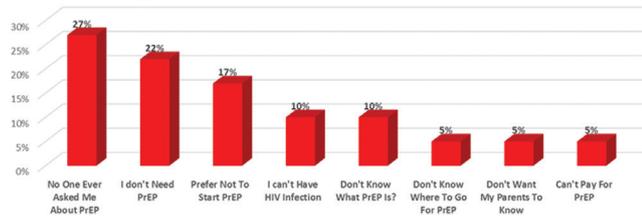


**Results.** There were 97 respondents and 89 (92%) completed all questions. Most of the respondents identify themselves as female (36%), straight (27%), middle aged adolescents 15–17 years (64%), African American (46%) and currently in high school (69%). Majority have seen a medical provider in the past 12 months (90%), at the doctor's office (61%), and majority have never been offered HIV test (60%). Majority have not heard of a medicine that can prevent HIV infection (58%), most have not heard of PrEP (57%), and many do not know where to go to learn more about PrEP (56%). Most have not been offered PrEP (86%) and respondents were split in adopting PrEP (yes 49% vs. no 51%). The reasons for not agreeing to start PrEP are shown in Figure 1. Majority are interested in attending educational program on PrEP (57%). Adolescents are likely to adopt PrEP if they heard about it ( $P = 0.01$ ), if they know where to go to learn about it ( $P = 0.02$ ), and if someone offered it ( $P = 0.03$ ).

**Conclusion.** Adolescent knowledge of PrEP may be suboptimal and presents barriers to adopting it. However, they are willing to accept PrEP if offered. This study demonstrates potential avenues for intervention and provider-initiated programs should be evaluated in scaling-up PrEP into adolescent health services.

Figure 1. Several Reasons Why Adolescents are not Agreeing To Start Pre-exposure Prophylaxis (PrEP). Responses are not mutually exclusive.



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### 1289. Knowledge, Attitudes and Barriers of Pre-exposure Prophylaxis for HIV Infection Among Resident Physicians in Rural, Eastern North Carolina

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**Background.** North Carolina bears a high burden of HIV and was ranked number 8 for the number of new infections in 2015. In 2014, the Centers for Disease Control and Prevention (CDC) published updated practice guidelines recommending the use of pre-exposure prophylaxis (PrEP) with daily oral dosing of tenofovir/emtricitabine to help prevent HIV infection in high-risk individuals. However, the use of PrEP in the primary care setting remains low and 1 in three primary care physicians is not aware of PrEP. The objective of our study was to evaluate PrEP knowledge among primary care resident physicians.

**Methods.** 149 resident physicians were surveyed at East Carolina University from the following specialties: Internal Medicine, Medicine-Pediatrics, Obstetrics Gynecology and Family Medicine. We collected participants' age, biological sex, current residency program, and current year within the residency program.

**Results.** Sixty out of 149 residents completed the online survey. 20% of residents had never heard of PrEP. 17% of residents did not feel comfortable discussing sexual preferences with their patients. 15% of residents thought prescribing would increase risky sexual behaviors and 12% would not prescribe PrEP to patients with multiple sexual partners. Only 3% of residents identified potential side effects of PrEP (e.g., an increase in creatinine levels or decrease in mineral bone density) as a reason to not prescribe PrEP. One resident had ever prescribed PrEP. 83% of residents wanted more information on PrEP and 95% of residents would be willing to prescribe PrEP if educational workshops were offered.

**Conclusion.** PrEP is an underutilized tool among resident physicians in Eastern, NC. We identified lack of knowledge of PrEP and concern for increased risky sexual behaviors as barriers to prescribing. Resident physicians require more education on PrEP in order to prescribe it to their patients.

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### 1290. A Model for "At-Distance" PrEP Navigation: Acceptability and Early Insights

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**Background.** HIV pre-exposure prophylaxis (PrEP) awareness and uptake among at-risk individuals remains suboptimal despite clear evidence of efficacy. Health navigators and peer educators have been employed to facilitate linkage and retention in many aspects of HIV prevention and care, including to improve PrEP utilization. Yet, the use of health navigators to improve PrEP utilization has not been well-explored in rural areas where unique challenges to HIV care have been well-documented.

Little is known, too, about how telemedicine may strengthen these efforts. We assessed acceptability and evaluated a health navigation program that primarily engages clients through at-distance technology-based methods.

