

PrEP persistent among this population in western studies was low. The acceptability, uptake and persistent among Thai YMSM/YTGW PrEP clients were explored.

Methods. This is a sub-study of PrEP implementation project in Chiang Mai Thailand which was conducted during December 2015–February 2017. In the main study, PrEP@PIMAN, 105 participants who were 18 years and older, able to read and write in Thai, creatinine clearance ≥ 60 mL/minute, negative urine protein, and HBs-Ag-negative YMSM/YTGW were enrolled. Twelve months of PrEP along with quarterly visit and comprehensive HIV prevention package were offered. The data were collected through interview and computer-assisted self-interview. Each participant voluntarily made their own decision about PrEP uptake.

Results. Sixty participants (57% of the main study) were youth, aged 16–24 years old. Of those, 82% were gay men and 12% were TGW (self-identified). Mean age was 21 years old and 80% were university/college students. At baseline, median partner in past 3 month was 3 (range 0–52). Approximately one-fourth of the participants reported history of sexually transmitted diseases (STDs) and 8% has positive TPHA at baseline. Majority (72%) initiated PrEP with 70% at the enrollment 2% during the study. PrEP was discontinued in 25% (10/42) due to nonserious side effects, participant preference or lost to follow-up (see Figure 1). The retention rate at 12 month were 70%. PrEP use was not consistent (see Figure 2). Only 30% reported adherence $\geq 60\%$ (or equivalent to ≥ 4 pills/week) throughout the study period. There was no seroconversion during 49 person-year of follow-up with 5 confirmed new STDs (incidence of 10/100 person-year).

Conclusion. This project demonstrated a good uptake with varying PrEP adherence rate among Thai YMSM and YTGW. The PrEP persistent was persistence could be improved. Further interventions and strategies should be explored to enhance PrEP adherence among this population.

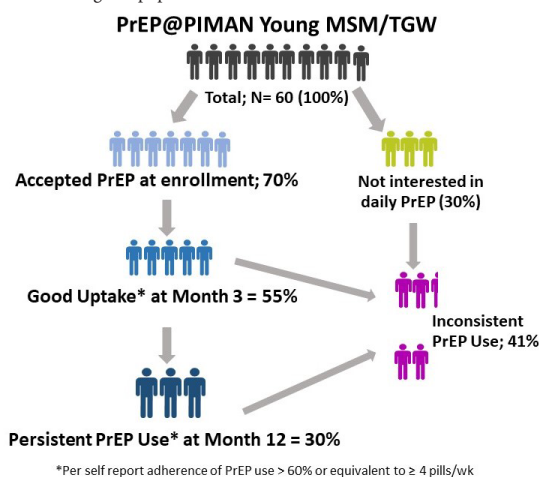


Figure 1 PrEP Acceptability, Uptake and Persistence among YMSM and YTGW

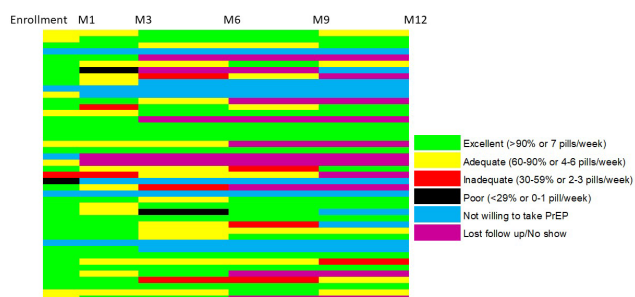


Figure 2: PrEP Adherence among YMSM/YTGW Participating in PrEP@PIMAN over 12 Months

Disclosures. All authors: No reported disclosures.

1286. Healthcare Provider Attitudes and Knowledge Around Pre-Exposure Prophylaxis (PrEP) for the Prevention of HIV-Infection in Tennessee

Emily Moore, BS¹; Sean Kelly, MD²; Leah Alexander, MPH, PhD³; Patrick Luther, MHS⁴; Robert Cooper, PhD⁵; Peter Rebeiro, PhD, MHS¹; Autumn Zuckerman, PharmD, BCPS, AAHIVP, CSP²; Margaret Hargreaves, PhD³; Kassem Bourgi, MD³; David Schlundt, PhD⁶; Kemberlee Bonnet, MA⁶; April Pettit, MD, MPH²; ¹Vanderbilt University School of Medicine, Nashville, Tennessee; ²Vanderbilt University Medical Center, Nashville, Tennessee; ³Meharry Medical College, Nashville, Tennessee; ⁴TN CFAR Executive Committee, VICTR Community Engaged Research Core, VICTR Learning Health Committee, NIH Collaboration and Engagement Domain Task Force, Nashville, Tennessee; ⁵Indiana University School of Medicine, Indianapolis, Indiana; ⁶Vanderbilt University, Nashville, Tennessee

