

low specificity and low positive predictive value. However, a negative BDG can exclude PCP in this population.

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

### 838. A Multidisciplinary Approach to the Management of Renal Disease in Patients with HIV

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

**Background.** Chronic kidney disease (CKD) remains an important complication of HIV infection, with up to 30% of people with HIV (PWH) having abnormal renal function. Those with HIV and CKD are reported to have higher mortality than those with either alone. As survival of PWH continues to improve with antiretroviral therapy, additional risk factors for CKD become more prevalent with advancing age. Optimizing management of renal disease in this population to reduce mortality and progression to ESRD has become a more pressing need. Our study describes the implementation of a multidisciplinary HIV/nephrology clinic nested within a Ryan White HIV/AIDS Program-funded clinic on the progression of renal disease in PWH in New Orleans.

**Methods.** Clinic patients with HIV with at least CKD stage 3 (excluding those with end-stage renal disease) or significant proteinuria were eligible to be referred. Both an HIV primary care provider and a nephrologist evaluated patients at their initial visit, and the subspecialists jointly developed treatment plans. Patients included in the initial analysis were evaluated between January and May 2021. Baseline renal function and proteinuria were obtained, as well as additional studies as appropriate.

**Results.** A total of 1,968 patients were seen in the HIV clinic during the 18 months prior to the referral period. 305 (15.5%) had an ICD-10 diagnosis code for either CKD or proteinuria. During January – May 2021, 15 patients were referred and 13 evaluated in the multidisciplinary clinic, including 10 men and 3 women. Patients were seen an average of 1.3 times during this time. 8 patients were African-American, and 4 were white. Median age was 59. Median creatinine clearance at baseline was 45 mL/minute. Among those with proteinuria, median proteinuria was 891 mg/g. 8 patients had a diagnosis of hypertension, while 2 had diabetes mellitus. Initial data show a mean improvement in creatinine clearance of 4.2 mL/minute over a mean of 105 days of observation in those with repeat measurements.

**Conclusion.** There continues to be a high prevalence of CKD in PWH in the era of ART. Given the natural history of kidney disease, an improvement in creatinine clearance is promising. Aggressive co-management of HIV and CKD using a multidisciplinary model may limit progression of CKD and mortality.

**Disclosures.** Yussef Bennani, MD, MPH, Gilead Sciences (Scientific Research Study Investigator) Viiv Healthcare (Scientific Research Study Investigator)

### 839. Examining the Effects of HIV Infection on Severity of Outcomes in Those with COVID-19

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

**Background.** Throughout the SARS-CoV-2 pandemic, there have been many questions about how COVID-19 affects patients living with HIV (PLWH). We examined the clinical courses of 45 PLWH who required hospitalization with SARS-CoV-2 infection.

**Methods.** This is a retrospective cohort study in which ICD-10 codes were used to identify PLWH who were admitted to three large hospital systems in Memphis, TN with COVID-19. We included all patients  $\geq$  18 years of age with HIV and a documented positive SARS-CoV-2 PCR test. After manual abstraction from the electronic health records, chi-squared and T-tests were performed to evaluate associations between patient-level factors and outcomes.

**Results.** A total of 45 patients with HIV who tested positive for SARS-CoV-2 were admitted to Memphis, TN area hospitals between March 2020 and October 2020. 18 (40%) were female, 43 (95.6%) were Black, and the average age was 50.3 years (SD 12.6). The average BMI was 30.2 (SD 8.6). 40 (88.9%) patients admitted had at least one comorbidity with the most common being hypertension (28 patients, 62.2%) and diabetes (14 patients, 31.1%). 24 (46.7%) patients had a Charlson Comorbidity Index  $>$  3. 15/43 (48.4%) patients had a CD4 count  $<$  200, and 35 (77.8%) were on ART. 30 (66.7%) patients met SIRS criteria within 24 hours of admission, and 27 (60%) required some form of oxygen supplementation during hospitalization, including 4 (8.9%) who required intubation. The average length of stay was 10.4 days (SD 12.5). 9 (20%) patients required an ICU stay, and 3 (6.7%) died. BMI  $>$  30, CD4 count  $<$  200, and viral load  $>$  1000 were not associated with worse outcomes. Both a Charlson Comorbidity Index  $>$  3 and the absence of ART were associated with need for ICU-level care.

**Conclusion.** Viral load, CD4 count, and BMI were not correlated with differences in mortality or oxygen use in our study. Patients with higher Charlson Comorbidity Indices and patients who were not on ART at presentation were significantly more likely to require the ICU. Further study is needed to definitively determine factors affecting the outcomes of PLWH with SARS-CoV-2 infection.

