherence.

Table 1. Baseline Demographics

	N = 136
Average age	34 years [20–73]
Males (self-identified)	117 (86.1%)
Race	*n* (%)
Hispanic	57 (42)
White	53 (39)
American Indian Alaskan Native	13 (10)
Black/African American	5 (4)
Other	4 (3)
Unknown	4 (3)
HIV Risk Factor	n (%)
Total high-risk MSM	117 (86)
HIRI-MSM score (mean ± SD)	17.7 ± 7.54
High-risk transgender	10 (7)
Sero-discordant couples	40 (29)
Transactional sex	3 (2)
Drug use	5 (4)
History of STI	12 (9)
Previous PEP use	2 (2)

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

1294. Acceptability and Feasibility of a Pharmacist-led Pre-exposure Prophylaxis Program in the Midwestern United States

Sara Bares, MD[1]; Joshua Havens, PharmD[2]; Kimberly Scarsi, PharmD[3]; Donald Klepser, PhD, MBA[4] and Susan Swindells, MBBS[5]; [1]Division of Infectious Diseases, University of Nebraska Medical Center, Omaha, Nebraska, [2]Infectious Diseases, University of Nebraska Medical Center, Omaha, Nebraska, [3]College of Pharmacy, University of Nebraska Medical Center, Omaha, Nebraska, [4]University of Nebraska Medical Center College of Pharmacy, Omaha, Nebraska, [5]University of Nebraska Medical Center, Omaha, Nebraska

Session: 142. HIV: Prevention

Friday, October 5, 2018: 12:30 PM

Background. Despite evidence that HIV pre-exposure prophylaxis (PrEP) substantially reduces the risk of infection in at-risk populations, significant barriers exist to its prescription and use. Utilizing pharmacists may help increase patient access to PrEP services. We designed and implemented a novel pharmacist-led PrEP program in Omaha, Nebraska.

Methods. Our pharmacist-led PrEP program was developed in the fall of 2016. Six pharmacists from four sites (one community pharmacy, two community-based clinics and one HIV-specialized clinic) were selected for participation based on interest, senior management support, and availability of appropriate infrastructure. All pharmacists received training for the provision of PrEP. Through a collaborative practice agreement, pharmacists met with patients individually, obtained a medical history, performed a risk assessment and point-of-care laboratory testing (HIV screen, creatinine, and syphilis), and collected samples for gonorrhea and chlamydia. They also provided medication and adherence counseling, and prescribed emtricitabine-tenofovir DF when appropriate. Pharmacists completed a survey reporting their experience after each visit. Presented here are patient demographics, retention rates, and pharmacist-reported experience from the first 6 months of the program.

Results. Sixty patients enrolled in the pharmacist-led PrEP program between January and June 2017 and completed 139 visits. 95% of participants were men, 83% were white, 80% were privately insured, and 90% had completed some college or higher. The mean age of participants was 34 years (range 20–61 years) and 88% identified as men who have sex with men. 73% were retained in care at 3 months and 58% were retained in care at 6 months. To date, no patient has seroconverted. Pharmacists reported feeling comfortable performing point-of-care testing at all visits and only reported feeling uncomfortable counseling patients on three occasions (2.2%). Finally, pharmacist-reported workflow disruption only occurred on 1 occasion (0.7%).

Conclusion. Implementation of a pharmacist-led PrEP program is feasible, associated with high rates of pharmacist acceptability, and results in retention rates that are comparable to other real-world PrEP programs.

Disclosures. **S. Bares**, Gilead: Grant Investigator, Grant recipient. **S. Swindells**, Merck: Investigator, Research support. ViiV: Investigator, Research support.

1295. Advancing the PrEP Continuum: A Novel Collaboration Between a Public Health Department and a Federally Qualified Healthcare Center in the Southern United States

Meredith Clement, MD[1]; Cedar Eagle, BA[2]; Destry Taylor, BA[3]; Benjamin Goldstein, PhD[4]; Barbara Johnston, MD[3] and Arlene Sena, MD, MPH[5]; [1]Infectious Diseases, Duke University Medical Center, Durham, North Carolina, [2]Durham County Department of Public Health, Durham, North Carolina, [3]Lincoln Community Health Center, Durham, North Carolina, [4]Duke University, Durham, North Carolina, [5]Durham County Health Department, Durham, North Carolina

Session: 142. HIV: Prevention

Friday, October 5, 2018: 12:30 PM

Background. While pre-exposure prophylaxis (PrEP) is a promising strategy for HIV prevention, some high-risk persons have limited access to care, particularly Black and Latino men who have sex with men (MSM). Disparities also exist by region: the Southern United States accounts for over half of new HIV diagnoses but only a third of PrEP prescriptions. We evaluated a novel PrEP program based on a collaboration between a local department of public health (DPH) and a federally qualified health center (FQHC) providing care to underserved racial/ethnic minorities in Durham, North Carolina.

Methods. In May 2015, the Durham County DPH and Lincoln Community Health Center, an FQHC, developed a program to offer PrEP services using existing resources. The model included initial no-cost screening for sexually transmitted infections (STIs), hepatitis B/C, and HIV at the DPH STI clinic, followed by referral to the FQHC for PrEP services. We profiled the PrEP continuum for patients starting at program initiation until March 2018. For PrEP initiators and non-initiators, comparisons were made using Wilcoxon rank-sum test for continuous variables, and Chi-square or FisherÕs exact tests as indicated for categorical variables.

Results. Of 196 unique patients evaluated in the STI clinic and referred to the FQHC, 117 (60%) persons attended their initial PrEP appointments. Among these, 84 (43%) filled a PrEP prescription, 69 (35%) persisted in care for at least three months, and 58 (30%) reported >90% adherence at follow-up (see figure). Among those presenting for initial appointments (n = 117), more than half were Black (n = 62, 53%) and 21 (18%) were Latino. Most were MSM (n = 95, 81%) and 9 were transgender. Almost half (n = 55, 47%) were uninsured. We found statistically significant differences between PrEP initiators vs. noninitiators based on race/ethnicity (P = 0.02), insurance status (P = 0.05), and history of sex work (P = 0.05).

Conclusion. A collaborative model of PrEP care between a DPH and an FQHC in the Southern United States was able to reach predominantly Black and Latino MSM at