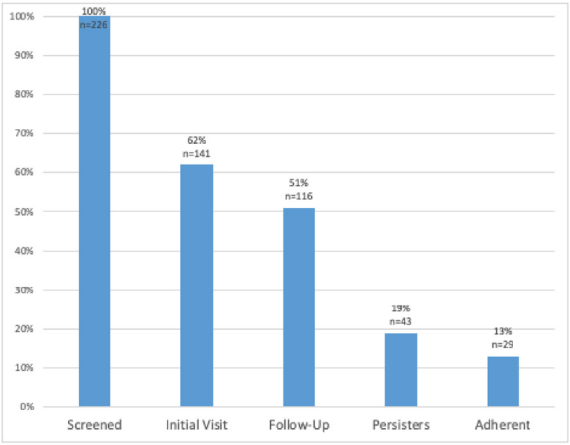
Conclusion. At a Deep South PrEP clinic, persistence overall was poor for MSM. More nonpersisters had inconsistent condom use, indicating higher risk despite nonpersistence. Although not statistically significant, nonpersisters were more likely to be black, uninsured, and have multiple sexual partners when compared with persisters. Disparities seen nationally in new HIV diagnoses are reflected in nonpersisters. Nonpersisters may not realize the extent of their risk of HIV acquisition and warrant intensive engagement interventions.



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

1283. Attitudes and Practices Regarding HIV Post-Exposure Prophylaxis

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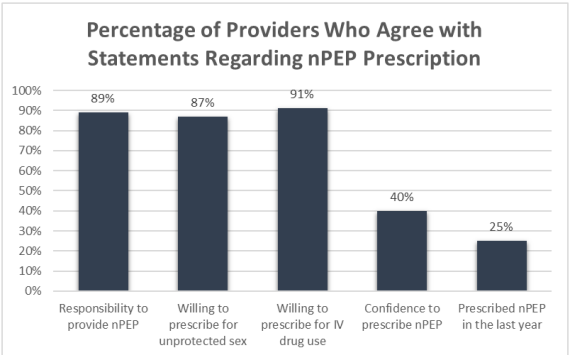
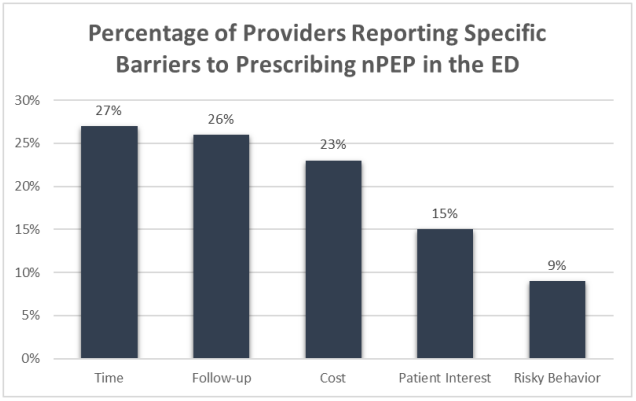
Background. Research suggests nonoccupational Post Exposure Prophylaxis (nPEP) is underprescribed when indicated in the Emergency Department (ED). This study is an assessment of ED providers' attitudes and practices regarding administration of HIV nPEP.

Methods. This was an anonymous survey based on literature review and modified Delphi technique. We approached 153 ED providers at work over a 4-month period from 5 hospital-based and 2 freestanding EDs with an annual census between 35,000 and 75,000 patients. The EDs are a combination of urban, suburban, and rural EDs. There were 152 completed surveys: 80 attendings, 27 residents, and 44 physician assistants.