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### 840. Clinical Characteristics of Patients Living with HIV Hospitalized for COVID-19

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

**Background.** Limited data exists regarding the impact of coronavirus disease 2019 (COVID-19) on people living with human immunodeficiency virus (PLWH). The purpose of the study was to compare the clinical outcomes of patients hospitalized with COVID-19 and HIV versus those without HIV.

**Methods.** This was a retrospective, cohort study of adult patients admitted with confirmed COVID-19 from March 1<sup>st</sup> to May 30<sup>th</sup> 2020 at an urban hospital in New York City. Data collected included demographics, past medical history, HIV status, baseline laboratory values, treatment and outcomes such as length of stay, mechanical ventilation, patient disposition at discharge, and in-hospital mortality. Fisher's exact test was used to compare categorical values and a t-test was used to compare continuous values.

**Results.** Out of 983 patients, 6.9% were PLWH and 93.1% were HIV-negative. The average age in both groups was 61 vs. 62 years, respectively. There were more male patients in the PLWH than the non-HIV group (76.8% vs. 58.6%). Majority of PLWH were Black (49.3%). Forty-seven percent of PLWH were mechanically ventilated versus 33.3% of the non-HIV group. The most common comorbidity in both groups was hypertension (82.4% vs. 72.6%). When compared to HIV-negative patients, PLWH had a higher rate of kidney disease (72.1% vs. 53.6%, p=0.0086), chronic obstructive pulmonary disease (41.2% vs. 14.5%, p=0.0001), liver disease (45.6% vs. 11.5%, p=0.0001) and current smoking (14.3% vs. 5.8%, p=0.0103). In PLWH, 70.6% of patients were on an integrase-based regimen. Fifty-three percent of PLWH had a CD4 count of  $>$  200 cells/mm<sup>3</sup> and 35.3% had an undetectable viral load ( $<$  20 copies/mL). Unadjusted hospital mortality was 51.4% in PLWH and 36.2% in the non-HIV cohort (p=0.0089). The average length of hospital stay was 9.1 days vs. 8.4 days in PLWH versus the non-HIV group (p=0.4493). More patients were discharged to a nursing home in the non-HIV group vs. PLWH (37.8% vs. 14.3%, p=0.0001).

**Conclusion.** Hospitalized patients with COVID-19 and HIV had a higher in-hospital mortality compared to those without HIV during the first COVID wave in New York City.

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### 841. Survey of Current HIV and HCV Policies and Practices in Prisons and Jails Serving High-Risk Geographic Hotspots

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**Session:** P-47. HIV: Epidemiology and Screening

**Background.** The goal of the U.S. "Ending the HIV Epidemic" (EHE) initiative is to reduce new HIV infections by 90% within 10 years by focusing resources on high-risk geographic "hotspots." (Figure 1). The criminal justice system bears a disproportionate burden of HIV, yet EHE lacks specific mention of correctional settings for intervention. We conducted a survey study of current HIV and HCV care practices in prisons and jails serving EHE hotspots.

Figure 1

COUNTIES		
<b>Arizona</b> Maricopa County	<b>Maryland</b> Baltimore City Montgomery County Prince George's County	<b>Tennessee</b> Shelby County
<b>California</b> Alameda County Los Angeles County Orange County Riverside County Sacramento County San Bernardino County San Diego County San Francisco County	<b>Massachusetts</b> Suffolk County	<b>Texas</b> Bexar County Dallas County Harris County Tarrant County Travis County
<b>Florida</b> Broward County Duval County Hillsborough County Miami-Dade County Orange County Palm Beach County Pinellas County	<b>Michigan</b> Wayne County	<b>Washington</b> King County
<b>Georgia</b> Cobb County DeKalb County Fulton County Gwinnett County	<b>Nevada</b> Clark County	<b>Washington, DC</b>
<b>Illinois</b> Cook County	<b>New Jersey</b> Essex County Hudson County	<b>TERRITORIES</b> Puerto Rico San Juan Municipio
<b>Indiana</b> Marion County	<b>New York</b> Bronx County Kings County New York County Queens County	<b>STATES</b> Alabama
<b>Louisiana</b> East Baton Rouge Parish Orleans Parish	<b>North Carolina</b> Mecklenburg County	<b>Arkansas</b>
	<b>Ohio</b> Cuyahoga County Franklin County Hamilton County	<b>Kentucky</b>
	<b>Pennsylvania</b> Philadelphia County	<b>Mississippi</b>
		<b>Missouri</b>
		<b>Oklahoma</b>
		<b>South Carolina</b>