

total 943 visits, out of which 642 (68%) were in person and 301 (32%) were telephone visits. By end of May 2020, there were 47 patients lost to care. MVF decreased to 40% compared to 69% for FY2020, and GiC increased to 25% compared to 14% for FY2020. VLS rate remained unchanged at 91%.

**Conclusion:** The COVID-19 pandemic resulted in a decrease in MVF and an increase in GiC for PWH. However, VLS remained high at 91%. Our implementation strategy facilitated quick adoption of telemedicine, which helped us provide clinical care to a third of PWH during the pandemic. Telemedicine provided a great tool for ensuring patients remain VLS. Evaluation of implementation outcomes including fidelity and reach remains ongoing.

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### 113. Advanced HIV Disease Among Adults in the African Cohort Study (AFRICOS)

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#### AFRICOS Study Group

Session: O-22. HIV in Special Populations

**Background:** In the “test and treat” era, early ART may decrease the prevalence of advanced HIV disease (AHD), defined as having a CD4 cell count < 200 cells/μL or World Health Organization (WHO) clinical stage III or IV disease. We assessed trends in AHD and ART coverage and describe factors associated with AHD among adults living with HIV (LWH) across four countries before and during the “test and treat” era.

**Methods:** The African Cohort Study (AFRICOS) is a prospective cohort enrolling adults at risk for HIV or LWH from 12 facilities in Uganda, Kenya, Tanzania and Nigeria. Clinical history review and laboratory testing were performed at enrollment and every 6 months. Serum cryptococcal antigen screening (CrAg) was performed in a subset with CD4 < 200 at enrollment. Logistic regression was used to estimate odds ratios for factors associated with CD4 < 200.

**Results:** From January 2013–December 2019, 2934 adults LWH were enrolled (median age 38 years [interquartile range, 31–46 years], 41.5% men). Of 2903 with CD4 results at enrollment, 567 (19.5%) had CD4 < 200. Despite consistent increases in ART coverage since 2016, across all countries the prevalence of AHD did not decline below levels observed in 2013 until 2019. The prevalence of CD4 < 200 did not significantly decline from 11.9% (range 9.1–25.0%) in 2013 to 10.3% (range 0–16%) in 2019, p=0.7, while ART coverage increased from 74.7% (range 68.3–93.8%) in 2013 to 97.5% (range 86–100%) in 2019, p= < 0.01 (Figure 1). Factors associated with a higher risk of CD4 < 200 at enrollment were being enrolled in Tanzania, male sex, age >29 years, having a primary or some secondary education or above, and WHO stage II disease or higher. Factors associated with a lower risk of CD4 < 200 were >1 year since HIV diagnosis and being on ART for at least 6 months (Table 1). Among those with CD4 < 200 at enrollment, the most commonly reported comorbidities included HIV wasting syndrome (9.3%) and tuberculosis (TB) (2.3%); 19 (3.4%) of 564 adults screened were CrAg positive.

Figure 1: Trends in Percentage of Participants with CD4 <200 and ART coverage at Study Enrollment by Country and Year

