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Session: P-49. HIV: Prevention

Background. Post-exposure prophylaxis (PEP) is essential to minimize the risk of human immunodeficiency virus (HIV) acquisition following an occupational or nonoccupational exposure to potentially infectious body fluids. PEP is most effective when initiated as soon as possible after HIV exposure. Patients in rural areas may rely on small (< 50 beds) and critical access (< 25 beds) hospitals for access to PEP – especially after-hours and on holidays, when outpatient pharmacies are typically closed. However, PEP medications are costly to maintain on a hospital formulary due to unpredictable use and expiration. We hypothesized that PEP availability may be variable and limited at such hospitals.

Methods. The University of Washington Tele-Antimicrobial Stewardship Program (UW-TASP) is comprised of 68 hospitals in Washington, Oregon, Arizona, Idaho, and Utah, most of which are rural and critical access. In August 2020, we surveyed UW-TASP participating hospitals and a convenience sample of other networked rural hospitals in Western states using REDCap, a HIPAA-compliant, electronic data management program. Respondents reported all antimicrobials on their hospital formulary and their hospital size. Data were reviewed by physicians and pharmacists trained in infectious diseases. Preferred PEP regimens, defined by the CDC, for adults and adolescents ≥ 13 years, included combination tenofovir disoproxil fumarate-emtricitabine (TDF/FTC) and either raltegravir (RAL) or dolutegravir (DTG).

Results. Responses from 49 hospitals were received. Six were excluded – one was incomplete and five were excluded due to hospital size (> 50 beds) (Table 1). The majority of hospitals (40/43, 93.0%) were critical access. Half of the hospitals' formularies (22/43, 51.2%) contained a preferred PEP regimen. One hospital reported a non-preferred regimen. Most hospitals with a preferred PEP regimen on formulary (18/22, 86.3%) offered TDF/FTC + RAL, and the remainder (4/22, 18.2%) offered TDF/FTC + DTG.

Table 1. Characteristics of Participant Hospitals

Location	
Washington	26
Idaho	12
Oregon	4
Arizona	1
Utah	0
Number of Inpatient Beds	
0-25	40 (93.0%)
26-49	3 (7.0%)

Conclusion. Many small and critical access hospital formularies do not include antiretroviral agents needed for HIV PEP. Improving urgent access to these critical medications in rural communities is an opportunity for HIV prevention.

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861. Impact of COVID-19 Mitigation Measures on PrEP Care at a Safety Net Health System in Atlanta

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Session: P-49. HIV: Prevention

Background. The Grady Health System pre-exposure prophylaxis (PrEP) program modified its care practices to accommodate COVID-19 mitigation measures. Changes enacted included: transition to telemedicine visits, medication mail delivery, and flexible timing of quarterly laboratory testing. These were implemented in March 2020 and remain in place presently. This study aimed to evaluate patients' long-term acceptability of these modifications and to assess their impact on PrEP care.

Methods. This was a cross-sectional study in a convenience sample of PrEP patients, ages 18 and older, at an urban clinic in Atlanta. They were invited to complete a survey between December 2020 and April 2021. The survey assessed the impact of mitigation measures on overall PrEP care, follow up visits, medication access, and ability to complete laboratory testing. It also evaluated the usability, quality, satisfaction, and concerns with telemedicine. Data were examined using median and interquartile ranges, and proportions.

Results. Of 145 patients contacted, 61 completed the survey (median age 33 years, 72% Black, 75% cisgender men, 15% transgender women). Most participants did not report interruptions in their PrEP care (72%) or follow up visits (74%). Most found it easy to access medications (82%), as participants' report of medication mail delivery usage increased from 57% (pre-pandemic) to 73% (in-pandemic period). Interruptions in completing quarterly labs were more frequently reported, as only 62% found this to be easy. Overall, 89% reported using telemedicine; telephone call was the most used method (78%). Telemedicine users' ratings for quality, usability, and satisfaction of telemedicine was high (median score: 6/7) and nearly all users (97%) reported no concerns about its continued use for PrEP care. A few participants (5%) raised concerns about loss of telephone services due to financial issues, impacting their ability to complete telemedicine visits.

Conclusion. PrEP care at an urban clinic was well- maintained despite COVID-19 mitigation measures. Telemedicine was found to be acceptable and usable by surveyed participants. Future research on widescale implementation of telemedicine for PrEP care is needed

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862. A Survey of HIV PrEP Prescribing Practices at an Academic Medical Center in the Northwest United States

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Session: P-49. HIV: Prevention

Background. The prescribing of pre-exposure prophylaxis (PrEP) remains a major means of reducing the incidence of HIV infection in the United States. Many individuals are unaware of their HIV status until further symptom progression has ensued or continue to engage in high-risk behavior despite awareness of the risk of HIV transmission. Primary care providers are instrumental in identifying patients who are at high risk of HIV acquisition and prescribing PrEP with appropriate counseling and monitoring.

Methods. In order to identify existing barriers to prescribing HIV PrEP at a single academic medical center, a voluntary 14-question de-identified survey was administered electronically to ambulatory care providers in the following departments: family medicine, internal medicine and geriatrics, adolescent and young adult health, student health, and women's health clinics.

Results. Following survey dissemination, the response rate was 28% (82/286). The results are displayed in Tables 1-3. Notably, though 74% of survey respondents reported being familiar with CDC 2017 and USTPF 2019 clinical practice guidelines for PrEP prescribing, only 36% (22/61) were able to correctly identify the clinical scenarios in the survey whereby an individual is eligible for HIV PrEP. 57% (47/82) reported that they discuss HIV PrEP with less than 25% of eligible patients.

Figure 1. Respondent Characteristics

Question	Response	Percent of respondents	Number of responses
What is your gender identity?	Male	39%	32
	Female	61%	50
What is your age?	20-30	15%	12
	31-40	40%	33
	41-50	27%	22
	51-60	15%	12
	61 and above	4%	3
What is your title (select as many as applicable)?	Advance Practice Registered Nurse	9%	7
	Adult Nurse Practitioner	5%	4
	Family Nurse Practitioner	12%	10
	Physician Assistant	11%	9
	Resident Physician	17%	14
	Fellow Physician	0%	0
	Assistant Professor	41%	34
	Associate Professor	11%	9
	Professor	4%	3
	Clinical Instructor	6%	5
	Clinical Associate	1%	1
What is your practicing department?	Internal Medicine and Geriatrics	34%	28
	Family Medicine	50%	41
	Adolescent and Young Adult Medicine	7%	6
	Women's Health	7%	6
	Student Health	1%	1