Conclusion. Among women with CIN2+, HIV infection was not significantly associated with non-16/18 HPV types. However, WLWH had a higher number of high-risk HPV types detected. Our study was limited by the small number of WLWH included.

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

827. High KSHV Seroprevalence Among MSM with HIV Associated with Oral Intercourse and Methamphetamine Use in the Southern United States

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Session: P-46. HIV: Complications and Co-infections

Background. Despite a decrease in Kaposi's sarcoma (KS) cases in much of the US, the incidence of KS and associated mortality is increasing in specific subpopulations, particularly young, African American men in the South. To further understand this disparity, we sought to describe the seroprevalence and risk factors associated with Kaposi's sarcoma herpesvirus (KSHV) among men who have sex with men (MSM) and transgender women (TGW) with HIV in Dallas, Texas.

Methods. We enrolled MSM and TGW with HIV and without known KSHV-related disease from a large urban safety-net clinic in Dallas. Blood samples were collected from participants for IgG testing (K8.1 and ORF73), followed by KSHV PCR on blood and saliva samples for those with positive IgG results. We also collected demographics, sexual history, sexual practices, HIV history, substance use, and insurance status. Multivariate logistic regression modeling was performed to identify associations with KSHV seropositivity.

Results. Of 159 participants, 110 (69.2%) were seropositive for KSHV. Seroprevalence varied by race/ethnicity, with 27/34 (79.4%) Hispanic, 27/37 (73.0%) white, and 54/84 (64.3%) black participants testing positive for KSHV IgG, though this difference was not statistically significant. 31/104 (29.8%) seropositive participants had detectable KSHV in saliva and 10/104 (9.6%) seropositive participants had detectable KSHV in blood. Risk factors independently associated with KSHV seropositivity include oral-anal sex (OR 4.02, 95% CI 1.89 – 8.54), oral-penile sex (OR 3.66, 95% CI 1.16 – 11.57), and methamphetamine use (OR 2.73, 95% CI 1.23 – 6.04). Current CD4 count, HIV viral load, history of intravenous drug use, tobacco or alcohol use were not associated with KSHV seropositivity.

Table 1. Patient Characteristics

	KSHV Seronegative (N=49)	KSHV Seropositive (N=110)	P-value
Age (median)	51	44	0.23
CD4 (median)	555	484	0.75
HIV Viral Load (median)	29	19	0.94
Race/Ethnicity			0.28
White	10 (20.4%)	27 (24.6%)	
Black	30 (61.2%)	54 (49.1%)	
Hispanic	7 (14.3%)	27 (24.6%)	
Other	2 (4.1%)	2 (1.8%)	
IVDU	12 (30.0%)	29 (31.5%)	0.85
Drug use			
Meth	13 (26.5%)	59 (53.6%)	<0.01
Cocaine	30 (61.2%)	61 (55.5%)	0.50
Heroin	3 (6.1%)	17 (15.5%)	0.10
Sex practices			
Oral-anal	20 (40.8%)	85 (77.3%)	<0.01
Oral-penile	39 (79.6%)	104 (94.6%)	<0.01
Anal, insertive	34 (69.4%)	97 (88.2%)	<0.01
Anal, receptive	36 (73.5%)	96 (87.3%)	0.03
Vaginal	24 (49.0%)	49 (44.6%)	0.60

Conclusion. We found that over two-thirds of MSM and TGW with HIV in Dallas are KSHV seropositive, which is relatively high compared to other studies of US MSM with HIV (30-70%). In our study, KSHV was more common among Hispanic and white individuals, and was associated with higher rates of oral sex and methamphetamine use. Differences in KSHV seroprevalence alone are unlikely to explain racial disparities in the incidence of KS. Further study is needed to better understand drivers of KSHV infection and KSHV-related diseases in highly impacted groups in the US.

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828. Short- and Long-Term Metabolic Changes in Virologically Suppressed Patients Switching from TDF to TAF Containing Antiretroviral Therapy

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Session: P-46. HIV: Complications and Co-infections

Background. Switching from tenofovir disoproxil fumarate (TDF) to tenofovir alafenamide (TAF) containing antiretroviral therapy (ART) may negatively influence weight, cholesterol, and atherosclerotic cardiovascular disease (ASCVD) risk. The timing, duration, and extent of these changes and their definitive associations with TAF remain unclear.

Methods. This retrospective observational study evaluated weight, body mass index (BMI), cholesterol, and ASCVD risk score changes in virologically suppressed patients living with HIV infection (PLWH) who switched from TDF to TAF without switching any other ART regimen components. Adult patients on TDF and no HIV viral load values > 200 copies/mL for ≥ 2 years prior to and following a TAF switch were included. Body weight, BMI, cholesterol and other variables were collected for the 2 years before and after the switch. The Wilcoxon signed-rank test compared median values for each measurement pre and post switch in a univariate analysis. Longitudinal linear mixed effects models evaluated changes for each outcome measure at 1 and 2 years after the switch. Models were built with random effects for patients and included covariates such as time on TAF, age, sex, race, time with HIV, diabetes, smoking status, and concomitant medications associated with weight gain or loss.

Results. A total of 86 patients met study criteria (table 1). In the univariate analysis, there were significant increases in weight, BMI, total cholesterol, LDL, HDL, triglycerides, and ASCVD risk scores 2 years after switching to TAF (each $p \leq 0.05$, table 2). However, after controlling for covariates, only the increases in total and LDL cholesterol were associated with switching to TAF and significantly different from expected changes predicted in the linear model. In terms of weight gain with TAF, patients gained an average of 4.3 pounds in year 1 and 3.8 pounds in year 2 after the switch. Neither of these increases were statistically different from the expected changes in weight predicted in the linear model (3.1 pounds/year, 95% CI: 1.6-4.6).

Table 1. Descriptive Summary of Patient Characteristics, n = 86.

		All (n=86)	Min	Max
Age at switch, mean (SD), min max		47.1 (11.3)	23.0	75.0
Sex, n(%)	Female	28 (32.6)		
	Male	58 (67.4)		
Race, n (%)	White	29 (33.7)		
	African American	48 (55.8)		
	Hispanic	5 (5.8)		
	Asian	4 (4.7)		
Height (in), mean (SD), min max		68.2 (4.0)	58.0	76.0
Time with HIV (years), median (IQR), min, max[1]		11.0 (7.5, 16.5)	2.0	32.0
Time on ART (years), median (IQR), min, max[2]		8.0 (6.0, 12.0)	2.0	25.0
# of previous ART regimens, median (IQR), min, max[3]		1.0 (1.0, 2.0)	1.0	7.0
Pre-switch CD4 count, median (IQR), min, max[3]		659.0 (535.0, 923.0)	145.0	6981.0
Other ART (Yes), n (%)	Integrase	43 (50.0)		
	Protease	16 (18.6)		
	NNRTI	32 (37.2)		
	Other	0 (0.0)		

[1] There are 2 (2.3%) missing.
[2] There are 7 (8.1%) missing.
[3] There are 5 (5.8%) missing.