	Incarceration?		
	Yes N=60	No N=876	p-value
Sexual Experience Uninvited			0.0942
Never	44 (74.6)	717 (83.9)	
Once	4 (6.8)	46 (5.4)	
Twice	2 (3.4)	35 (4.1)	
Three or more	9 (15.3)	57 (6.7)	
Sexual Experience with Bad Person			0.0817
Never	42 (71.2)	708 (82.6)	
Once	10 (17.0)	75 (8.8)	
Twice	2 (3.4)	31 (3.6)	
Three or more	5 (8.5)	43 (5.0)	
IV drug use			0.0002
No	42 (71.2)	715 (86.8)	
Yes but in past 12 months	9 (15.3)	34 (4.1)	
Yes but not in past 12 months	8 (13.6)	75 (9.1)	
Anal or Vaginal Sex Number, median	1 (0 – 7)	1 (0 – 8)	0.0725
Anal or Vaginal Sex Number with condom, median	0 (0 – 6)	0 (0 – 7)	0.1414
Sex partner with HIV positive			0.5445
No	23 (48.9)	379 (56.0)	
Yes but condom always	12 (25.5)	132 (19.5)	
Yes but not condom always	12 (25.5)	166 (24.5)	
Sex partner with HIV status unknown			0.4054
No	31 (68.9)	460 (69.2)	
Yes but condom always	6 (13.3)	125 (18.8)	
Yes but not condom always	8 (17.8)	80 (12.0)	
Sex partner received drugs			<0.0001
No	28 (59.6)	611 (91.3)	
Yes but condom always	9 (19.2)	35 (5.2)	
Yes but not condom always	10 (21.3)	23 (3.4)	
Sex partner provided drugs			<0.0001
No	32 (69.6)	602 (89.6)	
Yes but condom always	6 (13.0)	39 (5.8)	
Yes but not condom always	8 (17.4)	31 (4.6)	
Diagnosed with Sexually Transmitted Disease			0.7198
No	50 (83.3)	745 (85.1)	
Yes	10 (16.7)	131 (15.0)	

Table 2. Odds Ratio Estimates for Incarcerated Persons Living with HIV (PLWH) compared to non-incarcerated PLWH.

Event	Odds Ratio (95% Confidence Intervals)
Never Missed Appointment with HIV provider	**0.42 (0.22-0.81)**
Lack of transportation	1.70 (0.82-3.52)
"30-60 minutes" distance from HIV provider	0.87 (0.38-1.95)
">60 minutes" distance from HIV provider	**2.66 (1.20-5.92)**
Received illicit drugs from partners and using condoms	**3.67 (1.51-8.95)**
Received illicit drugs from partners and not using condoms	**9.43 (3.78-23.52)**
Completed high school education	**0.69 (0.50-0.97)**

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

1311. Ryan White HIV Care Continuum Model Doubled the Rate of Community HIV Viral Suppression for Newly Diagnosed Patients: A 10-Year Review

Christina Rizk, MSc[1]; Alice Zhao, Student[2]; Janet Miceli, MPH[1];
Portia Shea, Student[2]; Merceditas Villanueva, MD[1]; Lydia A. Barakat, MD[1]; [1]Yale School of Medicine, New Haven, Connecticut; [2]Yale University, New Haven, Connecticut

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Background. It is estimated that 1,295 per 100,000 are people living with HIV (PLWH) in New Haven, which is the second highest rate of HIV prevalence in Connecticut. Since 2009, New Haven has established the Ryan White (RW) HIV Care Continuum. The main goals of HIV care are early linkage to care, ART initiation, and HIV viral suppression. This study is designed to understand the trends and outcomes in newly diagnosed PLWH in New Haven County.

Methods. This study is a retrospective medical record review of all newly diagnosed RW eligible PLWH from January 1, 2009 to December 31, 2018. The data were collected in REDCap database and included demographics, HIV risk factor, presence of mental health and/or substance abuse disorder, date of diagnosis, date of initial visit, and ART initiation. Health outcomes such as AIDS at diagnosis and rate of viral suppression were evaluated. The data were then analyzed to show the trends over 10 years.

