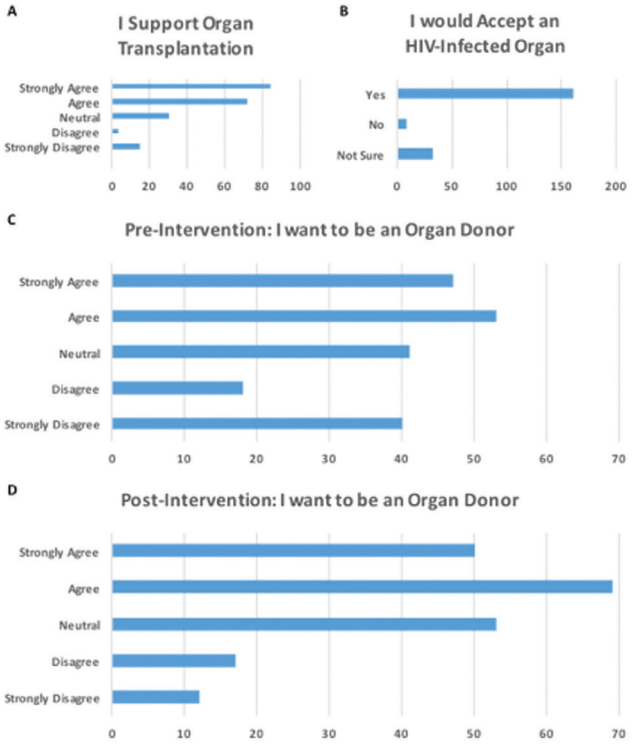

Results from survey conducted in 200 HIV-infected participants. A) Respondents indicated strong support for organ transplantation in general, and B) would consider receiving an HIV-infected graft if the transplantation was necessary to live or could improve quality of life. C) When asked about their willingness to be listed as an organ donor at the beginning of the survey, 28% responded with either 'Disagree' or 'Strongly Disagree'. D) After being prompted to read a brief discussion of the HOPE Act and HIV to HIV transplantation, Disagree/Strongly Disagree responses decreased to 14%. Comparison between pre- and post-intervention generated a Kappa statistic of 0.42.

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

2261. Phosphaturia in HIV-Exposed Uninfected Neonates Associated With Maternal Use of Tenofovir Disoproxil Fumarate in Late Pregnancy

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Session: 241. HIV: Metabolic, Cardiovascular, and Renal Complications
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Background. Our recent study showed significantly lower bone mineral content (BMC) in HIV-exposed uninfected (HEU) neonates born to HIV-infected (HIV+) mothers who took tenofovir disoproxil fumarate (TDF) in late pregnancy compared with no TDF use. In this cohort we sought to understand possible mechanisms for lower BMC by comparing markers of bone metabolism and renal function with TDF exposure in HEU neonates.

Methods. Among a subset of HEU children in the multicenter (United States and Puerto Rico) observational Surveillance Monitoring for ART Toxicities (SMARTT) Cohort study, we enrolled neonates (≥36 weeks gestational age) of HIV+ mothers who took TDF for ≥8 weeks in the third trimester (TDF+) or no TDF in pregnancy (TDF-). In addition to BMC measures, we collected a blood and urine sample on each child ≤30 days of birth to measure serum creatinine, phosphate, 25-OH vitamin D, parathyroid hormone and urine creatinine, phosphate and N-terminal telopeptide. Standard equations were used to estimate proximal tubular phosphate reabsorption and glomerular filtration rate (eGFR). Comparisons were made by TDF exposure using Wilcoxon and Fisher's exact tests. We fit linear models to compare TDF+ and TDF– for each assay by age in days at sample collection (slope), stratified by age group at sample collection time (0–3 days, 4–30 days).

Results. Of 160 HEU neonates (Black 71%, Hispanic 31%), 82 were TDF+ and 78 TDF–. Sociodemographic and anthropometric characteristics did not differ by TDF exposure in each age group. Within 0–3 days of life, TDF+ had a greater decline in serum creatinine ($P = 0.04$) and a greater increase in eGFR compared with TDF– ($P = 0.06$), but no difference in slope by TDF exposure within 4–30 days of life, nor in serum phosphate in either age group. Proximal tubular phosphate reabsorption was similar for both groups within the first 3 days of life, with a significantly greater decline in phosphate reabsorption between 4 and 30 days of life in the TDF+ compared with the TDF– group ($P = 0.006$, Figure 1). Bone markers did not differ by TDF exposure for either age group.

