

**Results.** 138 (76%) respondents were aware that PrEP is approved for adolescents. There was no significant difference across specialties or between residents and attendings. 44.8% of respondents felt uncomfortable prescribing PrEP and two thirds had never prescribed PrEP. Reasons for not prescribing PrEP included: not seeing adolescents who qualify (n=80), not having enough training (66), confidentiality concerns (22), forgetting to address PrEP (19), and concern incidence of HIV is too low to recommend PrEP (15). Pediatricians were the least likely to test for HIV with 11% of pediatrician, 32% of internal medicine/pediatric, and 38% of family medicine respondents reported universal HIV testing for patients 15 years and older (p < 0.05). Residents were more likely to test for HIV than attendings (33.3% versus 16%, p < 0.05). 111 participants completed the "test your knowledge" section. 31.5% correctly named two approved PrEP medications. There were 183 responses to the survey (49% response rate).

**Conclusion.** Adolescent primary care providers are aware that PrEP is FDA approved for adolescents but a gap in PrEP prescribing and HIV testing persists. There remain perceptions that HIV incidence is too low to discuss PrEP and that providers are not seeing patients who qualify. Next steps include developing an institutional PrEP guideline and creating an electronic medical record order set to facilitate PrEP prescribing.

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

**865. Social Media Secret Facebook Groups for HIV Pre-Exposure Prophylaxis Awareness among Female Sex Workers in Cameroon**

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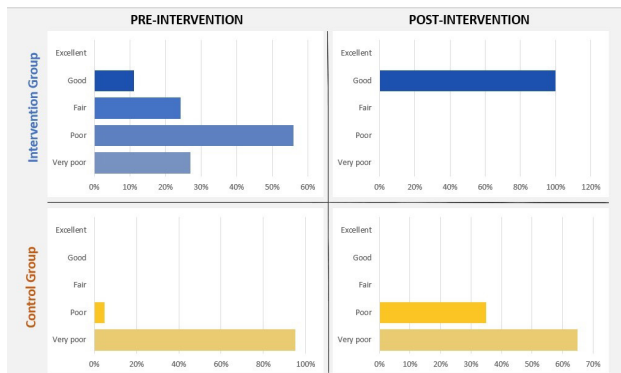
**Session:** P-49. HIV: Prevention

**Background.** About 25% of Cameroonian female sex workers (FSW) lived with HIV in 2018. PrEP was introduced in Cameroon in 2019, with minimal uptake as of 2021. The goal of this pilot project was to evaluate the potential of a novel social media intervention to raise Pre-Exposure Prophylaxis (PrEP) awareness and complement HIV prevention strategies among FSW, a key risk population.

**Methods.** From October 2020 to April 2021, sixty adult HIV-negative FSW who owned a phone with internet access joined the study; 40 in the intervention arm and 20 in the control arm. The intervention had a Secret Facebook Group (SFG) platform for confidentiality. It included 12 videos on HIV prevention in the local dialect, released over 8 weeks. In-person surveys were administered before and after the intervention, and three months later. Likert scale was used to evaluate the main outcome: PrEP awareness. Data was analyzed using Stata 16/Version 14.2.

**Results.** Demographic characteristics were similar between intervention and control groups for age (29 years, SD7.3), literacy (45% secondary school), parity (1.9, SD1.5), and years as sex worker (7.8, SD5.1). One FSW had heard about PrEP before the intervention. After a brief introduction, 39% (15/38) of FSW in the intervention group and 50% (10/20) in the control group strongly agreed to be interested in taking PrEP (p=0.2). Baseline PrEP knowledge was poor in the intervention group (15/40, 38%) and very poor in the control group (19/20, 95%) (p=0.0001). In the second survey, the intervention and control groups' PrEP knowledge improved (p=0.0001 and p=0.02, respectively). It was more significant in the intervention group, with all FSW reporting good level of knowledge (p=0.0001) (Figure 1). In addition, more FSW in the intervention group (67%, 27/40) strongly agreed to be interested in taking PrEP (p=0.01), while numbers remained similar in the control group (55%, 11/20, p=0.8). Three months after the intervention, 31.5% (12/38) of participants reported excellent PrEP knowledge, a significant improvement since the second survey (p=0.02).

Figure 1. Self-reported Pre-Exposure Prophylaxis knowledge before and after intervention in the intervention and control groups.



**Conclusion.** The use of a social media HIV prevention tool tailored to FSW in Cameroon improved PrEP awareness with good retention of knowledge. Cross-contamination between groups might have hindered the differential impact of the brief intervention.

