Table 2: Primary Outcomes by Specialty (N=381 Total Encounters)

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	Non-PrEP HIV Counseling (Yes)	PrEP Discussion (Yes)	PrEP Prescription (Yes)
Family Medicine	59 (15.5%)	20 (5.2%)	7 (1.8%)
Internal Medicine	12 (3.2%)	5 (1.3%)	1 (0.3%)
Ob/Gyn	89 (23.4%)	0 (0.0%)	0 (0.0%)
Emergency Medicine	16 (4.2%)	2 (0.5%)	0 (0.0%)
Urgent Care	12 (3.1%)	1 (0.3%)	0 (0.0%)
Total	188 (49.3%)	28 (7.3%)	8 (2.1%)

Table 3: Sexually Transmitted Infections Frequency (N=381 Total Encounters)

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Syphilis	39 (10.2%)
Gonorrhea	29 (7.6%)
Chlamydia	104 (27.3%)
Total Combined STIs	172 (45.1%)
Total High Risk Sexual Behavior	209 (54.9%)
Total Encounters	381 (100%)

Conclusion. Our findings demonstrate that the percent of individuals newly prescribed PrEP (2.1%) at HUMC and affiliated clinics is less than that reported nationally and in California. This suggests that municipal health systems fall short in PrEP usage, notably for structurally vulnerable populations such as racial minorities as well as heterosexual females. Ending racial/ethnic disparities in HIV and in PrEP coverage not only requires educating specialty providers on PrEP, but also addressing structural racism and identifying structural barriers to care in vulnerable communities.

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998. Understanding Retention in PrEP Care in the South: Insights from an Academic HIV Prevention Clinic

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Session: P-46. HIV: Prevention

Background. Daily emtricitabine-tenofovir disoproxil fumarate has emerged as one of the most effective tools to prevent HIV transmission. However, it remains poorly utilized in the South. We report on PrEP retention in care and sexually transmitted infections (STIs) in a large academic PrEP clinic in Durham, North Carolina.

Methods. We conducted a retrospective chart review of patients in the Duke University PrEP Clinic from Jan. 1, 2015 through Oct. 15, 2019. Short-term retention in care was completion of a 3 month (mo) follow up as per CDC guidelines. Long-term retention was defined as completion of a 3 mo visit and an additional visit between 8 and 12 mo. Baseline STI was defined as a diagnosis at or within 1 year prior to initial PrEP visit. STI diagnosis while on PrEP was any subsequent diagnosis while retained in care. Odds ratios (OR) were generated using multivariable logistic regression. Kaplan-Meier curves were generated for retention in care and compared using the log rank test.

Results. A total of 255 patients attended at least one PrEP clinic encounter; 89% were men, 37% were Black, and 73% identified as men who have sex with men (MSM); 153 (60%) returned for at least one follow-up visit. Short and long term retention in care were met by 130/237 (55%) and 80/217 (37%) patients respectively. OR for retention are reported in Table 1. MSM are more likely to be retained in the short-term (OR 5.22 [95% confidence interval (CI) 1.57-17.32]). Self-referred patients were more likely to be retained in the long-term (OR 2.18 [95% CI 1.12-4.23]). Patients without insurance were less likely to attain long-term retention in care outcomes (OR 0.32 [95% CI 0.11-0.91]). STI diagnoses include 30 (12%) patients for a total of 42 unique infections at baseline and 44 (17%) for a total of 69 unique infections at follow up. Two new HIV diagnoses were made at first PrEP clinic encounter with no new diagnoses made at follow-up. Baseline STI was not associated with retention in care over time with disengagement defined as 6 mo post last visit (Figure 1).

Table 1) Odds Ratios of Retention in Care at 3 and 12 Months

Table 1) Odds Ratios of Retention in Care at 3 and 12 Months

Variable	Short Term Retention (3 Months) OR (95% CI)	Long Term Retention (12 Months) OR (95% CI)
Female	2.81 (0.73-10.8)	0.17 (0.01-1.48)
Black	0.81 (0.45-1.46)	0.83 (0.39-1.79)
Hispanic	1.42 (0.42-4.76)	0.96 (0.22-4.11)
MSM	5.22 (1.57-17.32)	1.46 (0.39-5.37)
No Insurance	0.50 (0.25-1.02)	0.32 (0.11-0.91)
Self-referred	1.18 (0.67-2.07)	2.18 (1.12-4.23)
HIV Positive Partner	0.89 (0.44-1.78)	1.66 (0.72-3.85)
35 and Under	0.87 (0.51-1.52)	0.59 (0.30-1.13)
Baseline STI	0.81 (0.35-1.86)	1.95 (0.73-5.18)

Figure 1) Retention in Care for Patients with Baseline STI Diagnosis.

Figure 1) Retention in Care for Patients with Baseline STI Diagnosis

Conclusion. Our PrEP clinic shows a decline in patient retention over time. STIs were also prevalent, reinforcing that frequent STI testing and counseling should be part of each PrEP encounter. Further investigations into how to increase and improve PrEP utilization for HIV prevention are needed.

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999. Using the F/TDF Adherence-Efficacy Relationship to Calculate Background HIV incidence: Results from the DISCOVER trial

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Background. Randomized trials of new PrEP agents compare to oral emtricitabine+tenofovir disoproxil fumarate (F/TDF) and do not have a placebo arm. We used the well-characterized adherence-efficacy relationship for F/TDF from iPrEx OLE, to back-calculate the (non-PrEP) background HIV incidence (bHIV) in the F/TDF arm of DISCOVER and estimate comparative efficacy (to bHIV).

Methods. TDISCOVER is an ongoing randomized active-controlled trial in 5,387 men who have sex with men and transgender women that demonstrated non-inferiority of F+tenofovir alafenamide (F/TAF) to F/TDF (IRR 0.47 (95% CI 0.19, 1.15). TFV-DP levels in DBS were assessed for all diagnosed with HIV and in a randomized subset of 10%. We used a Bayesian model with a prior distribution, derived from iPrEx OLE, relating TFV-DP levels to HIV prevention efficacy: eg TFV-DP levels of < 350 (low), 350 to < 700 (medium) and ≥700 (high) fmol/punch were assumed to provide 0%, 86% and 98% HIV protection, respectively. This prior, combined with F/TDF seroconversion rate and TFV-DP levels, yields Bayesian inferences on the bHIV. In R, STAN was used to sample 10,000 realizations from the posterior distribution.