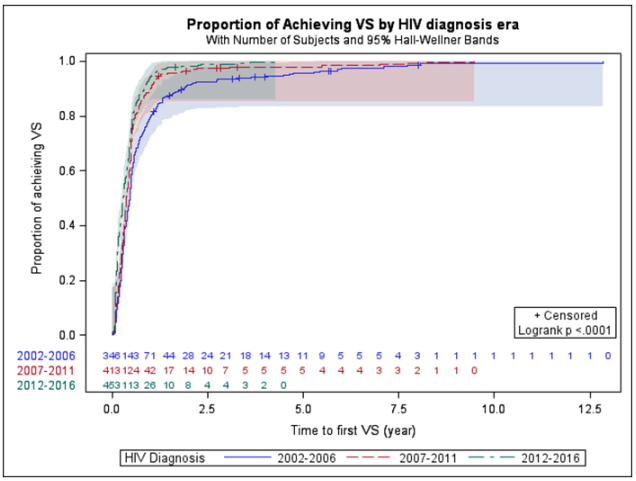
diagnosed in 2002–2006 (3.0 [2.0–4.7]). 281 (23.2%) had an AIDS-defining diagnosis (CD4<200 cells/uL in 88%), which decreased by era (P <0.05). There were 6 deaths in the cohort, all prior to 2012.

Conclusion. Universal HIV testing and open access to care has resulted in excellent outcomes for AD HIV-positive military members. The MHS model reinforces the benefits of the Department of Health and Human Services' recommendations for universal testing, linkage to care and ART.



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

1264. Characterization of HIV-Positive Patients with Low-Level Viremia in a Community HIV Clinic Between 2014 and 2018

Eduardo Sanchez, MD; Jody Borgman, MD; Aviva Joffe, MSW, LSW; Catherine Holdsworth, PhD, CRNP; Albert Einstein Medical Center, Philadelphia, Pennsylvania

Session: 148. HIV: General Epidemiology
Friday, October 4, 2019: 12:15 PM

Background. Low-level viremia (LLV) has been defined as an HIV RNA level detectable by newer generation viral load quantification assays but that is ≤200 copies/mL.Contributing factors may include intermittent low-level releases of virus from existing reservoirs, random laboratory variation and decreased ART adherence.

Methods. This retrospective chart review aimed to characterize patients who developed LLV in a community HIV clinic between 2014 and 2018. LLV was defined as two consecutive detectable HIV RNA measurements ≤200 copies/mL. Possible factors that could be associated with viral rebound (VR), defined as an HIV RNA >200 copies/mL, were evaluated by using multivariate logistic regression.

Results. Of a total of 666 patients, 111 met criteria for LLV. Seventy-seven were male and 34 were female. The majority were African American (85.6%) with Hispanic and white accounting for 5.4% each. Fifty-five percent were heterosexual and 31.5% were men that have sex with men. Analyzing CD4 counts at the moment or just prior to the development of LLV, 42 of them (37.8%) had a CD4 between 501 and 800 cells/mm^3, 25 (22.5%) between 200 and 500 cells/mm3 and only 3.6% had CD4 counts <200 cells/mm^3. The majority (60.3%) were on integrase inhibitors (INSTI). Of the 111 patients, only 59 of them had at least 1-year follow-up post LLV. Those who were followed for less than 12 months post-LLV were not included in the statistical analysis to try and find potential factors associated with VR post LLV. Twelve (20.3%) of the 59 developed VR. HIV RNA levels between 51 and 100 copies/mL and 101 and 200 copies/mL were associated with higher odds of VR (OR 3.77 95% CI 0.37–38.77, 3.09 95% CI 0.27–35.88, respectively). Patients with STIs, heterosexuals and those on INSTI were also associated with higher odds of VR (OR 1.48 95% CI 0.12–18.5, 3.13 95% CI 0.75–13.03 and 1.61 95% CI 0.35–7.38, respectively). These results did not achieve statistical significance.

Conclusion. This community HIV clinic has a low prevalence of LLV. Most of the patients did not develop VR. Although some clinical factors were found to be associated with viral rebound in patients with LLV, the associations did not achieve statistical significance. LLV is a phenomenon that requires further research, specifically regarding predictors of VR, particularly now in the INSTI era.

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

1265. Monitoring of Human Immunodeficiency Virus (HIV)-Infection Using the Cepheid HIV-1 Qualitative Assay

Erin Keizur, BS[1]; Drew Wood-Palmer, BA candidate[2]; Maryann Koussa, MPH[3]; Manuel Ocasio, PhD, MSPH[4]; Mary Jane Rotheram-Borus, PhD[3]; Jeffrey Klausner, MD, MPH[3]; [1]Department of Medicine, University of California at Los Angeles, Pullman, Washington; [2]UCLA-Department of Medicine, University of California at Los Angeles, Los Angeles, California; [3]University of California at Los Angeles, Los Angeles, California; [4]Tulane, New Orleans, Louisiana

Session: 148. HIV: General Epidemiology
Friday, October 4, 2019: 12:15 PM

Background. Human immunodeficiency virus (HIV)-1 RNA quantification is the primary method of monitoring response to antiretroviral therapy. In the U.S. viral RNA testing is recommended for all HIV-infected patients at entry into care, at initiation or modification of therapy, and on a regular basis thereafter. HIV-1 DNA testing may pose additional advantages. For example, proviral DNA may predict early loss of viral suppression. The Cepheid® (Sunnyvale, CA) HIV-1 Qualitative (HIV Qual) assay detects total nucleic acid for both RNA and DNA and provides a qualitative result (HIV detectable or undetectable).