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**866. Adherence to F/TDF for PrEP in Dried Blood Spots and HIV Infection Rates: A Pooled Analysis of Global PrEP Studies**

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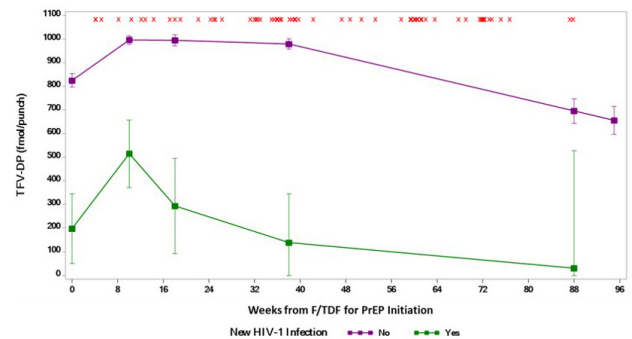
**Session:** P-49. HIV: Prevention

**Background.** The use of daily F/TDF for HIV pre-exposure prophylaxis (PrEP) substantially reduces HIV acquisition. Dried blood spot (DBS) tenofovir-diphosphate (TFV-DP) levels reflect TDF use over the past 6-8 weeks, providing an objective measure of adherence in people taking PrEP.

**Methods.** In a pooled analysis of 19 PrEP demonstration projects and clinical studies, 6,613 participants had at least one TFV-DP measurement in DBS and followed for at least 48 weeks and up to 96 weeks. We used a piecewise linear mixed-effects model to plot the least-square means with corresponding 95% confidence intervals (CI) of TFV-DP for adherence over time, and Poisson regressions to calculate HIV incidence rates (IR) by level of weighted average of TFV-DP.

**Results.** Of 6,613 participants, median age was 30 years (interquartile range 24-38), 5,449 (82%) were cisgender men, 806 (12%) were cisgender women, and 349 (5%) were transgender (316 transgender women, 2 transgender men, 31 unspecified). Adherence based on TFV-DP in DBS was consistently higher among participants who did not acquire HIV compared to those who did (Figure). Among all participants, 21%, 14%, 36%, and 29% has DBS consistent with taking < 2, 2-3, 4-6, and ≥7 tablets of F/TDF PrEP per week (Table). Sixty-nine participants acquired HIV, with a median PrEP exposure of 0.82 years and an overall HIV IR (95% CI) of 1.16 (0.92, 1.47) per 100 person years. There was a strong association between adherence and HIV incidence [among individuals who took < 2, 2-3, 4-6, and ≥7 tablets/week, the HIV IRs (95% CI) were 5.20 (4.03, 6.71), 0.38 (0.12, 1.18), 0.28 (0.12, 0.61), and 0.06 (0.01, 0.39), respectively. Overall IR (95% CI) of HIV infection among cisgender men was 1.25 (0.98, 1.60) per 100 patient-years. Four cisgender women and 2 transgender participants acquired HIV, corresponding to IRs (95% CI) of 0.71 (0.27, 1.90) and 0.63 (0.16, 2.53).

Adherence by TFV-DP in DBS for F/TDF users who acquired HIV compared to those who did not.



Note: 'x' on the Figure represents visit week when a new HIV infection was detected. HIV incidence rates (95% confidence intervals) by adherence to PrEP measured by level of TFV-DP in DBS up to 96 weeks after PrEP Initiation