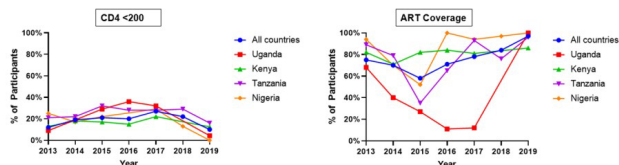


Table 1: Factors associated with CD4 <200 cells/mm3 at Study Enrollment

	Unadjusted OR <sup>2</sup>	95% CI	Adjusted OR <sup>3,4</sup>	95% CI
<b>Enrollment year</b>				
2013	0.54	0.35–0.82		
2014	0.94	0.72–1.22		
2015	1.04	0.80–1.35		
2016	Ref			
2017	1.48	1.03–2.10		
2018	1.12	0.62–2.01		
2019	0.46	0.21–0.97		
<b>Country</b>				
Uganda	Ref	–	–	–
Kenya	0.86	0.66–1.10	1.11	0.83–1.49
Tanzania	1.54	1.16–2.05	1.48**	1.06–2.07
Nigeria	1.06	0.74–1.52	1.25	0.81–1.92
<b>Sex</b>				
Male	1.45	1.21–1.75	1.33***	1.08–1.62
Female	Ref	–	–	–
<b>Age</b>				
18–29	Ref	–	–	–
30–39	1.41	1.07–1.87	1.50***	1.11–2.02
40–49	1.34	1.00–1.78	1.61***	1.18–2.20
50+	1.37	0.99–1.90	1.91***	1.33–2.75
<b>Education</b>				
None or some primary	Ref	–	–	–
Primary or some secondary	1.52	1.21–1.89	1.57***	1.23–2.02
Secondary and above	1.31	1.03–1.68	1.48***	1.10–1.99
<b>WHO Stage</b>				
I	Ref	–	–	–
II	1.33	1.03–1.71	2.17***	1.65–2.84
III	1.59	1.25–2.02	3.30***	2.50–4.35
IV	1.27	0.84–1.92	2.63***	1.64–4.21
<b>Time since HIV diagnosis</b>				
<1 year	Ref	–	–	–
1–5 years	0.39	0.31–0.49	0.46***	0.33–0.64
>5 years	0.27	0.21–0.34	0.30***	0.19–0.45
<b>Duration on ART<sup>1</sup></b>				
ART naive	Ref	–	–	–
<6 months	0.99	0.76–1.28	0.77*	0.58–1.02
6 months–<2 years	0.53	0.39–0.71	0.60***	0.42–0.85
2–<4 years	0.32	0.22–0.47	0.40***	0.25–0.65
≥4 years	0.30	0.23–0.39	0.42***	0.27–0.67

OR Odds ratio; CI, confidence interval, ART Antiretroviral therapy

<sup>1</sup> Duration on ART was ascertained prior to CD4 measurement at enrollment. Participants enrolled were either ART naive or already on ART.

<sup>2</sup> Bolded variables in the unadjusted models have p<0.05

<sup>3</sup> Variables included in the adjusted model were enrollment country, sex, age, education, WHO stage, time since HIV diagnosis, and duration on ART

\*\*\* p<0.01, \*\* p<0.05, \* p<0.1

**Conclusion:** Despite the scale-up of ART in the era of “test and treat”, AHD prevalence has only recently trended downward. Continued efforts towards early HIV diagnosis and timely ART initiation are needed to reduce the risk for CD4< 200. Strategies to increase TB screening, prophylaxis, and treatment are essential to reduce morbidity.

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### 114. HIV Prevalence and Associated Factors Among Persons Experiencing Homelessness (PEH) During a Multi-shelter Tuberculosis (TB) Outbreak in Atlanta, Georgia (2008 – 2018)

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Session: O-22. HIV in Special Populations

**Background:** Jointly and independently, HIV and homelessness are strong risk factors for acquiring tuberculosis (TB) in the United States (US). However, public health programs geared towards addressing TB among persons experiencing homelessness (PEH) are often not used as prime opportunities to also actively address HIV among PEH. Here, we describe the prevalence and risk factors associated with HIV among PEH who were screened during a city-wide TB screening program among PEH initiated in response to a multi-shelter TB outbreak in Atlanta, Georgia.

**Methods:** Retrospective analysis of data on 18,605 PEH screened for TB between 2008 and 2018 was done. HIV status was either self-reported (SR) or laboratory-confirmed (LC). Modified Poisson regression models with robust error variances were used to assess associations between socio-demographic characteristics and being HIV-positive.

**Results:** Of 18,605 PEH screened for TB, 9,308 (53%) had a known HIV status. Of these, 38% (n=3,559) received a HIV test while 62% (n=5,749) were only SR HIV status. The prevalence of HIV positivity among all PEH who SR a HIV status (n=7,404)