

assess recent PrEP adherence at 8 clinics. Urine samples were collected during routine visits and analyzed using the LC-MS/MS assay. Test results were retrospectively paired with gender data, when available, and sex assigned at birth (SAAB) data. Adherence data were aggregated and analyzed to assess non-adherence proportions by sub-population.

Results. Gender data were available from 1,461 patients at 5 clinics, 1,344 (92%) of whom were cis males (Figure 1).

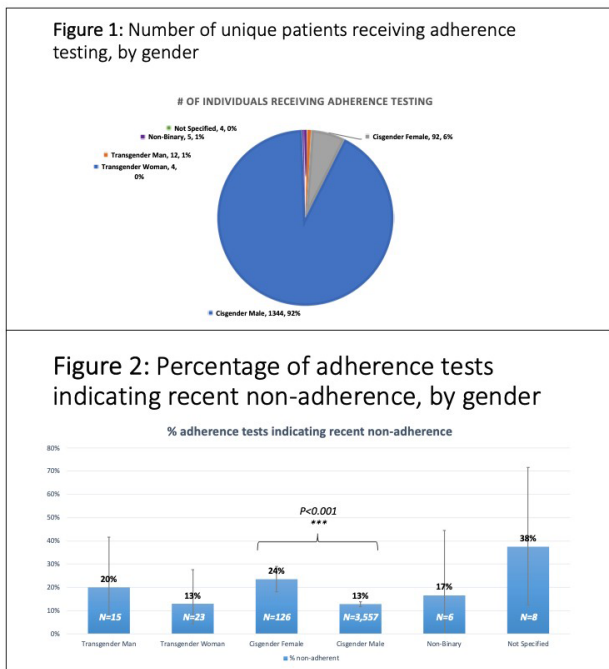
From the 5 clinics where gender and SAAB data were available, 3,835 tests were conducted and 517 (13.5%) indicated non-adherence (Figure 2).

3 additional clinics conduct routine adherence testing and collect SAAB data (gender data not available). At these 8 clinics, SAAB data were available for 2,773 PrEP patients, totaling 5,602 urine tests (Figure 3).

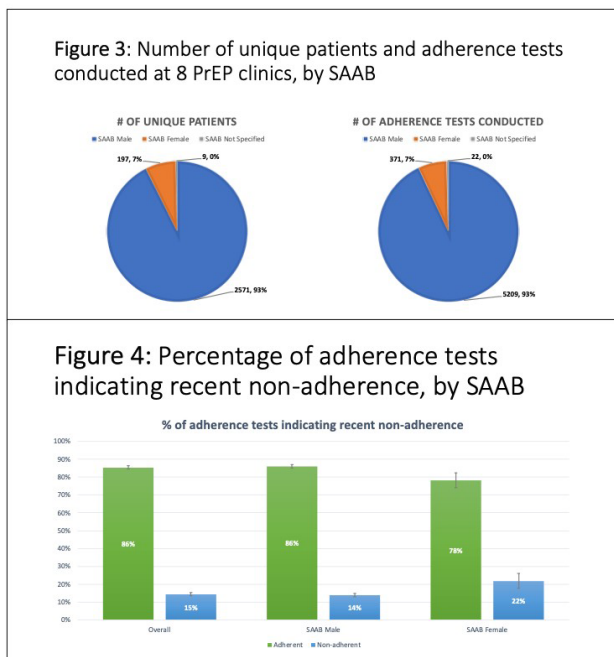
Among these 5,602 adherence tests, 813 (14.5%) indicated non-adherence (Figure 4). SAAB females demonstrated significantly higher non-adherence than SAAB males (22% vs 14%, $p < 0.001$).

Across clinics, 89%-98% of PrEP patients are SAAB male (Figure 5). Within these 8 clinics, SAAB female demonstrated consistently higher non-adherence (17%-44%, vs 12%-17% for SAAB males) (Figure 6).

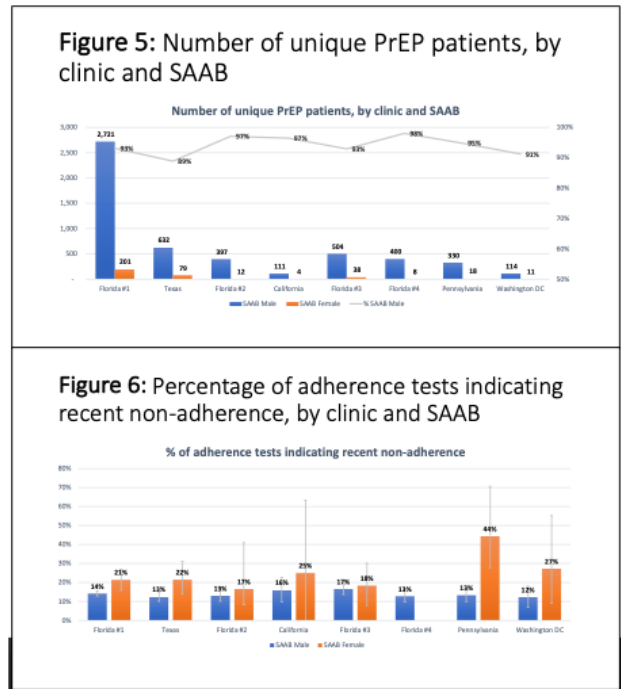
Figures 1 and 2



Figures 3 and 4



Figures 5 and 6



Conclusion. Real-world data align with nationwide trends in PrEP utilization and show that the majority of PrEP patients are cis men. When initiated on PrEP, cis women exhibit higher rates of non-adherence than cis men. These data underscore the need to collect gender-identity data to monitor PrEP disparities and suggest that greater efforts are needed to target PrEP access, utilization, and accompanying support services to cis women and gender minority groups.

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980. Drexel Medicine Resident Knowledge, Practices and Attitudes Regarding Pre-exposure prophylaxis (PrEP)

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Background. Pre-exposure prophylaxis (PrEP) is a highly effective daily oral antiretroviral medication that was approved by the FDA in 2012 and has been shown to reduce the risk of HIV by 95% in real-world studies. Despite this, many healthcare providers are not offering PrEP to their patients who are at risk for HIV.

Methods. We performed a cross-sectional study among Drexel Internal Medicine, Family Medicine, and Obstetrics and Gynecology residents. The survey included questions about experience, knowledge, attitudes toward and barriers to using PrEP. The survey was adapted from previous studies regarding medical providers' attitudes and knowledge about PrEP (Petroll, 2016; Seifman, 2016; Blumenthal, 2105). A Likert 5-point scale was used for attitude and barriers questions.

Results. Among 143 participants, 80% specialized in Internal Medicine. 43% of participants were in their first year of training and the mean age (+ SD) was 28.8 + 2. 76% reported never initiating a conversation about PrEP with a patient and only 18% reported ever prescribing PrEP to their patients. 92% reported being very or extremely willing to prescribe PrEP to a male with a current male partner known to be HIV positive. Only 43% of residents reported being moderately likely to prescribe PrEP to a patient coming in for a STI exposure. 68% of residents reported their knowledge about PrEP was a major barrier to prescribing PrEP.

Conclusion. We found that most residents have minimal experience with prescribing PrEP, and knowledge was identified as the largest barrier. Additional education and a better understanding of PrEP indications is necessary to ensure eligible PrEP patients have access to this highly effective HIV prevention method.

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981. Extended Adherence and Persistence to HIV PrEP in a Multidisciplinary PrEP Clinic

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