Adherence Level by Weighted Average of TFV-DP in DBS	HIV infected		Non-HIV infected		Incidence rate per 100 person-year (95% CI)
	N (Column %)	Mean person-year	N (Column %)	Mean person-year	
<b>n=6,613</b>	69	0.82	6,544	0.90	1.163 (0.915, 1.473)
≥7 fmo/punch (≥7 tablets/week)	59 (86.5%)	0.88	1,355 (20.6%)	0.81	5.199 (4.028, 6.730)
4-6 fmo/punch (4-6 tablets/week)	3 (4.3%)	0.75	934 (14.3%)	0.84	0.380 (0.123, 1.179)
2-3 fmo/punch (2-3 tablets/week)	6 (8.7%)	0.32	2,352 (35.5%)	0.92	0.276 (0.124, 0.614)
<2 fmo/punch (<2 tablets/week)	1 (1.4%)	0.67	1,523 (23.0%)	0.95	0.055 (0.008, 0.387)
<b>n=5,449</b>	63	0.83	5,386	0.93	1.249 (0.976, 1.599)
≥7 fmo/punch (≥7 tablets/week)	54 (86.7%)	0.88	855 (15.9%)	0.80	7.362 (5.639, 9.612)
4-6 fmo/punch (4-6 tablets/week)	2 (3.2%)	0.91	673 (12.5%)	0.80	0.319 (0.082, 1.315)
2-3 fmo/punch (2-3 tablets/week)	6 (9.5%)	0.32	2,061 (38.3%)	0.95	0.305 (0.137, 0.680)
<2 fmo/punch (<2 tablets/week)	1 (1.6%)	0.67	1,798 (33.4%)	0.97	0.058 (0.008, 0.408)
<b>n=806</b>	4	0.53	802	0.70	0.710 (0.266, 1.891)
≥7 fmo/punch (≥7 tablets/week)	3 (75.0%)	0.56	349 (43.5%)	0.82	1.043 (0.336, 3.234)
4-6 fmo/punch (4-6 tablets/week)	1 (25.0%)	0.42	187 (23.3%)	0.59	0.901 (0.127, 6.399)
<2 fmo/punch (<2 tablets/week)	0	NA	190 (23.7%)	0.61	NA
<b>n=349</b>	2	1.26	347	0.90	0.633 (0.158, 2.531)
≥7 fmo/punch (≥7 tablets/week)	2	1.26	129 (37.2%)	0.85	1.782 (0.446, 7.125)
4-6 fmo/punch (4-6 tablets/week)	0	NA	74 (21.3%)	0.94	NA
2-3 fmo/punch (2-3 tablets/week)	0	NA	99 (28.5%)	0.94	NA
<2 fmo/punch (<2 tablets/week)	0	NA	45 (13.0%)	0.92	NA

**Conclusion.** This diverse, multi-national pooled analysis of F/TDF PrEP use provides the largest assessment to date of the adherence-HIV incidence relationship in people taking F/TDF for PrEP. The results suggest a high background HIV incidence in the pooled cohort and high efficacy in those adherent to PrEP. These findings support ongoing efforts to increase PrEP use among people who would benefit.

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**867. Telehealth and HIV Care During the COVID-19 Pandemic**

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**Session:** P-50. HIV: Social Determinants of Health

**Background.** The COVID-19 Pandemic led to many restrictions in health care services, and as a consequence, an expansion of telehealth capabilities. In order to meet the needs of PLWH along the Care Continuum, we developed a process to promote the use of our MyChart app. This HIPAA-compliant app allows patients to view their medical records, communicate with their providers, make appointments, and have video visits on their smart devices. This report describes our preliminary findings.

**Methods.** PLWH enrolled in the Ryan White Program, in the Infectious Diseases Clinic at Henry Ford Hospital who had not used telehealth services were asked to sign up for our MyChart (electronic medical record software) initiative. A telehealth Navigator interviewed and taught PLWH how to download and use MyChart, and supplied pre-loaded phones, as needed, to make virtual visits accessible. We collected demographic and clinical information and reasons for not using telehealth services.

**Results.** From October 2020 to May 2021, 209 PLWH were enrolled into our pilot program (Table 1). Of these: 48% were 45-64 years old (yo), while 21% were >+ 60 yo and 3% < 25 yo; 75% were male, 85% Black; 48% MSM, and 84% virally suppressed (HIV RNA < 200 copies/mm<sup>3</sup>). When asked why they were not using telehealth services, 29% reported a lack of technology or capability to install MyChart on their phones, 27% needed further education, and 18% had not prioritized installation of the application.

Table 1. Characteristics of our PLWH

<b>Gender (N,%)</b>	
Male	157, 75%
Female	42, 20%
Trans female	9, 4%
Fluid	1, 0.5%
<b>Age Strata (N,%)</b>	
13-24	6, 3%
25-44	74, 35%
45-64	101, 48%
65+	28, 13%
<b>Race/Ethnicity (N,%)</b>	
Black	178, 85%
White	20, 10%
Hispanic	11, 5%
<b>Mean CD4 (cell/uL, IQR)</b>	581 (323-749)
<b>Number with undetectable viral load &lt;200 copies/ml</b>	176 (84%)
<b>Reasons for Not Having MyChart (N,%)</b>	
Distrust in Technology	3, 1%
"Hasn't gotten around to it"	37, 18%
Information unavailable	61, 29%
Limited Resources	19, 9%
Education needed	56, 27%
Password help	20, 10%
Technical issues	13, 6%
<b>Risk Factors for HIV (N,%)</b>	
MSM	110, 53%
IDU	11, 5%
Heterosexual	105, 50%
Perinatal	2, 0.9%
Blood transfusion	4, 2%
Not reported/unknown	11, 5%

**Conclusion.** The crises created by the COVID-19 pandemic revealed a new role for telehealth services. Although available to all PLWH in our RW program, many had never used telehealth services. Over half lacked compatible devices or needed help to download or use the app. Compared to younger PLWH, older individuals were more likely to need assistance. Further work is needed to understand and promote digital parity.