Results. From January 1, 2009 to December 31, 2018 there were 420 newly diagnosed RW PLWH. Sixty-seven percent of those were male, 56% were non-white, 47% self-identified as Men who have Sex with Men (MSM), and 41% were heterosexual. Twenty-nine percent had AIDS-defining condition at the time of the diagnosis. Thirty-four percent of the 420 patients had a mental health and/or substance use disorder; 53% of those were MSM and 51% were non-white. Over the 10-year period, it was noted that the duration between date of HIV diagnosis and linkage to care as well as ART initiation decreased. This decline was associated with a substantial increase in viral suppression. The average time between the dates of HIV diagnosis and initial visit decreased from 269 days in 2009 to 13 days in 2018. Moreover, the average time between the dates of diagnosis and ART initiation dropped from 308 days in 2009 to 15 days in 2018. The 1-year HIV viral suppression rate subsequently doubled from 44% in 2009 to 87% in 2018 ($P < 0.01$).

Conclusion. The Ryan White HIV Care Continuum Model with emphasis on early linkage to care and ART initiation can have a significant impact on HIV viral suppression at a community level for newly diagnosed patients. Another important observation in this study was the alarming high rate of AIDS at diagnosis, which highlights the need for universal HIV testing, and early diagnosis.

HIV Viral Suppression in Correlation with Early Linkage to Care and ART Initiation
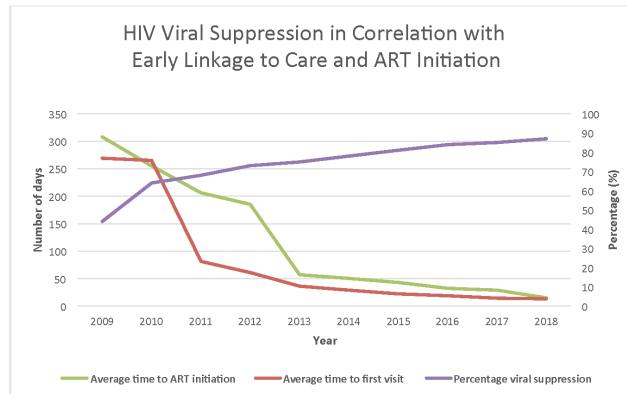
Disclosures. **All authors:** No reported disclosures.

1312. Increasing Care Engagement Amongst People Living with HIV Through a Text Messaging Intervention at a Tertiary Center

Nupur Gupta, DO; Sarah McBeth, MD, MPH; Ella Kaplan, LCSW;
Greg Valdisera, LSW; Deborah McMahon, MD; University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania

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Background. HIV has transitioned from an acute illness to a chronic disease due to potent antiretroviral therapy (ART). People living with HIV (PLWH) must be highly compliant which is difficult due to multiple barriers. The HIV care continuum was developed as a series of steps that PLWH take in their treatment cascade. At our HIV clinic, 90% of the patients are virally suppressed (viral load <200 copies/mL). Although this is higher than the national average, PLWH who are not virally suppressed and not retained in care carry the highest risk of transmission. We have several resources to engage patients, but text messaging has not been utilized for at-risk patients at the clinic or at the academic center.

Methods. The aim is to demonstrate that a pilot study of a text messaging-based intervention will increase the proportion of PLWH along the care continuum. The pre-intervention data consists of the clinic population with a viral load ≥200 copies/mL between July 1, 2017 and June 30, 2018. After chart review, eligible patients were consented to receive weekly text messages with content regarding appointment and medication reminders, and motivational messages. In the consented group, effectiveness of the intervention will be measured by tracking their appointments, viral loads, and ART prescriptions.

Results. After chart review, 80 patients were eligible, and 18 patients were consented for the intervention. In the eligible group, the average length of care is 8 years (range 0 to 26) and average number of years since initial ART prescription is 6.8 (range 0 to 20). The average viral load is 27,372 copies/mL. Amongst the consented group ($n = 18$), compared with the pre-intervention, there was a 6% increase in those who made an appointment, 33% increase in those who kept an appointment, 50% increase in those who had a viral load <200, and 62% increase in those who had ART dispensed post-intervention.

Conclusion. The intervention group is small due to difficulties in consenting this vulnerable population. This is an observational study that demonstrated the impact of text messaging a high-risk population with minimal harm that not only improved the local HIV care continuum, but also addressed the barriers to care. The next steps are to determine how this method can link other at-risk patients to care at a large HIV clinic at a tertiary center.