**Methods.** To guide the design and implementation of a pilot PrEP tele-navigation program, we conducted a survey in at-risk clients contacted through social networks and at a state-funded STI clinic in New Hampshire. Approximately nine months after the launch of the navigation platform, we analyzed characteristics of client-navigator interactions. Feedback surveys were distributed to clients 3 months following engagement with the navigator.

**Results.** From July 2017 to April 2018, 139 individuals engaged the navigator program via email, text, chat, phone call, or in-person. Among the most common services provided were PrEP counseling ( $n = 63$  or 45% of inquiries), referral to STI/HIV testing (22%), and risk reduction counseling (19%). Eight clients have been linked to PrEP care to-date. Qualitative analysis of client-navigator interactions revealed a variety of recurring barriers expressed by clients including concerns maintaining confidentiality with parents and partners, side effects of PrEP, and financial constraints. Clients provided suggestions for program improvement and indicated they felt engagement with the program increased knowledge of PrEP as well as linkage to testing and HIV prevention services.

**Conclusion.** Our pilot program highlighted the diverse obstacles to PrEP utilization in at-risk rural clients, and suggests at-distance PrEP navigation and telemedicine can support improved PrEP utilization in the rural United States. Such a navigator program should be equipped to engage clients along the PrEP care continuum.

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### 1291. Assessing Uptake of HIV Pre-Exposure Prophylaxis (PrEP) Among High-risk Demographics in a Community-Based Clinic in Brooklyn

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**Background.** PrEP is a proven, effective means of preventing HIV. Uptake in groups at highest risk of HIV, such as Black men who have sex with men (MSM) and Hispanics, has been disproportionately low nationwide. We analyzed the demographics of PrEP patients in the STAR Health Center in East Flatbush, Brooklyn (BK) to assess our effectiveness in PrEP uptake and retention among at-risk groups.

**Methods.** We performed a retrospective analysis of 134 consecutive patients who enrolled in our clinic for PrEP between June 2016 and December 2017. We assessed risk factors, demographics, insurance status, location, and retention in care. Retention was defined as completing medical visits within 3 months of prior visit. We compared demographics, sexual practices, and locations of our patients to those among new HIV diagnoses in BK, as reported by NYC Department of Health's 2016 surveillance report. Fisher's exact test was used to detect differences in gender, race, and sexual practices.

**Results.** Only 11.94% of those enrolled in our clinic and prescribed PrEP were women, compared with 27.19% of BK new HIV diagnoses ( $P < 0.005$ ). There was no statistically significant difference in race, and distributions were similar between the two groups. There was a higher proportion of MSM among those prescribed PrEP (71.64%) compared with BK new HIV diagnoses (46.64%) ( $P < 0.005$ ). Retention rates were low, with female gender (6/16, 37.5%) and White race (12/32, 37.5%) having the lowest retention in care, compared with Hispanic patients (13/21, 61.90%) who had highest retention. 41.04% of PrEP patients were uninsured. ZIP codes with highest HIV incidence per NYC Department of Health surveillance report were well represented in our clinic for PrEP.

**Conclusion.** In STAR, PrEP uptake was similar across race and location when compared with people who newly acquired HIV. There was a larger proportion of individuals known to be MSM among those prescribed PrEP. This study shows that STAR's efforts at targeting at-risk groups are reaching the appropriate demographics. However, there was a detectable disparity in PrEP uptake in women. Research into further interventions to increase PrEP access for women and improve retention overall is needed. Nevertheless, STAR's program presents a model to follow for other areas with disparities in PrEP uptake among at-risk groups.

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### 1292. HIV Pre-Exposure Prophylaxis (PrEP) Implementation at Silom Community Clinic in Bangkok, Thailand, 2016–2018

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**Background.** Since 2014, the Thailand National Guidelines have recommended pre-exposure prophylaxis (PrEP) to prevent HIV among persons at risk. In March 2016, Silom Community Clinic (SCC) began PrEP provision to men who have sex with men (MSM) and transgender women (TGW) in Bangkok, Thailand.

**Methods.** SCC staff routinely counseled MSM and TGW attending HIV voluntary counseling and testing about PrEP. If clients believed that they were at substantial