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**868. HIV, Opioid Use Disorder, and Injection related Infections: Clinical Outcomes in 4 Academic Hospitals**

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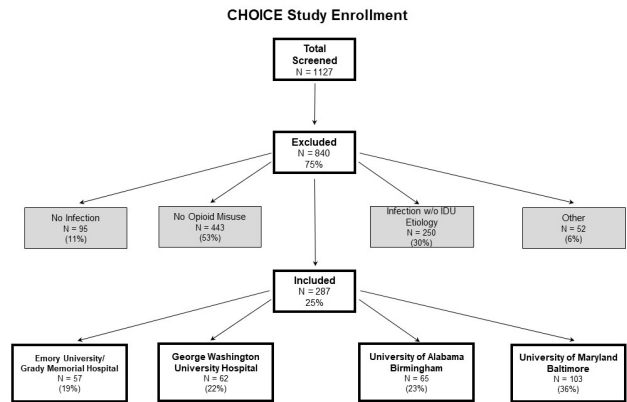
The Continuum of Care in Hospitalized Patients with Opioid Use Disorder (OUD) and Infectious Complications of Drug Use (CHOICE) Study

**Session:** P-50. HIV: Social Determinants of Health

**Background.** Because hospitals are a safety net for persons with injection drug use (IDU), they play a valuable role towards ending the HIV epidemic. The objective of this study is to evaluate the hospital outcomes of persons with HIV (PWH) and opioid use disorder (OUD).

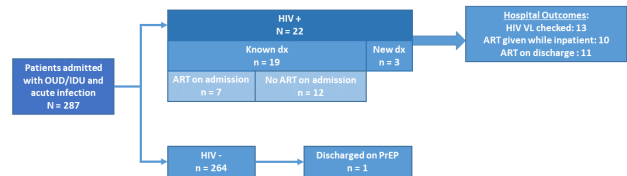
**Methods.** CHOICE is a retrospective review of hospitalized persons with an infectious complication of OUD and IDU at University of Maryland, George Washington University, University of Alabama at Birmingham, and Grady Memorial Hospital. Participants were hospitalized between 1/2/2018-12/21/2018, had ICD9/10 diagnosis codes consistent with OUD and acute bacterial/fungal infection, and verification of OUD-associated infection. HIV was defined by chart review. We explored HIV viral load (VL), antiretroviral therapy (ART) and medications for opioid use disorder (MOUD) on admission, discharge, consultation, and community care.

Overall CHOICE Study Enrollment



**Results.** Overall, 287 were admitted with OUD and infections over the study period; 22 had HIV of whom 3 (14%) were diagnosed during the admission. Of the HIV negative, 1 was discharged on PrEP. Of PWH, most were Black (55%), male (68%), and Medicaid recipients (77%); median age was 48. Median length of stay was 10 days. Common bacterial infections were skin/soft tissue (55%), Bacteremia (41%), and Osteomyelitis (18%). On admission, few were on antiretroviral therapy (ART; 32%) or MOUD (23%). Of the 13 with a VL during admission, 100% had viremia (median VL 6,226 copies/mL). During the admission, 81% were evaluated by Infectious Diseases consultant and 50% by Addiction Medicine. At discharge, 11 and 6 had documentation of an ART plan and MOUD receipt, respectively. In the year following the admission, of 21 with follow up data, a majority were evaluated in the emergency department (68%) and readmitted (57%).

HIV Outcomes for Hospitalized Persons with Injection Related Bacterial Infections



**Conclusion.** For patients with IDU, hospitalization is a missed opportunity to address HIV treatment and prevention through PrEP, VL surveillance, and ART linkage. Because addiction treatment improves HIV outcomes, Addiction consultation should be standard of care but was under-utilized. Subsequent ED visits and readmissions suggest that hospitals provide continuity of care for patients with IDU who would benefit from HIV, HCV, and other services in acute settings.

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