Table 2.0 Outcomes of STI Data Tool Intervention	
	PrEP Candidates Identified N=24
PrEP Consult requests	4 (16.7%)
PreP Initiations	0
No follow up action	15 (62.5%)
Patient declined PrEP	7 (29.2%)

Conclusion. The use of the data tool had no direct impact on PrEP uptake. Instead, the doubling of PrEP starts was attributable to education. Further studies are needed to maximize the utility of data tools to increase PrEP uptake.

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850. Reasons for not Using PrEP and Actions that May Facilitate PrEP Uptake in Ontario and British Columbia, Canada

Oscar Javier Pico Espinosa, MD MSPH PhD[1]; Mark Hull, MD MHSc FRCPC[2]; Nathan Lachowsky, PhD[3]; David Hall, MD[4]; Saira Mohammed, BHE, MSc, CCRP[2]; Karla Fisher, n/a[5]; Daniel Grace, PhD[6]; Mark Gaspar, PhD[6]; Robinson Truong, BSc[1]; Leo Mitterni, MD[7]; Matthew Harding, n/a[8]; Paul MacPherson, MD FRCPC PhD[9]; Kevin Woodward, MD FRCPC[10]; Simon Rayek, n/a[11]; Eric Peters, n/a[12]; Jody Jollimore, BA MSc[13]; Marshall Kilduff, n/a[14]; John Maxwell, BA[15]; Warren Greene, n/a[16]; Garfield Durrant, n/a[17]; Camille Arkell, MPH[18]; Tyllin Cordeiro, BA[19]; Darrell Tan, MD PhD[20]; [1]St. Michael's Hospital, Unity Health Toronto, Toronto, Ontario, Canada; [2]BC Centre for Excellence in HIV/AIDS, Vancouver, British Columbia, Canada; [3]University of Victoria, Victoria, British Columbia, Canada; [4]Vancouver Coastal Health, Vancouver, British Columbia, Canada; [5]Toronto General Hospital, Toronto, Ontario, Canada; [6]University of Toronto, Toronto, Ontario, Canada; [7]Hassle Free Clinic, Toronto, Ontario, Canada; [8]MAX Ottawa, Ottawa, Ontario, Canada; [9]University of Ottawa, Ottawa, Ontario, Canada; [10]McMaster University, Hamilton, Ontario, Canada; [11]Health Initiative for Men, Vancouver, British Columbia, Canada; [12]The Gay Men's Sexual Health Alliance, Toronto, Ontario, Canada; [13]Community-Based Research Centre, Vancouver, British Columbia, Canada; [14]AVI Health and Community Services, Victoria, British Columbia, Canada; [15]AIDS Committee of Toronto, Toronto, Ontario, Canada; [16]Canadian Aboriginal AIDS Network, Fort Qu'Appelle, Saskatchewan, Canada; [17]Black Coalition for AIDS Prevention, Toronto, Ontario, Canada; [18]Canadian AIDS Treatment Information Exchange (CATIE), Toronto, Ontario, Canada; [19]Alliance for South Asian AIDS Prevention (ASAAP), Toronto, Ontario, Canada; [20]Division of Infectious Diseases, Department of Medicine, St. Michael's Hospital, Toronto, Ontario, Canada

Session: P-49. HIV: Prevention

Background. HIV Pre-exposure prophylaxis (PrEP) is an underutilized intervention to prevent HIV infection in Canada. Known barriers to PrEP uptake include lack of awareness, low HIV risk perception, side effects, PrEP not being publicly funded (which is the case in Ontario) and stigma. We aimed to identify barriers to PrEP use and actions that may facilitate PrEP uptake in Ontario and British Columbia.

Methods. Gay, bisexual and other men who have sex with men 19 years or older living in Ontario and British Columbia, Canada, answered a survey between July 2019 and August 2020. Participants who met Canadian PrEP guideline criteria for PrEP and not already using PrEP indicated which barriers were relevant to them and which actions would make them more likely to start PrEP. We used descriptive statistics and tested differences between Ontario and British Columbia using Chi-square tests for proportions and t-tests or Wilcoxon rank-sum tests for continuous variables.

Results. Of 1527 survey responses, 260 (184 in Ontario and 76 in British Columbia) who were never PrEP users and met criteria for PrEP were included. In Ontario, the most common barriers were affordability (43%) and concern about side effects (42%). In British Columbia, the most common reasons were concern about side effects (41%) and not feeling at high enough risk (36%). In Ontario, the actions that would most likely encourage the respondent to start PrEP were short waiting time (63%), the healthcare provider informing about their HIV risk being higher than perceived (62%) and a written step-by-step guide (60%). In British Columbia, the actions that would most likely encourage the respondent to start PrEP were short waiting time (68%), people speaking publicly about PrEP (68%) and their healthcare provider counselling about: their HIV risk being higher than perceived (64%), side effects of PrEP (64%) and about how PrEP works (62%).

