

Conclusion. HIV stigma is still a distressing social force to HIV infected patients in the heart of Illinois. Though medical management of HIV has advanced significantly in recent years, the stigma that accompanies a diagnosis of HIV infection remains to be effectively addressed in a comprehensive and conscientious manner. Our study points to the need for tailored interventions in outpatient medical settings, as well as throughout the general community in central Illinois.

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1360. Predictors of Viral Load Suppression in HIV-infected Patient in Rural Eastern North Carolina.

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Background. Virologic suppression (VLS) has been shown to improve clinical outcomes and prevent disease transmission in Human Immunodeficiency Virus (HIV) infected patients. However, only 30% of those living with HIV in the United States (US) are currently VLS. HIV incidence and prevalence are increasing rapidly in the rural Southeastern region of the US and models to predict VLS in this population are needed.

Methods. We conducted a retrospective chart review of patients 18 years or older, who were newly diagnosed with HIV and receiving care at our Ryan White funded clinic between September 2014 and September 2016. We collected demographic information, comorbid conditions, clinic appointment data, and laboratory values. VLS suppression was defined as an HIV viral load <200 copies/mL at 3 months. Pearson Chi square analysis was done using SPSS to evaluate the association between these variables and VLS.

Results. A total of 183 patients were included in the study, 42 (23%) females, 39 (21%) white, 41 (22%) less than 25 years of age, 65 (36%) uninsured and 102 (56%) men who have sex with men. The majority 139 (76%) of patients lived below the 150% federal poverty limit. During 3 months follow up 113/183 (61%) were VLS. There were no statistically significant associations between age, gender, ethnicity, presence of mental health and substance abuse disorders, housing stability, education or poverty level and VLS. 60/104 (56%) of those who were insured achieved VLS compared with 48/65 (73%) of those who were uninsured ($P = 0.033$)

Conclusion. VLS was achieved in 61% of the HIV infected patients in eastern North Carolina. Patients without insurance had a statistically significantly higher rate of VLS as compared with those with insurance. It is noteworthy that patients who were uninsured received ambulatory medical and support services as well as medication assistance through Ryan White funding. Future prospective studies are needed to further evaluate the association between insurance status and VLS in federally funded clinics.

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1361. Factors Associated with Elevated HIV RNA Levels in HIV-Infected Individuals

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Background. Virologic suppression is necessary to reduce the risk of complications from HIV infection and to prevent transmission to other individuals. Understanding factors associated with elevated HIV RNA levels in HIV-infected individuals could lead to interventions to improve engagement in care.

Methods. This retrospective, observational study assessed HIV-infected individuals engaged in care in an urban HIV clinic between April 1, 2015 and March 31, 2016. The electronic medical record was reviewed for demographic and HIV-related factors for all individuals with elevated HIV RNA PCR ≥ 200 copies/mL (EVL) during the study period. Demographic data were compared with individuals with decreased HIV RNA PCR (DVL) <200 copies/mL. Patients with recent HIV diagnosis within 6 months of EVL were excluded due to the possibility of insufficient time to achieve viral suppression after engagement in care. Statistical analysis including Student T-test and Chi Square test was conducted in SPSS, version 24.

Results. There were 519 individuals with EVL with 72 (13.9%) excluded due to recent HIV infection. Of 1,789 patients included in this analysis, 447 (25.0%) had an EVL. The median HIV RNA PCR was 7,240 copies/mL (range 200 to 6,720,990) and median CD4 count was 411 cells/mm³ (range 1 to 1,510) in the EVL group. Individuals with EVL were more likely to be younger (mean EVL group age 43.4 years \pm S.D. 11.7, range 22–77 vs. 47.5 years \pm S.D. 12.4, range 19–84 in DVL group) ($P < 0.0001$). Individuals with EVL were more likely to be Black (82.1%) (with White 9.2% and Hispanic 8.7%) compared with those with DVL (74.8% Black, 12.4% White, 11.6% Hispanic, 1.6% other) ($P = 0.004$). The EVL group was 59.3% male, 39.8% female and 0.9% transgender vs. 64.8% male, 34.3% female, and 1.0% transgender in the DVL group. The main risk factors for HIV acquisition were heterosexual sex (46.3% of EVL vs. 43.4% DVL), men who have sex with men (31.8% vs. 36.4%) and injection drug use (14.3% vs. 14.6%). There were no significant differences in gender or risk factors for HIV acquisition between the two groups.

