

**Conclusion.** PrEP Chicago is a network intervention aimed at increasing PrEP uptake among YBMSM and is showing promising study engagement. Additional examination of PrEP diffusion in the network is needed.

**Disclosures.** All authors: No reported disclosures.

**1419. Perspectives of women prescribed HIV pre-exposure prophylaxis (PrEP)**

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**Session:** 158. HIV: Pre-Exposure Prophylaxis  
Friday, October 6, 2017: 12:30 PM

**Background.** Pre-exposure prophylaxis (PrEP) is an innovative HIV prevention strategy that involves taking a pill a day to stay HIV-negative. Despite being the only HIV prevention method that can be both used *and* controlled by women, PrEP remains vastly underutilized by women. As such, among women prescribed PrEP, little is known about their perspectives and experiences with this new HIV prevention tool.

**Methods.** The study took place at a community-based comprehensive sexual health clinic that offers PrEP care. The clinic is a part of the largest health care system in the Bronx, NY. We recruited cisgender women who have sex with men and who received at least one prescription for daily oral PrEP. We conducted individual semi-structured interviews and asked women their reasons for PrEP and benefits and challenges they encountered taking PrEP. Interviews were audiotaped and professionally transcribed. We used grounded theory and the constant comparative method to identify emergent themes.

**Results.** Among our sample ( $n = 12$ ), median age was 39 years (range: 35–49); most women were either Latina or non-Latina Black. Women learned about PrEP from within the healthcare system or in the community. Most women were in a known sero-discordant partnership while few reported having multiple partners with unknown HIV status. Women felt that PrEP allowed them to “stay healthy” and, for those with positive partners, PrEP enabled them to maintain their relationships while remaining negative. With regards to their sex lives, PrEP allowed some to feel more connected to their partners in part because they felt they could forgo condoms. In contrast, PrEP provided “an extra layer of protection” for others when used with condoms and decreased HIV-related anxiety. Despite these benefits, many perceived PrEP-related stigma. Most did not disclose their PrEP use to others for fear that they would be assumed as HIV-positive or promiscuous, or be judged for being in a sero-discordant relationship.

**Conclusion.** While experiences with PrEP centered on maintaining health, improved intimacy, and reduced HIV-related anxiety, PrEP-related stigma was common. Future research should ascertain what role stigma may play in U.S women’s PrEP uptake, persistence, and adherence and how stigma can be effectively addressed in future PrEP-related interventions.

**Disclosures.** All authors: No reported disclosures.

**1420. Client-Centered Counseling-Based Resource Center Increased Uptake of HIV Pre-Exposure Prophylaxis (PrEP) in a Randomized Controlled Trial of Young Black Men who have Sex with Men**

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**Session:** 158. HIV: Pre-Exposure Prophylaxis  
Friday, October 6, 2017: 12:30 PM

**Background.** New US HIV infections are increasingly concentrated among young Black men who have sex with men (BMSM). Although oral PrEP is recommended by the CDC and WHO, uptake has been low among young BMSM. We evaluated the effect of a resource center offering a client-centered counseling approach to address the psychosocial, health care, and HIV prevention needs of young BMSM on the uptake of PrEP.

**Methods.** BMSM aged 16–25 were randomized on a 1:1 basis to (1) standard of care PrEP referral or (2) standard of care PrEP referral + counseling-based PrEP resource center at enrollment with ongoing phone- and texting-based support. Subjects were asked to follow at 3 months. We evaluated the number of subjects who were started on PrEP in the community and the number of new sexually transmitted infections (STIs) over the course of the study.

**Results.** 50 HIV- BMSM were enrolled. Median age was 22 years. 43 subjects had seen a doctor in the last 12 months but only 13 had discussed PrEP and only 1 subject had taken PrEP before. 80% of subjects reported unprotected anal sex in the 3 months prior to enrollment, 31% with a man who was HIV-positive or of unknown HIV status. 42 subjects completed the study, 22 in the intervention and 20 in the control arm. 21 subjects saw a medical profession over the study period, of whom 14 discussed PrEP. 6 subjects, all of whom were in the intervention arm, started PrEP and 4 were still taking PrEP at the end of the study ( $P = 0.012$ ). At baseline 1 subject was diagnosed with syphilis, 4 with gonorrhea and 10 with Chlamydia. At the 3-month visit, 1 subject was

diagnosed with syphilis, 5 with gonorrhea, and 5 with Chlamydia. 2 subjects, 1 in the intervention and 1 in the control arm, tested positive for HIV at the 3-month mark. Neither subject was taking PrEP. There was no difference in the incidence of new STIs between the 2 groups. Fewer subjects reported unprotected anal intercourse both over the study period compared with prior to the study (64% vs. 80%), as well as with men who were HIV-positive or of unknown HIV status (31% vs. 19%)

**Conclusion.** The large number of STIs over the study period (34 STIs in 21 subjects) highlights that this population is at high risk for HIV acquisition and would greatly benefit from PrEP. Our study shows that a resource center is an effective intervention to increase the uptake of PrEP in this patient population

**Disclosures.** All authors: No reported disclosures.

**1421. Linkage and Anti-Retroviral Therapy Within 72-hours at a Ryan White-Funded FQHC in the Deep South**

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**Session:** 159. HIV: Rapid ART Initiation  
Friday, October 6, 2017: 12:30 PM

**Background.** The Southern United States is disproportionately affected by HIV with the city of New Orleans ranking second for HIV incidence. Our clinic is committed to overcoming this disparity by optimizing the HIV care continuum. Recent studies have shown that immediate linkage to care and access to antiretroviral treatment improves the health of people living with HIV and has the added public health benefit of reducing HIV transmission. Our Ryan White-funded FQHC initiated a test-and-start strategy linking newly diagnosed patients with a treating provider and starting ART within 72 hours of HIV diagnosis.

**Methods.** Patients newly diagnosed with HIV at one of our community based testing sites or by referral were linked to an ART-prescribing provider by a linkage to care specialist. Patients were assessed for readiness to begin ART and labs were drawn on day of visit. A 30-day supply of TAF/FTC and DTG are provided to patients and funded through Ryan White Part A in collaboration with our city’s office of health policy. This regimen was chosen to overcome the risk of transmitted resistance. Patients were evaluated and enrolled in insurance services within this 30-day period.

**Results.** Between December 2016 – March 2017, 35 patients were referred for rapid start. 32 patients were linked to care within 72 hours of diagnosis. The median age of patient was 26 with 81% identifying as male, 78% were MSM and 56% African-American. 75% were linked within 24 hours of diagnosis. 50% had a concurrent STI. 38% were uninsured. By 120 days post-diagnosis, 31/32 patients were virally suppressed with 78% within 60 days post diagnosis. 12/16 of the uninsured patients were enrolled in active insurance within 30 days and the remaining were enrolled in Ryan White Services.

**Conclusion.** A test-and-start strategy of linkage and initiation of medications within 72 hours is feasible and highly effective in a Ryan-White funded clinic in the Southern United States.

