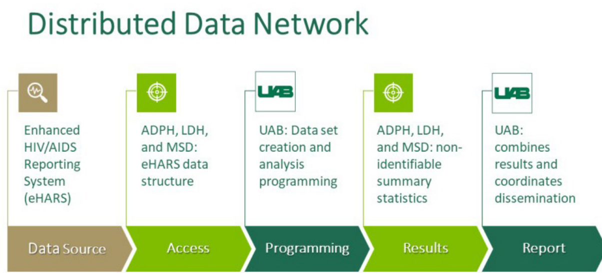
Figure 1. Distributed Data Network



Methods. This project was an outgrowth of work developed at the University of Alabama at Birmingham Center for AIDS Research (UAB CFAR) and existing relationships with the state health departments of Alabama, Louisiana, and Mississippi. At a project start-up meeting which included study investigators and state epidemiologists, core objectives and outcome measures were established, key eHARS variables were identified, and regulatory and confidentiality procedures were examined. The study methods were approved by the UAB Institutional Review Board (IRB) and all three state health department IRBs.

Results. A common data structure and data dictionary across the three states were developed. Detailed analysis protocols and statistical code were developed by investigators in collaboration with state health departments. Over the course of multiple in-person and virtual meetings, the program code was successfully piloted with one state health department. This generated initial summary statistics, including measures of central tendency, dispersion, and preliminary survival analysis.

Conclusion. We developed a successful academic and public health partnership creating a distributed data network that allows for innovative research using eHARS surveillance data while protecting sensitive health information. Next, state health departments will transmit summary statistics to UAB for combination using meta-analytic techniques. This approach can be adapted to inform delivery of targeted interventions at a regional and national level.

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

966. Pregnancy Outcomes and Engagement in HIV Care for Pregnant Women Living with HIV in Rhode Island 2012-2019

Katrina M. Byrd, MD[1]; Esther Henebeng, BS[1]; Meghan L. McCarthy, BS[2]; Fizza S. Gillani, Ph.D[3]; Erica Hardy, MD, MMSc[1]; Sabina D. Holland, MD[1]; [1]Brown University, Johnston, Rhode Island; [2]The Miriam Hospital / Warren Alpert Medical School of Brown University, Providence, Rhode Island; [3]Brown University/The Miriam Hospital/Lifespan, Providence, Rhode Island

Session: P-45. HIV: Epidemiology and Screening

Background. Prevention of mother to child transmission (PMTCT) of Human Immunodeficiency Virus (HIV) requires a comprehensive approach and understanding the cultural backgrounds of pregnant women living with HIV (PWLH). In Rhode Island (RI), 70% of women newly diagnosed with HIV are foreign-born (FB) despite only representing 14% of RI's population. Understanding the similarities and differences of pregnancy characteristics and engagement in postpartum HIV care between United States born (USB) and FB women is needed to ensure PWLH remain engaged in care and that appropriate resources are provided to all women with HIV in our state to maintain successful PMTCT of HIV.

Methods. A retrospective review of pregnant women living with HIV and their HIV-exposed infants evaluated in our hospital system were analyzed from 2012-2019. Clinical data were derived from medical records. Association between country of origin and sociodemographic, clinical, or lab variables were evaluated using chi-square test.

Results. A total of 72 pregnancies in 64 PWLH were included. Median # of pregnancies were 9 per year, median age at delivery 33 years, 54% of PWLH Black or African American, 33% Hispanic; 67.1% FB, most (56%) from Sub-Saharan Africa. Sixty-one % (n=42) with detectable (> 20 copies/mL) viral load (VL) during pregnancy, 23% (n=15) at delivery, only 1 VL > 200 at delivery. Pregnancy complications seen in 51%; 60% delivered vaginally; most (74%) at term. Engagement in postpartum HIV care declined from 71% at 6 months to 37% at 24 months. There was also decline in engagement in HIV care for the HIV exposed infants- 89% presented to the initial visit their children, from 89% attending the initial visit to 69% attending their last. DCYF involvement was more likely to occur in USB women compared to FB ($P < 0.05$). Other comparisons between FB & USB women including adherence to care were insignificant.

Conclusion. USB PWLH are at higher risk of DCYF involvement compared to FB women. Investigation into this disparity is warranted, given the cultural and language differences between groups. Additional research to determine barriers to long-term postpartum follow up for women and their infants is urgently needed.

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

967. The Association between PrEP Awareness and Behavioral, Demographic, and Socioeconomic Factors in NYC

Adewumi Adekunle, MD[1]; Gerald Fletcher, MD, MBA[1]; Marwa Fagir, MD[1]; Idayat Brimah, MD, MPH[1]; Sulaiman Tijani, MD[1]; Kamara Aminata, MD[1]; RIchard Sheppard, MD[1]; Stefani Beale, MD[1]; Sharon Mannheimer, MD, MPH[1]; [1]Harlem Hospital Center/Columbia University, New York, New York

Session: P-45. HIV: Epidemiology and Screening

Background. Despite significant gains in the treatment of Human Immunodeficiency Virus (HIV), there are still over 38,000 newly diagnosed with the illness annually in the United States. One strategy to reduce HIV infections is Pre-Exposure Prophylaxis (PrEP) for HIV infection. PrEP involves daily oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF or Truvada®) to reduce infections in those with exposure(s) to HIV or high-risk groups. Studies have shown reduction in HIV transmission with PrEP treatment.