Conclusion. Decreased levels of HIV viremia is a major focus of quality HIV care. Younger age and Black race were associated with elevated HIV RNA levels in individuals engaged in care in a large urban HIV clinic.

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1362. Travel time to Clinic but not Neighborhood Crime Rate is associated with Retention in Care among HIV-positive Patients

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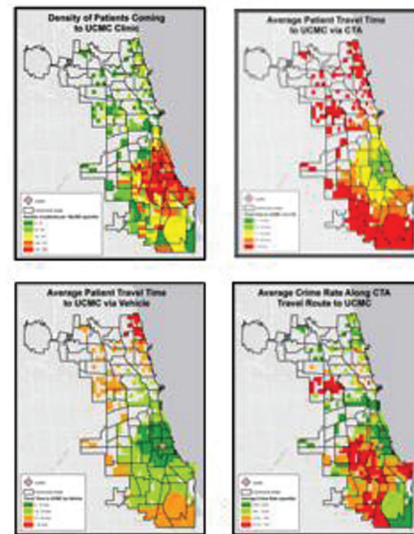
Background. Retention in HIV care can be impacted by structural factors such as crime, poverty, and clinic accessibility. We aimed to determine whether crime rate, travel time, or travel distance to clinic were associated with retention in care or viral suppression (VS) among people living with HIV (PLWH) at the largest provider of HIV care on the South Side of Chicago.

Methods. Using publicly available data in the Chicago Open Data Portal, we geocoded patient home addresses and clinic location. We measured distance from patient home to clinic, and travel time from patient home to clinic using car and Chicago Transit Authority (CTA) public transportation. We further measured crime rate within a two block radius of the public transportation route to clinic. Retention was defined as >2 visits, 90 days apart within 12 months, and patients were classified into 3 groups: continuously retained (CR), intermittently retained (IR), or lost to follow-up (LTFU), i.e., no visit in the last 12-months. Kruskal-Wallis rank-sum with Dunns pairwise test was used to determine whether travel time, travel distance, and crime rate were associated with retention or viral suppression.

Results. 780 patients were included in the study. Of these 273 (35%) were CR, 392 (50%) were IR, and 115 (15%) were LTFU. Figure 1 shows maps with geocoded data. Median distance from clinic was 3.6 [2.1–5.6] miles among those CR, 3.9 [2.5–6.0] miles among the IR, and 3.9 [2.6–6.2] miles among those LTFU. Median travel time by CTA was 37.2 [31.8–53.0] mins for CR, 42.9 [33–53] mins for IR, and 42.9 [33–59.1] mins for LTFU; by car was 15.9 [9.6–33] mins for CR, 17.1 [11.8–24.6] mins for IR, and 17.5 [12.2–24.1] mins for LTFU. Crime rate was similar across all retention groups. Though no associations were statistically significant at $P < 0.05$, there was a trend toward shorter distance ($P = 0.07$) and shorter car travel time ($P = 0.06$) among CR vs. IR. There was also a trend toward lower neighborhood crime rates among those VS vs. those not VS ($P = 0.07$).

Conclusion. Retention in care was not impacted by residing in high crime neighborhoods in Chicago. PLWHA who lived farther from HIV clinic and had longer travel time showed a trend toward being more likely to be IR in care vs. CR, but there was no such association for VS. Travel time may impact patient likelihood to attend HIV care appointments, but not necessarily adherence to ART.

Figure 1



Abbreviations: UCMC, University of Chicago Medical Center; CTA, Chicago Transit Authority

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1363. Electronic data sharing between public health department and clinical providers improves accuracy of HIV retention data

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