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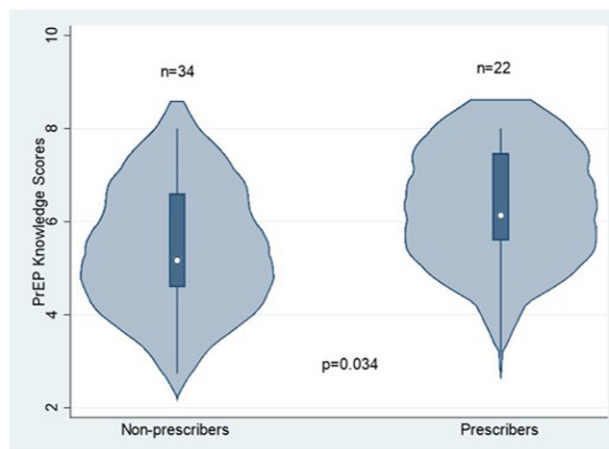
Background. Daily pre-exposure prophylaxis (PrEP) is very effective at preventing HIV acquisition. PrEP use in the southern United States is low despite high regional HIV prevalence. Prior surveys of primary care providers (PCPs) regarding PrEP occurred before recent guideline updates, were not constructed using a theoretical behavioral framework and validated, or did not focus on the South.

Methods. We conducted a cross-sectional survey of Tennessee (TN) PCPs from March–April 2019 to assess PrEP knowledge, attitudes, and prescribing practices. Survey development was guided by the COM-B framework (capability, opportunity, motivation and behavior) and validated by pilot testing and cognitive interviews. Knowledge scores were calculated as +1 point for each correct option and 0 points for each incorrect option (maximum score=8). Wilcoxon rank-sum tests were used to compare scores, and Fisher's exact tests were used to compare categorical variables, between PrEP prescribers and nonprescribers.

Results. Among 69 respondents, 39% ($n = 27$) had prescribed PrEP. There were no differences in beliefs about PrEP or sense of obligation to prescribe PrEP between prescribers and nonprescribers. Patient inquiry about PrEP was significantly associated with prescription ($P < 0.001$); 100% of prescribers had ≥ 1 patient ask about PrEP in the past year vs. 29% of nonprescribers. Prescribers' median PrEP knowledge scores were higher than nonprescribers' (Figure 1). Prescribers had higher self-reported ability to take sexual histories for MSM and heterosexual male patients than nonprescribers ($P = 0.007$, $P = 0.007$), and higher self-reported comfort with taking sexual histories for MSM, heterosexual male, and heterosexual female patients ($P = 0.061$, $P = 0.005$, $P = 0.026$, respectively). Nonprescribers frequently cited a need for training in PrEP contraindications and eligibility, cost of PrEP, and administrative burden as barriers to provision.

Conclusion. Less than half of TN PCPs we surveyed prescribed PrEP despite similar senses of obligation and PrEP-related beliefs between prescribers and nonprescribers. Future interventions to improve PrEP provision among PCPs in TN should target PrEP knowledge, ability and comfort with sexual history taking, and patient awareness of and ability to inquire about PrEP.

Figure 1. Distribution of PrEP knowledge scores by PrEP prescriber status



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1287. PrEP-Engaged or PrEP Curious?: A Characterization and Comparison of Initial PrEP Appointment Attenders vs. Nonattenders

Deborah A. Kahal, MD, MPH, FACP¹; Neal Goldstein, PhD, MBI²; Susan Szabo, MD¹; ¹Christiana Care Health System, Media, Pennsylvania; ²Drexel University Dornsife School of Public Health, Philadelphia, Pennsylvania,

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Background. Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), with adequate adherence, is highly effective prevention of HIV-1 infection amongst high-risk individuals. While over 1 million individuals are PrEP-eligible in the U.S., those at highest risk for HIV, specifically young non-white men who have sex with men (MSM), represent some of the least penetrated groups to benefit from PrEP. No published data exists to characterize individuals with unattended initial PrEP appointments.

Methods. Our program, a Ryan White funded HIV clinic that also provides Hepatitis C and PrEP care, prospectively collected demographic data on all patients with an attended initial PrEP appointment between November 2015 and March 2019. We retrospectively abstracted the same data for individuals with unattended initial PrEP appointments (including cancellations and no shows) during the same period. Descriptive statistical analyses used rank-sum tests for skewed data (age) and Chi-squared tests for categorical data (all other variables).

Results. 33% (34/103) of all individuals did not attend an initial appointment (table). Younger age and nonprivate insurance were the 2 sociodemographic variables that were significantly associated with unattended vs. attended initial appointments. Amongst those whose HIV risk factors were known, MSM were more likely to attend their appointment compared with non-MSM. 77% (26/34) of individuals