Table 2. Characteristics of HIV-HCV co-infected patients from the NAHP with an active HCV infection (n=143)

	Patients with Active Infection (n=143)
APRI Score >1.5[a]	N (%)
Yes	8 (5.6)
No	109 (76.2)
Unknown	26 (18.2)
Failed HCV Treatment	2 (1.4)
ARV Therapy	126 (88.1)
HIV Viral Load <200 copies/mL	99 (69.2)
Opioid Use Disorder	125 (87.4)
Alcohol Use Disorder	20 (14.0)
Under-housed	23 (16.1)
Currently Incarcerated	103 (72.0)
Highest Education Level	
Incomplete High School	41 (28.7)
High School	12 (8.4)
Post-Secondary	6 (4.2)
Unknown	84 (58.7)
Ethnicity	
Black	2 (1.4)
Caucasian	43 (30.0)
Indigenous	85 (59.4)
Asian	1 (0.7)
Unknown	12 (8.4)

[a]aspartate transaminase to platelet ratio index (APRI) score. An APRI score greater than 1.5 is an indicator of liver fibrosis.

Conclusion. The NAHP has been successful in identifying and treating many of their HIV HCV co-infected patients, however, there remain patients with viremic HCV. Despite the availability of direct-acting antivirals (DAAs) in Alberta and many of these patients being successfully treated for HIV, a significant proportion of co-infected patients have not initiated HCV treatment The HIV treating physicians of these individuals will be notified and encouraged to assist in getting them linked to HCV care and treatment.

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

939. Immunity to Hepatitis A and/or Hepatitis B Viruses Among Inmates Living with HIV

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Session: P-44. HIV: Complications and Special Populations

Background. Hepatitis A (HAV) and B viruses (HBV) are vaccine-preventable diseases where screening upon entry into prison provides an ideal public health opportunity to assess vaccination status and administer vaccination while incarcerated.

Methods. A retrospective, electronic medical record review evaluated incarcerated adults receiving human immunodeficiency virus (HIV) telemedicine care in 26 prisons in Illinois, USA, from 01/01/19 through 12/31/19. Included subjects were living with HIV, incarcerated in the Illinois Department of Corrections (IDOC), and had available data for HAV/HBV serologies, viral load, and CD4 count during incarceration. The primary objective was to assess rates of HAV and/or HBV immunity in individuals with HIV. The secondary objective was to assess factors associated with vaccination status. Statistical analysis included Chi-squared testing and descriptive statistics.

Results. Among the 524 patients analyzed, the majority were Black men (75%) with an average age of 44 years. 429 patients had existing data for HAV vaccination where 79% had documented immunity. 397 patients had existing data for HBV vaccination where 5% had HBV infection, 1.4% had an equivocal HBV surface antibody and negative HBV surface antigen, and 70% had documented immunity. In total, 387 patients had existing data for HAV and HBV vaccination status where 213 (55%) were immune to both HAV and HBV while (7%) had no immunity to both HAV and HBV. Immunity did not vary based on CD4 count, age, gender, or race ($p > 0.05$).

Conclusion. Assessing serologies and providing Hepatitis A and B vaccinations while incarcerated, where indicated, can increase immunity to these vaccine-preventable viruses and thereby reduce transmission of HAV and HBV. This is of particular importance for patients living with HIV as this is an indication for vaccination. Based on these findings, the telemedicine study team has been able to assess serologies and advocate for vaccination for inmates living with HIV entering the IDOC. Over time, we expect our interventions to result in further improvements in rates of immunity.

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

940. Impact of Using Arts Programming to Support Treatment in Adolescents Living with HIV in Eswatini

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Session: P-44. HIV: Complications and Special Populations

Background. Adolescents and young adults with HIV are a unique population given the distinct psychosocial challenges of their age-group coupled with having a stigmatizing disease. In 2018, approximately 1.6 million adolescents were living with HIV worldwide, with the highest HIV prevalence found in Eswatini. As this group struggles more than any other age-group with medication adherence, novel interventions that are peer-inclusive and empowering should be explored to support their treatment.

Methods. We piloted a theater camp to determine the impact of fostering creative expression amongst adolescents and young adults enrolled at our HIV clinic in Mbabane, Eswatini. A two-week camp was conducted in collaboration with a non-profit organization of professional teachers, actors, and musicians. We emphasized enrollment of patients struggling with medication adherence, teen mothers, and those on second-line antiretroviral treatment. Twenty individuals (ages 12-23) participated in self-expression activities, story development, and a final play performed for the community. To assess impact, we compared viral loads pre- and post- camp as well as surveyed participants on effect of participation on areas such as personal stigma, sense of community, and confidence.

Results. Of those who participated, 25% showed a substantial decrease and 10% a substantial increase in viral load after the camp (>0.1 log10 change). Those who completed the survey (n=18) felt the camp helped them with confidence (13/18), teamwork (13/18), and friendships (11/18). Quotes from participants reinforced this growing sense of community, confidence, and decreased personal stigma. One wrote "theater camp helped me know that I can do a lot of things in life to achieve my future goals although I am HIV positive" and another stated "it made me not feel sorry for being an HIV positive person."

Conclusion. Our pilot program demonstrates creative arts programming has beneficial psychosocial effects, aids in community building, and potentially enhances the effectiveness of medical treatment. Further programs and studies should continue to investigate creative arts as an avenue for treatment support, self-expression, and community building among vulnerable populations such as adolescents and young adults with HIV.

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941. Incarcerated patients living with HIV: Atherosclerotic cardiovascular disease risk and management

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Session: P-44. HIV: Complications and Special Populations

Background. The 2018 American Heart Association and American College of Cardiology (AHA/ACC) *2018 Guideline on the Management of Blood Cholesterol* included human immunodeficiency virus (HIV) as an atherosclerotic cardiovascular disease (ASCVD) risk enhancer for the first time. Our study investigates if patients living with HIV in the Illinois Department of Corrections (IDOC) were prescribed appropriate HMG-CoA reductase inhibitor (statin) therapy following release of these guidelines based on risk.

Methods. This was a retrospective study of patients with > 1 visit in our multidisciplinary HIV IDOC Telemedicine Clinic from 1/1/19-6/1/19. Our prescriptive authority is limited to HIV and directly related conditions, and we provide recommendations to on-site providers for other comorbidities. Included patients were > 18 years of age, HIV positive, and incarcerated within IDOC. Excluded patients had existing ASCVD. Data from the first visit in the study period were extracted from the electronic medical record and analyzed utilizing descriptive statistics. Primary objectives were to quantify ASCVD risk and appropriate statin use in our population.

Results. Of the 158 patients included, average age was 42 years. The majority were male (89%), Black (73%), overweight/obese (117/148, 79%), on an integrase single-tablet regimen (78%), with CD4 >200 cells/μL (97%), and HIV RNA < 20 copies/mL (85%). Of the 18 females, 8 were transgender. Within the prior year, 65% had a lipid panel. For the 50 patients meeting criteria for 10-year ASCVD estimation, median (range) risk was 6.6% (0.8% - 31.9%). Only 12 patients were on statins. Of these, all were indicated per AHA/ACC guidelines with 10 prescribed appropriate intensity. An additional 45 patients had indications for statins but were untreated. In total, 47 patients (30%) were not receiving appropriate statin therapy.

Conclusion. Results of our study suggest ASCVD risk management is an area of improvement for inmates living with HIV, especially as we look towards caring for an aging HIV population. Future directions include comparing these data to data from a later time point to evaluate time for guideline uptake.

Disclosures. Thomas D. Chiampas, PharmD, BCPS, AAHIVP, Gilead (Employee)