Results. The majority of surveyed providers (133/149, 89.3%) believe it is their responsibility as an emergency provider to provide HIV nPEP in the emergency department (Figure 1). Although 91% (138/151) and 87% (132/151) of respondents are willing to prescribe nPEP to a patient in the ED for IV drug use and unprotected sex, respectively, only 40% (61/152) of participants felt they could confidently prescribe the appropriate regimen. Ultimately, only 25% (37/151) of participants prescribed nPEP in the last year. Number of years in practice, age, and gender did not result in a significant difference in nPEP administration. Respondents noted time (27%), access to follow-up care (26%), cost to patients (23%), patients' perceived interest in HIV counseling (15%), and concern for ongoing risky behaviors (9%) as barriers to prescribing nPEP (Figure 2). 64% (95/149) of respondents feel that it is their responsibility as an ED provider to refer patients at risk of nonoccupational exposures for risk-reduction counseling.

Conclusion. This study identified an opportunity for HIV prevention in the emergency department. The majority of participants had not prescribed nPEP in the past 12 months. Although most were willing to prescribe nPEP and felt it was their responsibility, the majority of participants were not confident in prescribing it. Future interventions to increase the use of nPEP in the ED should target provider education, cost, access to follow-up care and counseling.





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

1284. Pre-exposure Prophylaxis (PrEP) for HIV in Vermont: an Assessment of Prescribing in a Uniquely Rural State

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Background. In the United States and Vermont, men who have sex with men (MSM) make up the majority of new human immunodeficiency virus (HIV) infections every year. Despite HIV prevention campaigns and approval of antiviral therapy for pharmacologic HIV pre-exposure prophylaxis (PrEP), HIV cases in Vermont—a predominantly rural state—are on the rise. The primary objective of this study was to assess prescribing practices and barriers surrounding PrEP for adult MSM in Vermont.

Methods. A web-based healthcare provider survey was deployed electronically over a 10 week period in 2019 to a convenience sample of licensed primary care, sexual health, and infectious disease providers in Vermont. Questions were designed to target factors thought to influence PrEP prescribing, with a focus on prescribing behaviors and perceived barriers.

Results. An estimated 500 providers received the survey. There were 137 survey respondents, 106 (77%) were physicians, primarily in internal medicine. Though only 47 (34%) providers had experience prescribing PrEP to MSM patients, over 89% identified as willing to prescribe PrEP to high-risk groups. Among PrEP prescribers, screening frequency for HIV and bacterial sexually transmitted infections (STIs) while on PrEP fell below the current guideline recommendations at 72% and 53%, respectively. Less than 70% of providers routinely obtain sexual history for male patients. Among providers willing to prescribe PrEP, concern regarding medication toxicity was the only statistically significant barrier ($\chi^2 = 5.5$, $P = 0.02$). Concerns regarding risk compensation behavior and lack of knowledge or experience regarding prescribing PrEP also demonstrated an association with provider willingness to prescribe PrEP, however did not reach statistical significance.

Conclusion. The majority of Vermont providers sampled are willing to prescribe PrEP, suggesting there is great opportunity to increase prescribing and use, potentially having an impact on reducing HIV transmission among MSM in the state. Provider education targeted toward guidelines for STI and HIV screening on therapy, obtaining sexual histories, and minimal toxicity risk may serve to increase prescribing of PrEP among Vermont providers.

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

1285. PrEP Acceptability, Uptake, and Adherence Among Young Men Who Have Sex with Men and Transgender Women in PrEP Demonstration Project, Chiang Mai, Thailand

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Background. Young men who have sex with men (YMSM) and transgender women (YTGW) are at high risk for HIV acquisition. In attempt to end the HIV epidemic, the comprehensive HIV prevention packages should be offered. However, the

PrEP persistent among this population in western studies was low. The acceptability, uptake and persistent among Thai YMSM/YTGW PrEP clients were explored.

Methods. This is a sub-study of PrEP implementation project in Chiang Mai Thailand which was conducted during December 2015–February 2017. In the main study, PrEP@PIMAN, 105 participants who were 18 years and older, able to read and write in Thai, creatinine clearance ≥60 mL/minute, negative urine protein, and HBs-Ag-negative YMSM/YTGW were enrolled. Twelve months of PrEP along with quarterly visit and comprehensive HIV prevention package were offered. The data were collected through interview and computer-assisted self-interview. Each participant voluntary made their own decision about PrEP uptake.