Table. Top reasons for not using PrEP and top actions that might influence the decision to start PrEP stratified by province. (n= 184 in Ontario, n= 76 in British Columbia).

Reasons for not using PrEP	ONTARIO		BRITISH COLUMBIA		p-value
	n	%	n	%	
Concern about side effects	77	42%	31	41%	0.875
Unable to afford it	80	43%	12	16%	<0.001
Not feeling at high enough risk	49	27%	27	36%	0.151
Unwillingness to take a pill regularly	47	26%	18	24%	0.753
Not knowing where to get it	48	26%	16	21%	0.391
Lack of protection against other STIs	36	20%	14	18%	0.831
Consistent condom use for anal sex	20	13%	13	17%	0.170
Actions that might influence the decision to start PrEP	**ONTARIO**		**BRITISH COLUMBIA**		**p-value**
	n	%	n	%	
Short waiting time to PrEP appointment	114	63%	46	68%	0.526
HCP informing about being at higher risk than perceived	111	62%	44	64%	0.837
Written step-by-step guide	109	60%	43	61%	0.861
People speaking publicly about PrEP	101	56%	46	68%	0.099
HCP informing about how PrEP works	101	57%	43	62%	0.425
Help finding publicly funded PrEP	103	58%	39	57%	0.884
A list of available PrEP providers	99	56%	41	59%	0.588
HCP counselling about side effects	92	51%	44	64%	0.055

Conclusion. Concern about side effects and not feeling at high enough risk were common barriers. Short waiting times may increase PrEP uptake. In Ontario, the findings suggested lack of affordability. In British Columbia, actions involving healthcare providers were valued.

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851. Rate of Sexually Transmitted Infections and Engagement in HIV Pre-Exposure Prophylaxis at the Veterans Affair Maryland Health System

Omar Harfouch, MD MPH[1]; Emily Comstock, CRNP DNP[2]; Roman Kaplan, PharmD[3]; Rohit Talwani, MD[4]; Eleanor Wilson, MD, MSH[5]; [1]University of Maryland Medical Center, Division of Infectious Diseases, Baltimore, Maryland; [2]Veterans Affairs Maryland Health Care System, Baltimore, Maryland; [3]Baltimore VA Medical Healthcare Center, Baltimore, Maryland; [4]University of Maryland School of Medicine, Baltimore VA, Baltimore, Maryland; [5]Institute of Human Virology, University of Maryland School of Medicine, Baltimore, Maryland

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Background. Rates of sexually transmitted infections (STIs) and uptake of HIV pre-exposure prophylaxis (PrEP) during the 2020 coronavirus pandemic are unknown. We evaluated data from the Veterans Affair Maryland Health Care System (VAMHCS) data to determine rates of STI and PrEP linkage in our Veterans.

Methods. We extracted patient-level data on demographics, STI testing (chlamydia, gonorrhea, and syphilis), International Classification of Diseases (ICD) diagnosis codes and refills of TDF-FTC and TAF-FTC. We compared the ratio of positive STI tests in 2018, 2019 and 2020 using chi-square tests. Individuals eligible for PrEP were defined as patients with a newly positive STI result or an ICD diagnosis of: high risk sexual behavior; an STI mentioned above; or gender identity disorder. We excluded anyone with a positive HIV test or a creatinine >1.8. We identified patients initiated on PrEP through pharmacy refill data to define initiation of care. Finally, we used chi-square tests to compare differences of initiation of PrEP between years and demographics.

Results. The STI positivity rate significantly increased (p< 0.01) from 44.2% (2018) and 42.9% (2019) to 61.6% (2020) [Table 1]. The median ages of those who had a positive STI test were 50 (2018), 44 (2019) and 44 (2020). In 2020, 17% of patients eligible for PrEP filled PrEP. Engagement was similar (p=0.33) in 2019 and 2018, where 14% and 11.6% of patients eligible for PrEP received a prescription (p-value=0.33) [Figure 1]. The median age of those refilling PrEP were: 44 (2018); 43 (2019) and 41 (2020)). In 2020, we observed a statistically significant difference (p< 0.01) in initiation of PrEP in care among Black patients with 11.7% of eligible patients filling PrEP as compared to white patients (26.2%) and other races (23.3%) [Figure 2].

Table 1. Rate of positive tests at VAMHCS from 2018-2020.

	STI positive	STI negative	Total tested	Rate of positivity	p-value
2018	172	3754	3926	43.80%	Reference
2019	168	3750	3918	42.90%	0.84
2020	150	2284	2434	61.60%	<0.001