Conclusion. Urinary phosphate loss was increased among HEU neonates of mothers who took TDF in late pregnancy. This suggests proximal tubular dysfunction and may explain, at least in part, the decrease in BMC previously described.

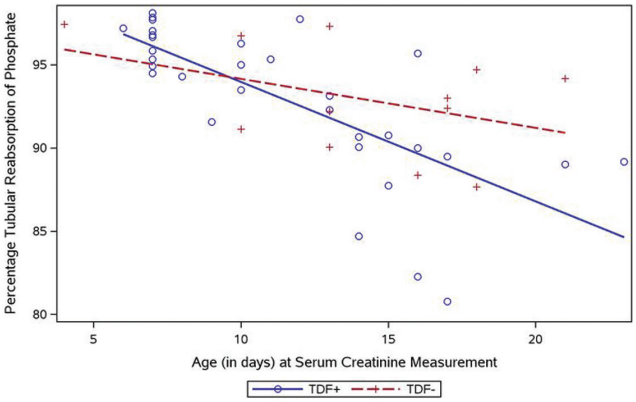

Figure 1.Scatterplot of age at creatinine measurement with percentage tubular reabsportion of phosphate between HIV-exposed uninfected neonates born to mothers with tenofovir disoproxil fumarate use in late pregnancy (TDF+) compared to no TDF use in pregnancy (TDF-) (p=0.006, difference in regression slopes).

Disclosures. **R. Van Dyke**, Giliad Sciences: Grant Investigator, Research grant.

2262. Not a Disease of the Past: A Case Series of Progressive Multifocal Leukoencephalopathy in the Established Antiretroviral Era

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Background. Progressive multifocal leukoencephalopathy (PML) and PML immune reconstitution inflammatory syndrome (PML-IRIS) can be a devastating neurologic process associated with HIV, but limited knowledge on their characteristics in the established antiretroviral (ART) era is available. We conducted a case series to evaluate the clinical course of PML and PML-IRIS at our urban safety-net hospital in Atlanta, GA.

Methods. All HIV-positive individuals with a positive JCV DNA PCR in the spinal fluid between May 1, 2013 to June 1, 2017 were identified through electronic medical records (EMR) query. Demographics, symptom presentation, laboratory data, imaging results, treatment, and outcomes were abstracted from the EMR. PML, and PML-IRIS were defined using the American Association of Neurology criteria.

Results. There were 26 patients included in this study, 15 (58%) HIV-positive patients with PML and 11 (42%) with PML-IRIS (2 with an unmasking presentation and 9 with a paradoxical presentation). The average age was 45 years, 23 (88%) were black, and 20 (77%) were male. Mean CD4 and HIV viral load were 65 cells/μL and 4.11 $\log_{10}$ copies/mL, respectively. The most common presenting symptoms were motor weakness (18, 69%), cognitive deficits (15, 58%), and dysarthria (11, 42%). Twenty-four (92%) patients had white matter changes on magnetic resonance imaging (MRI). Enhancement on MRI and presentation with ataxia, dysarthria, or motor or visual deficits were found to be associated with PML-IRIS. Eleven (42%) patients were on ART at the time of diagnosis, and 24 (92%) of patients were on ART afterward. Corticosteroids were used in 9 patients with PML-IRIS and in 3 with PML. Maraviroc was used in 3 patients with PML-IRIS. Presenting with speech deficits or visual changes, having edema on MRI, and developing PML-IRIS were each positively associated with progression to hospice or withdrawal of care, although these values were not statistically significant. Outcomes were dismal with 7/15 (46.7%) patients with PML and 9/11 (81.8%) with PML-IRIS dying or being referred to hospice.

Conclusion. Despite widespread access to ART, patients with PML continue to have poor outcomes, particularly among those who develop PML-IRIS. More research is needed to understand the risks for and prevention of PML-IRIS.

Disclosures. **V. Marconi**, ViiV: Investigator, Research support and salary. Bayer: Investigator, Research support. Gilead: Investigator, Research support.

2263. HIV-TB Co-Infection in Arizona From 1993 to 2016

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