Results. Sixty participants (57% of the main study) were youth, aged 16–24 years old. Of those, 82% were gay men and 12% were TGW (self-identified). Mean age was 21 years old and 80% were university/college students. At baseline, median partner in past 3 month was 3 (range 0–52). Approximately one-fourth of the participants reported history of sexually transmitted diseases (STDs) and 8% has positive TPHA at baseline. Majority (72%) initiated PrEP with 70% at the enrollment 2% during the study. PrEP was discontinued in 25% (10/42) due to nonserious side effects, participant preference or lost to follow-up (see Figure 1). The retention rate at 12 month were 70%. PrEP use was not consistent (see Figure 2). Only 30% reported adherence ≥60% (or equivalent to ≥4 pills/ week) throughout the study period. There was no seroconversion during 49 person-year of follow-up with 5 confirmed new STDs (incidence of 10/100 person-year).

Conclusion. This project demonstrated a good uptake with varying PrEP adherence rate among Thai YMSM and YTGW. The PrEP persistent was persistence could be improved. Further interventions and strategies should be explored to enhance PrEP adherence among this population.

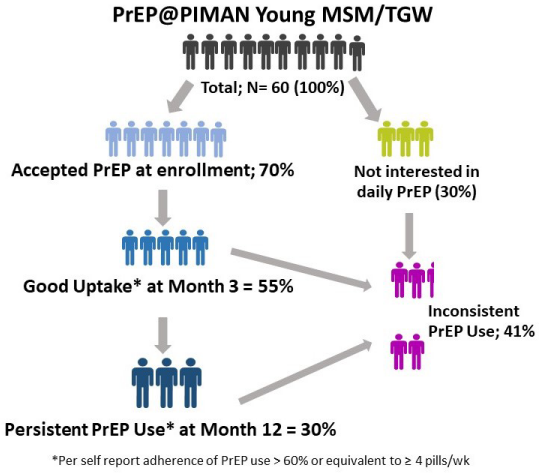

Figure 1 PrEP Acceptability, Uptake and Persistence among YMSM and YTGW

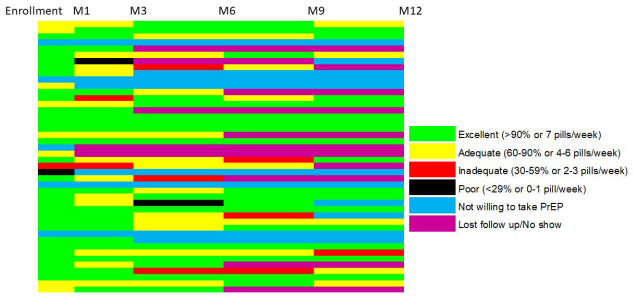

Figure 2: PrEP Adherence among YMSM/YTGW Participating in PrEP@PIMAN over 12 Months

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

1286. Healthcare Provider Attitudes and Knowledge Around Pre-Exposure Prophylaxis (PrEP) for the Prevention of HIV-Infection in Tennessee

