

**1412. Predictors of First-Year Medication Adherence in a National Cohort of Veterans Initiating Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Infection**  
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**Background.** Current guidelines for HIV Pre-Exposure Prophylaxis (PrEP) recommend daily use of tenofovir disoproxil fumarate / emtricitabine (TDF/FTC). Little is known about levels and predictors of long-term PrEP medication adherence in routine clinical settings.

**Methods.** We used a previously-validated algorithm and national Veterans Health Administration (VHA) administrative data to identify a cohort of Veterans initiating PrEP during 2012–2015 (i.e., TDF/FTC use, no other antiretroviral use, and no diagnosis codes for HIV, hepatitis B, or needle-stick injury). We used pharmacy refill data to calculate the proportion of days covered (PDC) by TDF/FTC in the 365 days after initiation, and multivariable logistic regression to identify patient characteristics associated with high adherence (i.e., PDC > 0.80).

**Results.** Most (96%) of the 706 Veterans initiating PrEP were men, reflecting the overall demographics of patients in VHA. The median age was 38. Reported race in administrative data was 141 (20.0%) black, 485 (68.7%) white, 42 (5.9%) other, and 38 (5.4%) missing. Only 30 PrEP users (4.2%) lived in rural areas. Co-existing diagnoses included substance use disorder in 264 (37.4%), hypertension in 250 (35.4%), and diabetes in 95 (13.5%). The median PDC for TDF/FTC in the first year was 0.78 (IQR 0.41–0.96), and a minority (N = 120, 17%) had only a single TDF/FTC fill. Predictors of high adherence were older age (OR 1.88, 95% CI 1.20–2.84 for age 50–64 compared with age < 35); white compared with black race (OR 1.96, 1.30–2.94), Male sex (OR 4.17, 1.67–12.50), absence of a substance use diagnosis (OR 1.47, 1.05–2.04), and presence of diabetes (OR 1.66, 1.02–2.75).

**Conclusion.** Adherence to TDF/FTC in the first year of PrEP was overall high. Racial, gender, and substance-use-related differences in PrEP adherence mirrored those previously described for PrEP uptake. Interventions to promote equitable PrEP uptake should include strategies to support adherence.

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**1413. Perceptions of HIV Pre-exposure prophylaxis (PrEP) among young pregnant women from KwaZulu-Natal, South Africa**

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**Background.** Pre-exposure prophylaxis (PrEP) is effective for HIV prevention with good adherence. In high HIV prevalence settings, young women ages 18–24 are at high risk of HIV acquisition, particularly during pregnancy and the postpartum period, and would potentially benefit from PrEP. More information is needed to achieve successful implementation of PrEP in this population.

**Methods.** The study was performed in Tugela Ferry, one of the poorest subdistricts of South Africa. From June-August 2016, the study team interviewed 187 HIV negative pregnant women ages 18–24 anonymously at health care facilities. Interviews collected data on demographics, HIV and PrEP knowledge, HIV risk and readiness for oral PrEP.

**Results.** Among 187 pregnant women, the mean age was 20.3 years (SD1.97), 179 (95.7%) were unemployed, 93 (49.7%) completed secondary school, and 137 (73.3%) reported one partner in the last month. None reported having ever being paid for sex. While 185 (98%) knew that HIV can be transmitted through sex, only 117 (62.5%) knew that a woman can transmit HIV to her child, and only 95 (51%) knew that HIV can be transmitted through breastmilk. Sixty-eight (36.4%) women believed that a sexual partner had been sexually active with another person in the last month, though 182 (97.3%) had difficulty negotiating condom use with their partner, and only 7 (3.7%) women reported consistent use of condoms. The vast majority (97%) would start PrEP if a doctor recommended it though 100 (53.5%) were concerned about being mistaken for HIV positive.

**Conclusion.** Pregnant young women in rural South Africa are at risk for HIV acquisition and are interested in PrEP. Knowledge of risks of HIV lags, particularly with regard to mother to child transmission. Young pregnant women are not able to negotiate consistent condom use and need a HIV prevention tool that is within their control. Stigma may be a barrier to effective PrEP use among these women. Further research is needed to guide potential PrEP implementation in pregnant women.

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**1414. Partnerships between a University-Affiliated Clinic and Community Based Organizations to Reach Black Men who have Sex with Men for PrEP Care**  
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**Background.** While pre-exposure prophylaxis (PrEP) is a promising strategy for reducing HIV transmission, persons at highest risk for infection are not being adequately reached, particularly Black Men who have Sex with Men (MSM).

**Methods.** In December 2015, a dedicated PrEP clinic was established at Duke University Medical Center in Durham, North Carolina (NC). We performed a retrospective review of patients evaluated at the PrEP clinic, abstracting the following routinely collected variables: age, race, ethnicity, sex at birth, self-identified gender, HIV risk factors and source of referral. Descriptive statistics are presented as medians and frequencies.

**Results.** Over 18 months, 91 patients were evaluated. Most were male (90%, n = 82), approximately half were non-Hispanic Black (46%, n = 42), and median age was 31 years (range 19–66). Most patients identified as MSM (78%, n = 71) and 3 (3%) were transgender women who have sex with men (TGW). Specifically, 30% (n = 27) were Black MSM or TGW. Risk factors for all patients included multiple sexual partners (65%), known HIV+ partner (19%), or a recent sexually transmitted infection (16%). One-quarter of patients (n = 23) were uninsured. Among all Black patients, the most common source of referral was a community-based organization (CBO) (40%, n = 17), and specifically, Black MSM and TGW were most commonly referred by a CBO (44%, n = 12). Among White patients, most were self-referrals (47%, n = 18). Demographic characteristics of our patient population relative to those newly diagnosed with HIV in NC in 2015 are shown in Table 1.

**Conclusion.** Although further efforts are needed to improve PrEP uptake in underserved populations in NC, the racial breakdown of our PrEP clinic is more representative of the national HIV epidemic as compared with all PrEP users in the US. Our study demonstrates that community partnerships can be a valuable avenue for patient recruitment and achieve success in reaching Black MSM with messages about PrEP.

Table 1: Demographics of Duke PrEP Clinic Patients and New Diagnoses in NC\*

	Duke PrEP Clinic	New HIV Cases- NC
Black-total	46.2%	63.9%
Black MSM	29.7%	39.5%
Black MSW	8.8%	8.2%
Black WSM	7.7%	14.1%
White- total	41.8%	22.2%
White MSM	40.7%	14.5%
White MSW	0.0%	1.5%
White WSM	1.1%	3.0%

MSM: men who have sex with men  
 MSW: men who have sex with women  
 WSM: women who have sex with men  
 \*North Carolina data from 2015

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**1415. PrEP Uptake and Emergent HIV infections in Southern Arizona: Is There A Disconnect?**

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**Background.** Despite expansion of antiretroviral therapy in recent years and growing evidence for PrEP (pre exposure prophylaxis) efficacy, HIV incidence has continued to rise while PrEP uptake has remained low, particularly in populations at risk. Our goal is to compare these populations and further identify discrepancies in populations at risk in Southern Arizona.

**Methods.** We retroactively reviewed health records for patients evaluated at Banner University Medical Center Tucson outpatient clinics between January 2014 and September 2016, either with a new HIV diagnosis or prescribed tenofovir/emtricitabine for PrEP.