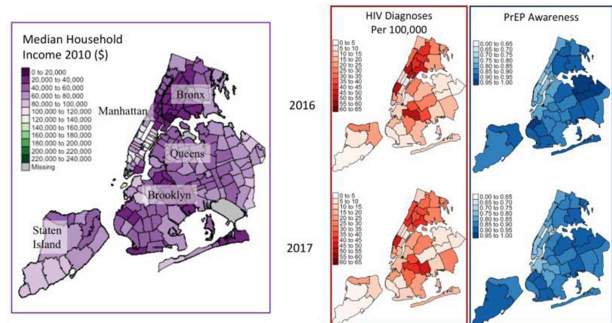
The objective of the study is to investigate how behavioral, demographic, and socioeconomic status (SES) influences the awareness of PrEP treatment in NYC.

Methods. Data on economic, behavioral, PrEP awareness at the UHF neighborhood level was collected by the Community Health Survey (CHS) from the New York City Department of Health and Mental Hygiene and the American Community Survey from the U.S. Census. The population is a cross-sectional telephone survey of NYC residents with landlines and mobile phones for 2016 and 2017. Household income and neighborhood poverty level were used as proxies for SES.

Sex-stratified, multivariate logistic regression model was constructed to estimate adjusted associations and determine differences in awareness of PrEP. The model controlled for age group, race, education level, men sex with men status (MSM), and having had an HIV test in the preceding 12 months.

Results. The final study sample was 5,515 and 5,761 in 2016 and 2017, respectively. In 2016 crude PrEP awareness rate was 24.3% and in 2017 it was 35.4%. In the multivariate analysis for both 2016 and 2017, PrEP awareness was independently associated with age group, education level, male MSM, and having had an HIV test in the preceding 12 months ($p < 0.01$). The strongest predictors of PrEP awareness were participants with a preceding HIV test in the past 12 months and males who are MSM. PrEP awareness was associated with race for males in 2016 and 2017. PrEP awareness was associated with race for women in 2016, but not 2017.

Figure 1: (left) Median household income in NYC (right) HIV diagnoses and PrEP awareness for 2016 and 2017



Conclusion. Understanding the relationship of neighborhood socioeconomic status and PrEP awareness is essential for HIV epidemiology. By monitoring PrEP awareness, HIV diagnoses, and risk factors associated with the two, public health officials better target interventions and health policy.

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

968. The Impact of Opt-Out HIV Screening and Patient Navigator-Assisted Linkage to Care of Newly Diagnosed Persons with HIV in a High-Prevalence Emergency Department

Swetha Kodali, n/a[1]; Jeffrey M. Paer, n/a[2]; Alexander W. Sudyn, n/a[1]; Samuel Maldonado, MD[3]; Amesika Nyaku, MD, MS[1]; Shobha Swaminathan, MD[1]; [1]Rutgers New Jersey Medical School, Newark, New Jersey; [2]Rutgers New Jersey Medical School, Newark, NJ, Bloomfield, New Jersey; [3]University of Virginia, Charlottesville, Virginia

Session: P-45. HIV: Epidemiology and Screening

Background. Newark is the epicenter of the HIV epidemic in New Jersey. University Hospital, the state's only public safety net hospital, plays a critical role in identifying and linking newly diagnosed persons with HIV (PWH) to care. We previously showed that the emergency department (ED) is the most common setting for missed testing opportunities. Therefore, in 2015 we implemented a routine opt-out HIV screening and patient navigator (PN)-assisted linkage to care (LTC) protocol in the ED, and this project examined the LTC rates for newly diagnosed PWH.

Methods. We conducted an IRB-approved retrospective chart review of patients who tested positive for HIV in the ED between 2015 and 2018. Descriptive statistics were used to summarize demographic and clinical data. Univariate and multivariate regression were used to identify demographic and clinical factors associated with LTC for newly diagnosed PWH. Age, sex, and factors with $p \le 0.10$ in the univariate analysis were included in the final model.

Results. Of the 464 patients who screened positive, 123 (26.5%) were new diagnoses. The mean age was 41.0 years (SD = 13.8); 82 (67%) male; 74 (60%) black, 26 (21%) Hispanic, 7 (6%) white. The median CD4 count was 242 (IQR = 120 - 478) cells/µL, and 10 patients (8.1%) had acute HIV infection. Six patients (4.9%) died before LTC. Among the remaining 117 patients, PN outreach resulted in scheduled appointments at the Infectious Disease Practice for 102 (87.2%). In total, 79 (67.5%) were linked to

Downloaded from https://academic.oup.com/ofid/article/7/Supplement_1/S513/6057278 by guest on 19 April 2024