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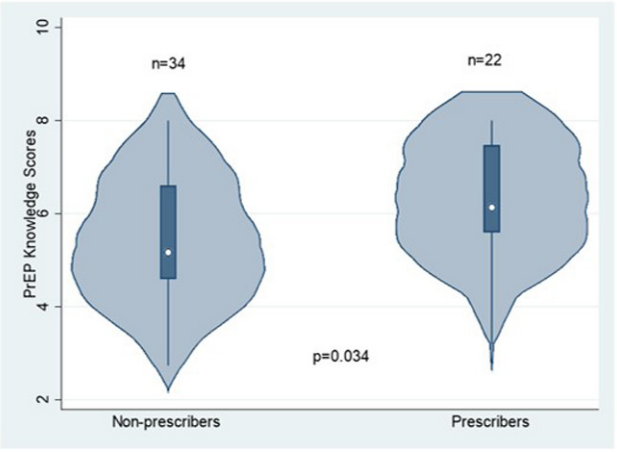
Background. Daily pre-exposure prophylaxis (PrEP) is very effective at preventing HIV acquisition. PrEP use in the southern United States is low despite high regional HIV prevalence. Prior surveys of primary care providers (PCPs) regarding PrEP occurred before recent guideline updates, were not constructed using a theoretical behavioral framework and validated, or did not focus on the South.

Methods. We conducted a cross-sectional survey of Tennessee (TN) PCPs from March-April 2019 to assess PrEP knowledge, attitudes, and prescribing practices. Survey development was guided by the COM-B framework (capability, opportunity, motivation and behavior) and validated by pilot testing and cognitive interviews. Knowledge scores were calculated as +1 point for each correct option and 0 points for each incorrect option (maximum score=8). Wilcoxon rank-sum tests were used to compare scores, and Fisher's exact tests were used to compare categorical variables, between PrEP prescribers and nonprescribers.

Results. Among 69 respondents, 39% (n = 27) had prescribed PrEP. There were no differences in beliefs about PrEP or sense of obligation to prescribe PrEP between prescribers and nonprescribers. Patient inquiry about PrEP was significantly associated with prescription ($P < 0.001$); 100% of prescribers had ≥1 patient ask about PrEP in the past year vs. 29% of nonprescribers. Prescribers' median PrEP knowledge scores were higher than nonprescribers' (Figure 1). Prescribers had higher self-reported ability to take sexual histories for MSM and heterosexual male patients than nonprescribers ($P = 0.007$, $P = 0.007$), and higher self-reported comfort with taking sexual histories for MSM, heterosexual male, and heterosexual female patients ($P = 0.061$, $P = 0.005$, $P = 0.026$, respectively). Nonprescribers frequently cited a need for training in PrEP contraindications and eligibility, cost of PrEP, and administrative burden as barriers to provision.

Conclusion. Less than half of TN PCPs we surveyed prescribed PrEP despite similar senses of obligation and PrEP-related beliefs between prescribers and nonprescribers. Future interventions to improve PrEP provision among PCPs in TN should target PrEP knowledge, ability and comfort with sexual history taking, and patient awareness of and ability to inquire about PrEP.

Figure 1. Distribution of PrEP knowledge scores by PrEP prescriber status



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

1287. PrEP-Engaged or PrEP Curious?: A Characterization and Comparison of Initial PrEP Appointment Attenders vs. Nonattenders

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Background. Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), with adequate adherence, is highly effective prevention of HIV-1 infection amongst high-risk individuals. While over 1 million individuals are PrEP-eligible in the U.S., those at highest risk for HIV, specifically young non-white men who have sex with men (MSM), represent some of the least penetrated groups to benefit from PrEP. No published data exists to characterize individuals with unattended initial PrEP appointments.

Methods. Our program, a Ryan White funded HIV clinic that also provides Hepatitis C and PrEP care, prospectively collected demographic data on all patients with an attended initial PrEP appointment between November 2015 and March 2019. We retrospectively abstracted the same data for individuals with unattended initial PrEP appointments (including cancelations and no shows) during the same period. Descriptive statistical analyses used rank-sum tests for skewed data (age) and Chi-squared tests for categorical data (all other variables).

Results. 33% (34/103) of all individuals did not attend an initial appointment (table). Younger age and nonprivate insurance were the 2 sociodemographic variables that were significantly associated with unattended vs. attended initial appointments. Amongst those whose HIV risk factors were known, MSM were more likely to attend their appointment compared with non-MSM. 77% (26/34) of individuals