Methods. We tested participants aged 14–24 years old from the Adolescent Trials Network (ATN) CARES study with known HIV infection in Los Angeles, California and New Orleans, Louisiana. We tested participants using the Cepheid® HIV Qual assay and the quantitative HIV-1 RNA, real-time PCR test using the COBAS P6800 system (Roche, Branchburg, NJ). We used 100 µL of whole blood for the HIV Qual assay and results were provided in 90 minutes. We sent the remainder of the whole blood from the same visit to a commercial laboratory for HIV-RNA PCR testing and results were reported as "detected," "detected, <20 copies/mL plasma" or "not detected, <20 copies/mL plasma." We compared HIV Qual and HIV RNA PCR test results from the same visit for each participant.

Results. Overall, 57 HIV Qual tests were performed with concurrent HIV RNA PCR tests. Of those, 9/15 tests were concordant with HIV viral RNA suppression while 39/42 tests were concordant with HIV viral RNA detection. In 6 cases, the HIV RNA was not detected at <20 copies/mL by the Roche PCR while the HIV Qual assay detected HIV DNA. Of those 6 cases, 3 had subsequent HIV RNA PCR testing. All 3 cases had detectable HIV RNA at their next testing date (214 copies/mL, detected <20 copies/mL, 2130 copies/mL).

Conclusion. The HIV Qual test is feasible for the monitoring of HIV-infection. Due to its detection of HIV DNA, it may predict future lack of HIV RNA suppression.

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

1266. Cancer among HIV-Positive Patients in Cali, Colombia: A Retrospective Hospital-Based Study

Claudia M. Parra, MD[1]; Juan Carlos Bravo, MD[1]; Luis Eduardo Bravo, MD MSc[2]; Fernando Rosso, MD, MSc[1]; [1]Fundación Valle del Lili, Cali, Valle del Cauca, Colombia; [2]Universidad del Valle, Cali, Valle del Cauca, Colombia

Session: 148. HIV: General Epidemiology
Friday, October 4, 2019: 12:15 PM

Background. Cancer has been a significant feature of the HIV epidemic from the beginning, being the most frequent Kaposi sarcoma (KS) and hematolymphoid malignancies. However, the behavior of these two diseases is limited in our context. The study aimed to determine the trends of cancer among HIV/AIDS patients between 2011 and 2016.

Methods. A retrospective hospital-based study was conducted at Fundación Valle del Lili, Cali, Colombia. The study included HIV-positive patients diagnosed with cancer after infection. HIV registry was cross-linked with a population-based cancer registry to obtain IARC/WHO ICD-O-3 classification and follow-up information on all patients. A descriptive analysis of the variables was performed. Survival analysis was carried out using the Kaplan–Meier method. Differences between cancer survival were assessed through the log-rank test.

Results. From 2,051 HIV-positive patient's records between 2011 and 2016, 95 patients were diagnosed with cancer after HIV infection. The median age was 43 years (IQR=33–57), and 88% were male. Types of cancer were: Kaposi's sarcoma 17%, hematolymphoid malignancies 21% and other cancer 62%. The probability of cancer diagnosis after HIV diagnosis was 36.26% (CI 95% [26.53–46.05]) at one-year follow-up for all malignancies. Overall survival of the patients was 77.41% (CI 95% [64.76–86]) at 5 years follow-up, since HIV diagnostic. Hematolymphoid malignancies and KS survival were 50% (CI 95% [20.85–73.61]) and 65.63% (CI 95% [35.80–84.14]) at 5 years follow-up, respectively. There was a statistically significant difference between KS, hematolymphoid and other cancer cases survival (P = 0.0178).

Conclusion. This study showed the role of HIV in cancer survival for KS and hematolymphoid malignancies mainly, in a developing country. It is necessary to join efforts in our context to reduce HIV cases and associated malignancies.

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

1267. Contribution of Acute Infection to the Community Viral Load of an HIV Care Program

Eleanor Friedman, PhD; Jessica Schmitt, LCSW; David Pitrak, MD; University of Chicago Medicine, Chicago, Illinois

Session: 148. HIV: General Epidemiology
Friday, October 4, 2019: 12:15 PM

Background. Individuals with acute HIV infection (AHI) are a priority for public health due to higher viral loads and greater risk of transmission. Despite potential clinical and public health benefits, rapid or immediate ART can be resource-intensive, with programmatic implications. We measured the contribution of AHI to our programs community viral load (VL) to inform our expanded testing and linkage to care program.