

Results. We identified 147 patients with new HIV diagnoses and 65 patients evaluated for PrEP. 63% of the newly diagnosed HIV were of Hispanic, African American or American Indian descent (46%, 14% and 3% respectively) while the majority of PrEP patients were White (58%) with a statistically significant difference between the groups ($P = 0.006$). There was no significant difference between the age groups [28 (19%) of the HIV and 13 (20%) of the PrEP were 18–24] or gender (88% of people accessing HIV care were men, vs. 91% men seen for PrEP). Insurance information at the time of presentation was available for 145 HIV and 64 PrEP patients with statistically significant differences between the groups. 31(21%) newly diagnosed HIV had no insurance and 71 (49%) had a Medicaid plan while 45 (70%) of PrEP patients has a private insurance plan ($P < 0.001$). None of the people accessing PrEP reported iv drug use as a risk factor compared with 16 (11%) of the newly diagnosed ($P = 0.003$). Retention in care at 3 months was similar (76% of HIV and 75% of PrEP). The predominant risk categories were MSM with multiple partners and/or condomless anal sex for both groups.

Conclusion. To our knowledge this is the first study evaluating HIV and PrEP health care disparities in a border region of the Southwestern US, which is home to a large Hispanic minority population. Our findings suggest that low income minority populations, such as Hispanic, African American and American Indian in this region continue to have a higher risk for HIV acquisition and highlights the ongoing need to expand research on how these populations perceive their risk for HIV and navigate complex systems, such as health insurance, when seeking clinical services for PrEP.

Disclosures. All authors: No reported disclosures.

1416. Comfort Discussing HIV Pre-Exposure Prophylaxis with Patients Among Physicians in an Urban Emergency Department

Brett Tortelli, BA¹; Douglas Char, MD²; William Powderly, MD³ and Rupa Patel, MD³; ¹Washington University, St. Louis, Missouri, ²Division of Emergency Medicine, Washington University, St. Louis, Missouri, ³Division of Infectious Diseases, Washington University, St. Louis, Missouri

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. HIV pre-exposure prophylaxis (PrEP) is effective but underutilized in the United States. The emergency department offers an opportunity to access at-risk individuals for PrEP referral. While several studies have described provider awareness and acceptance of PrEP, these studies have focused largely on infectious diseases, HIV, and primary care specialty physicians. Thus, PrEP awareness, knowledge, and concerns among emergency physicians remain unknown. We sought to determine provider comfort in discussing PrEP with patients among emergency physicians in Missouri.

Methods. We conducted an online survey among 88 emergency physicians at Washington University in St. Louis from February 2017 to March 2017 in St. Louis, Missouri. The survey included demographics, comfort discussing PrEP, having ever heard of PrEP (awareness), knowledge of the current CDC prescribing guidelines, concerns with use, and knowing local PrEP referral information. The questions were asked on a Likert scale and dichotomously categorized. We evaluated predictors of physician comfort of discussing PrEP with patients using multiple logistic regression.

Results. Sixty-seven participants completed the survey; 64.1% were faculty. Most (79.1%) were PrEP aware, however, only 23.9% were knowledgeable of current guidelines and 22.7% of referral information. Concerns included lack of efficacy (53.7%), side effects (89.6%), and the selection for HIV resistance (70.1%). Comfort discussing PrEP was 43.3%. When adjusting for the concern of efficacy, having PrEP knowledge (OR: 5.43; CI: 1.19–30.81) and having referral knowledge (OR: 7.82; CI: 1.93–40.98) were significantly associated with comfort in discussing PrEP.

Conclusion. We found moderate PrEP awareness among emergency physicians, but also high levels of discomfort in discussing PrEP with their patients. Future provider training should include addressing misinformation surrounding the concerns with PrEP use and prescribing, reviewing current guidelines, and providing local referral resources for PrEP patient care. Emergency department settings can facilitate PrEP awareness and referral to care among at-risk patients to help reduce national HIV incidence.

Disclosures. All authors: No reported disclosures.

1417. Frame me if you must: PrEP framing and the impact on adherence to HIV Pre-exposure Prophylaxis

Eric Ellorin, MAS¹; Jill Blumenthal, MD¹; Sonia Jain, PhD²; Xiaoying Sun, MS²; Katya Corado, MD³; Michael Dube, MD⁴; David Moore, PhD⁵; Sheldon Morris, MD, MPH¹ and the California Collaborative Treatment Group; ¹Medicine, University of California, San Diego, San Diego, California, ²Family and Preventive Medicine, University of California, San Diego, La Jolla, California, ³Los Angeles Biomedical Research Institute at Harbor-UCLA, Torrance, California, ⁴Medicine, University of Southern California, Los Angeles, California, ⁵Psychiatry, UCSD, San Diego, California

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. “PrEP whore” has been used both as a pejorative by PrEP opponents in the gay community and, reactively, by PrEP advocates as a method to reclaim the label from stigmatization and “slut-shaming.” The actual prevalence and impact of such PrEP-directed stigma on adherence have been insufficiently studied.

