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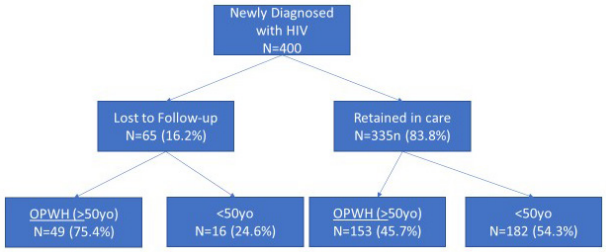
Background: Ukraine has the second largest HIV epidemic in Eastern Europe and Central Asia. Older People with HIV (OPWH) are at increased risk of poor outcomes compared to younger patients. We examined the prevalence and correlates of loss to follow-up (LTFU) among newly diagnosed patients in Ukraine.

Methods: Retrospective chart review was conducted of 400 patients newly diagnosed with HIV July 1, 2017 - Dec 1, 2018. Data was collected from clinics in the city of Odessa and surrounding regions. OPWH were ≥50 years old at diagnosis and LTFU was defined as no contact with the HIV clinic for 90 days. Demographic, clinical characteristics, and follow-up outcomes were examined, and multivariate logistic regression was used to estimate the adjusted odds ratios at 95% confidence intervals.

Results: Of the 400 people living with HIV, median age was 50 (IQR35-55), 196 (49%) were women, and 177 (44%) had CD4< 200cell/mm3 at diagnosis. Overall, 65 (16.5%) were LTFU from diagnosis and 54/65 (83%) were lost after their first appointment at the HIV clinic. Among those lost to follow-up, 49 (75%) were ≥50 at the time of diagnosis. Multivariate analysis showed LTFU was associated with age >50years (aOR 3.6, CI 1.8-7.3, p=0.001), lack of ART prescription (aOR 16.4, CI 8.5-31.8, p= 0.001), and living outside the city of Odessa (aOR 2.9, CI 1.5-5.7, p=0.002). Figure 1 shows the breakdown of lost to follow-up for OPWH.

Figure 1. Retainment in HIV Care for OPWH compared to those <50 years old.



Conclusion: LTFU among OPWH is significantly greater than younger people with HIV, and associated with lack of ART and living in nonurban settings. OPWH may benefit from differentiated HIV service delivery to reduce loss to follow up and interventions tailored to improving HIV outcomes for OPWH in resource-limited settings are urgently needed.

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765. Epidemiological And Clinical Features Of Rickettsiosis

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Background: Rickettsiosis is a common tick-borne disease in tropical regions. The treatment is usually delivered in front of high index of suspicion, since the diagnosis confirmation might be delayed. We aimed to study the epidemiological and clinical features of rickettsiosis in our region.

Methods: We conducted a retrospective study including all patients hospitalized in the infectious diseases and pediatric department for confirmed rickettsiosis between 1995 and 2017. The diagnosis was confirmed by serological tests (seroconversion) or a positive polymerase chain reaction assays for *Rickettsia*.

Results: There were 424 patients among whom 232 (54.7%) were male. The mean age was 39 ±18 years. There were 62 children aged ≤18 years (14.6%). During six months period, from May to October, 360 patients were diagnosed with the disease (84.9%). In total, 334 patients had a close contact with animals (78.7%). The revealing symptoms were fever (100%), arthralgia (77.6%), cephalalgia (72.4%) and vomiting (44.8%). Physical examination showed maculopapular skin rash in 350 cases (82.5%), inoculation eschar in 105 cases (24.8%) and meningeal syndrome in 43 cases (10.1%). There were 43 cases (10.1%) of meningitis, 6 cases of meningoencephalitis (1.4%) and 5 cases of myocarditis (1.2%). Laboratory investigations revealed liver cytolysis (60%) and thrombocytopenia (57.5%). Doxycycline was used in 288 cases (68%), fluoroquinolones in 113 cases (26.6%) and macrolide in 23 cases (5.4%). The mean duration of antibiotics was 8 ±4 days. The disease evolution was favourable in 418 cases (98.6%). Four patients (1%) were dead and 2 patients (0.4%) were transferred to intensive care unit.

Conclusion: Rickettsiosis is not a rare disease. Careful clinical and laboratory investigations guide the diagnosis process, which is confirmed with serological tests.

