

Conclusion. In our cohort of mostly commercially insured men, the majority were able to access PrEP with low out of pocket costs facilitated by manufacturer assistance. Though generalizability beyond this population is limited, these results contradict perceived financial barriers to PrEP access.

Disclosures. All Authors: No reported disclosures

989. Pre-exposure Prophylaxis (PrEP) Short-Term Retention Among Heavy Alcohol Users in Rural South Africa

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Background. Despite widespread access to HIV testing and antiretroviral therapy (ART), men, and especially young men, remain difficult to engage in HIV services. Alcohol use disorder (AUD) further complicates engagement. Congregate alcohol venues, known as shebeens, are an ideal place to engage with young men for HIV testing, treatment, and prevention services, including pre-exposure prophylaxis (PrEP). Here we report on one-month retention in care in eligible patrons recruited from shebeens into a community-based model of PrEP delivery.

Methods. An all-male field team offered HIV testing at mobile clinics outside shebeens in rural Msinga sub-district of KwaZulu-Natal (KZN) province. Eligible participants were offered enrollment into a community-based model of PrEP delivery. PrEP initiators completed the AUDIT scale, with hazardous alcohol use defined as score > 6 for women and > 8 for men, and had dried blood spot (DBS) analysis for phosphatidylethanol (PEth). Loss to follow up was defined as not attending the 1 month follow up appointment, non-response to 3 separate phone calls on three separate days, and unsuccessful tracing at least once at participant's home address.

Results. Between February and May 2020, 16 eligible shebeen patrons initiated PrEP, a median of 14.5 days (IQR 12.5 – 19) after initial screening. Among initiators, 93.8% were male, median age was 29.5 years (IQR 22.25 – 37), 31.2% were employed, 56.3% had running water, and 68.8% were hazardous alcohol users. One-month follow-up visits were completed with 68.8% (11/16) participants. Of those retained in care, 90.9% reported at least one sexual partner in the last month, and 54.5% reported more than one sexual partner. All sexually active participants reported inconsistent condom use. In the prior 7 days, 63.7% of participants reported taking "all of my medication" and 36.4% reported taking "most of my medication," verified by pill count. Hazardous alcohol use and PEth results did not predict one-month retention in this small sample.

Conclusion. Young men engaging in risky behavior were interested and willing to engage in PrEP through a community-based PrEP model. The majority were retained in care, and all reported good adherence to PrEP, suggesting the value of differentiated service delivery to engage men in HIV prevention.

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990. Prophylaxis against spontaneous bacterial peritonitis: too much or too little?

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Background. Prophylaxis against spontaneous bacterial peritonitis (SBP) is a guideline-recommended strategy; there are limited data on rates of concordance with guideline recommendations. We sought to evaluate rates of concordance, hypothesizing that antibiotics would be overprescribed for prophylaxis against SBP.

Methods. This retrospective cohort study included all patients at the Boston Veterans Affairs Medical Center who underwent paracentesis between 1/1/2014 and 12/31/2018. Exclusion criteria included absence of cirrhosis and hepatic transplantation, either prior to enrollment or during the study period. Manual review was used to capture demographic data, guideline concordance, microbiology results and healthcare utilization within one year of enrollment. Descriptive and analytical statistics were performed.

Results. Of 259 patients eligible for analysis, 181 (70%) met inclusion criteria; 65 patients (25%) were excluded as cirrhosis was not confirmed. Small numbers of other patients were excluded for other reasons [Figure 1].

Incorrect antibiotic utilization was noted in 80 patients (44%) [Figure 2]. Among 93 patients meriting antibiotics, 65 (70%) did not receive them. Conversely, among 90 who did not have an indication for antibiotic prophylaxis, 15 (17%) received it ($p = 0.03$, chi-squared test).

Receipt of SBP prophylaxis was not correlated with gastroenterologist involvement, infection by antibiotic-resistant bacteria or development of illness due to *Clostridioides difficile*. No difference in hospital readmission rates was observed between groups receiving guideline-concordant and guideline-discordant prophylaxis.

Figure 1

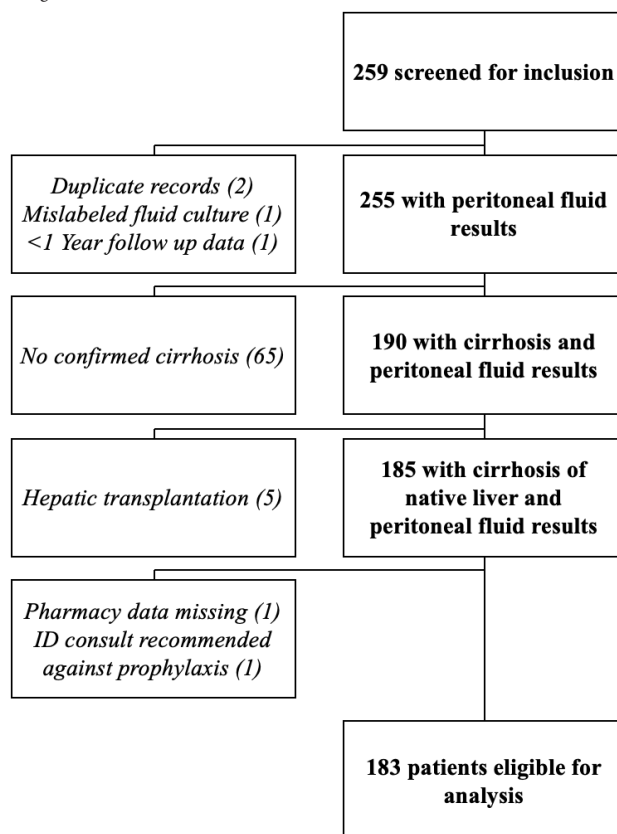
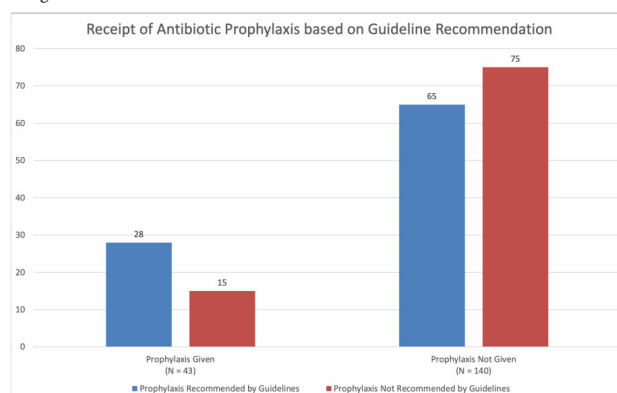


Figure 2



Conclusion. We expected to find overprescription of SBP prophylaxis. In fact, we found that the largest error in prescribing was underprescribing, which may be equally as harmful as inappropriate use of antibiotics. SBP prophylaxis may be an important target for antibiotic stewardship and education.

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991. Psychosocial Factors and HIV Risk among Transgender Women Living in Miami

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Background. Transgender (TG) women are disproportionately affected by HIV infection and have poor health outcomes when compared to cisgender women. This