Methods. C2G 595 was a randomized controlled PrEP demonstration project in 398 HIV-uninfected MSM and transwomen. Intracellular tenofovir-diphosphate (TFV-DP) levels at weeks 12 and 48 were used as a continuous measure of adherence.

At study visits, participants were asked to describe how they perceived others’ reactions to them being on PrEP. These perceptions were categorized a priori as either “positively framed,” “negatively framed,” or both. We used Wilcoxon rank-sum to determine the association between positive and negative framing and TFV-DP levels at weeks 12 and 48.

Results. By week 4, 29% of participants reported perceiving positive reactions from members of their social groups, 5% negative, and 6% both. Reporting decreased over 48 weeks, but positive reactions were consistently reported more than negative. At week 12, no differences in mean TFV-DP levels were observed in participants with positively-framed reactions compared with those reporting no outcome or only negatively-framed (1338 [IQR, 1036–1609] vs. 1281 [946–1489] fmol/punch, $P = 0.17$). Additionally, no differences were observed in those with negative reactions vs. those without (1209 [977–1427] vs. 1303 [964–1545], $P = 0.58$). At week 48, mean TFV-DP levels trended toward being higher among those that report any reaction, regardless if positive (1335 [909–1665] vs. 1179 [841–1455], $P = 0.09$) or negative (1377 [1054–1603] vs. 1192 [838–1486], $P = 0.10$) than those reporting no reaction. At week 48, 46% of participants reported experiencing some form of PrEP-directed judgment, 23% reported being called “PrEP whore,” and 21% avoiding disclosing PrEP use.

Conclusion. Over 48 weeks, nearly half of participants reported some form of judgment or stigmatization as a consequence of PrEP use. However, individuals more frequently perceived positively framed reactions to being on PrEP than negative. Importantly, long-term PrEP adherence does not appear to suffer as a result of negative PrEP framing.

Disclosures. All authors: No reported disclosures.

1418. Baseline Characteristics from PrEP Chicago: A Randomized Controlled Diffusion-Based Network Intervention for HIV Prevention Among Young Black Men Who Have Sex With Men

Matthew Ferreira, DVM, MPH¹; Lindsay Young, PhD¹ and John Schneider, MD, MPH²; ¹Department of Medicine, University of Chicago, Chicago, Illinois, ²Department of Medicine, Section of Infectious Diseases and Global Health, University of Chicago, Chicago, Illinois

Session: 158. HIV: Pre-Exposure Prophylaxis
Friday, October 6, 2017: 12:30 PM

Background. Several studies have documented low knowledge, uptake and retention of pre-exposure prophylaxis (PrEP)—a biomedical intervention for HIV prevention—among young black MSM (YBMSM).

Methods. PrEP Chicago is a randomized controlled peer change intervention designed to promote uptake of PrEP among YBMSM. Participants were recruited using respondent-driven sampling and randomized to intervention or control conditions. Initial seeds for recruitment were selected based on their structural position in a previously described Facebook network.

Intervention participants undergo a small group peer change agent workshop led by intervention staff. Booster phone calls are then conducted to participants approximately once per month. The primary focus of the intervention is to motivate participants to discuss PrEP within their social network. Controls attend a group sex-diary session and receive no boosters. After one year, participants cross over conditions.

Results.

	Intervention, n (%)	Control, n (%)	p value
Age, mean (sd)	26.1 (4.2)	25.7 (4.3)	0.28
Education			0.034
Less than HS	11 (5.4)	19 (9.1)	
HS/GED	121 (59.0)	136 (65.4)	
More than HS	59 (28.8)	35 (16.8)	
Graduate/Professional	1 (0.5)	2 (1.0)	
Other/Don't Know	13 (6.3)	16 (7.7)	
Employment			0.31
Employed	109 (52.2)	92 (43.0)	
Not Employed	81 (38.8)	9 (46.3)	
Disabled	6 (2.9)	7 (3.3)	
Don't Know/Prefer not to answer	13 (6.2)	16 (7.5)	
Sexual Orientation			0.24
Gay	135 (64.6)	123 (57.5)	
Bisexual	46 (22.0)	62 (29.0)	
Other	28 (13.4)	29 (13.6)	
Ever Taken PrEP			0.79
No	202 (96.7)	208 (97.2)	
Yes	7 (3.3)	6 (2.8)	
HIV Status			0.62
Negative	78 (49.1)	71 (44.7)	
Positive	81 (50.9)	88 (55.3)	

A total of 423 (209 intervention, 214 control) participants were successfully recruited. Only 13 (3.1%) participants reported ever having taken PrEP while 169 (53.1%) participants tested positive for HIV at baseline. A difference in education was noted between intervention and control groups ($P = 0.034$). A majority of participants in both groups identified as gay or bisexual. Study retention was evaluated through completion of the first booster. Intervention participants successfully completed 63.7% of the first boosters.