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766. Everything Old is New Again-A Case Series of New World Leishmaniasis in African Children in Portland, Maine

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Background: Leishmaniasis has many clinical manifestations and treatment regimens, dependent on species and host. Old world leishmaniasis is found primarily in Africa and Asia, and is associated with visceral disease, while new world disease, seen primarily in Latin America, is more commonly mucocutaneous. We present a case series of pediatric African patients with New World cutaneous leishmaniasis (NWCL).

Methods: Data extraction was performed via chart review, analyzing travel history, clinical presentation, diagnosis, and management in children with cutaneous leishmaniasis presenting to the pediatric infectious diseases clinic in Portland, ME. Biopsy specimens were sent to the federal CDC for identification by PCR and culture.

Results: Five cases of NWCL were diagnosed in pediatric patients in Maine from November 2018 through February 2020. Median age of patients was 10 years (range 1.5-15 years). Four cases (80%) occurred in children from Angola or Democratic Republic of Congo, arriving in Maine via Central/South America, with one case in a child from Rwanda who arrived in Maine via Texas. Three patients had multiple skin lesions and two had isolated facial lesions. Leishmaniasis was not initially suspected resulting in median time to diagnosis of 5 months (range 1-7 months). Four patients were initially treated with antibacterials for cellulitis and one was treated with griseofulvin. After no improvement, patients underwent biopsy with 2 patients diagnosed with *L panamensis*, 1 with *L braziliensis*, 1 with mixed infection (*L panamensis* and *L mexicana*), and 1 with Leishmania species only. One patient was managed with surgical excision, 3 with ketoconazole, and 1 was observed off therapy. Four patients were referred to otolaryngology. All continue to be followed in infectious disease clinic.

Conclusion: We present five cases of new world cutaneous leishmaniasis in African pediatric patients arriving to Maine through Latin America or Texas. Patients were diagnosed with cellulitis, tinea corporis or atopic dermatitis initially, underscoring importance of high index of suspicion in migrant patients. Detailed travel history and epidemiologic knowledge is essential to diagnosis, as patients may present with illness not congruent with country of origin. Optimal therapy remains unclear.

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767. Identification and Management of Diarrhea in Children Under Five in Bamako, Mali

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Background: Diarrhea is a leading cause of death for Children Under Five Years Old (CUFYO) worldwide, and Mali has the second highest diarrhea-related case fatality rate among African countries. The World Health Organization's Integrated Management for Childhood Illness (IMCI) handbook provides recommendations for management of acute watery diarrhea (AWD), including: increased fluids, continued feeding, and zinc supplementation. It restricts antibiotics to dysentery. The 2018 Malian Demographic and Health Survey noted low rates of rehydration and zinc use. This study aimed to evaluate how provider knowledge, beliefs, and practices (KBPs) align with IMCI recommendations for diagnosis and management of diarrhea in Mali.

Methods: This qualitative cross-sectional study interviewed 136 providers who manage diarrhea in CUFYO in Bamako, Mali from July - August 2017. Providers included: doctors (D), pharmacists (P), market vendors of allopathic medications (MV), traditional healers (TH), and vendors of traditional medicines (TV). Participants were randomly selected and presented with scenarios depicting diarrheal syndromes. They provided a diagnosis, etiology of illness, and management recommendations. Providers were surveyed on KBPs regarding IMCI recommendations.

Results: Only 43% of providers provided the IMCI definition of AWD. Participant-IMCI concordant diagnosis varied by provider group for AWD (D-73%, P-67%, MV-31%, TH-18%, TV-40%), Dysentery (D-38%, P-75%, MV-38%, TH-61%, TV-40%), and Some Dehydration (D-31%, P-4%, MV-4%, TH-7%, TV-40%). Only 41% of all providers identified dehydration as a sequela of AWD; 18% noted mortality. Etiologies of AWD cited included: infection, teething, diet, hygiene, and many others. Participants volunteered treatment of AWD with fluids (D-52%, P-8%, MV-0%, TH-0%, TV-0%), but not zinc (0%). MK alone offered inappropriate use of antibiotics for AWD (23%).

Conclusion: Provider identification and management of diarrheal syndromes in CUFYO remain largely inconsistent with IMCI recommendations across all sectors of providers interviewed, specifically for rehydration therapy and zinc supplementation.

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768. Malaria in a Non-Endemic Setting: A Retrospective Review of Malaria Hospitalisations in Ireland over a Four Year Period

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