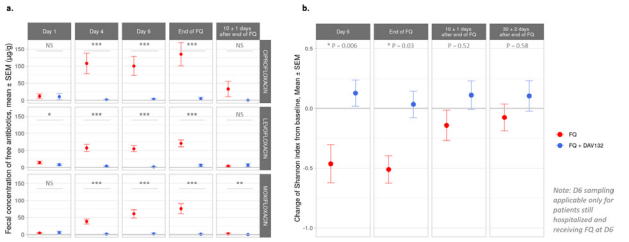

Conclusion. DAV132 was well tolerated in elderly hospitalized patients with comorbidities. It neither altered antibiotic plasma levels nor elicited changes in concomitant drugs regimens. Intestinal microbiota diversity was protected and resistance to colonization by Cd was preserved. DAV132 is a promising, novel product to prevent antibiotic-induced intestinal dysbiosis.

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LB-6. Increased Diagnoses of Acute HIV Infection through Routine ED Screening and Rapid Linkage to Care and initiation of HAART During the COVID-19 Pandemic

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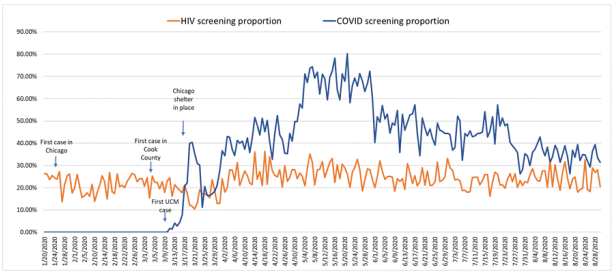
Session: LB1. Late Breaking Abstracts
Saturday, October 24, 2020: 10:40 AM

Background. The COVID-19 pandemic has negatively impacted routine HIV screening in healthcare settings. This has serious implications, especially for patients with acute HIV infection (AHI) presenting with symptoms suggesting COVID-19 infection. This is a high priority population for rapid linkage to care (LTC) and initiation of HAART.

Methods. We reviewed data from our eXpanded HIV Testing and LTC (X-TLC) Program, a collaboration effort between 13 healthcare centers on the South and West Sides of Chicago. Since 2016, most sites had 4th or 5th generation HIV Ag/Ab testing available.

Results. Most sites experienced reductions in HIV screens during the COVID-19 pandemic. Advanced planning by our ED incorporated blood draws for HIV screens as part of COVID-19 evaluations. UCM performed 19,111 HIV screens (11,133 in the ED) between 1/1/20 and 8/17/20, along with 100,635 COVID PCRs (14,754 in ED) between 3/17/20 and 8/17/20. Nine patients were diagnosed with AHI after the first case of COVID-19 in Chicago (1/24/20), and 7 were diagnosed after the first case of community transmission in Cook County (3/8/20). All cases of AHI were diagnosed in the ED. The rate of AHI was significantly higher in 2020 versus the prior 4 years (14.4 vs 6.8 per year, $p < 0.05$). AHI patients comprised 25.7 % (9/35) of all new diagnoses, the highest percent ever. There were 7 men (6 identified as MSM) and 2 cis-gender women, median age of 25 years (21 to 28 years). The median viral load was 6 million (115,000 to > 6 million) copies/mL. Eight of 9 patients presented with an illness indistinguishable from COVID-19, including 1co-infected patient. All were LTC and started on HAART from time of PCR result within a median of 1 day (0–38), but 3 days (range 1–41) from sample collection as a result of delayed reflex PCR confirmatory testing due to high demands on lab personnel and scarcity of reagents due to COVID-19 PCR volumes (since resolved).

HIV Screening and COVID-19 Testing in the ED During COVID-19



Conclusion. Continued HIV screening in our ED during the COVID-19 pandemic identified an increased number of patients with AHI. These individuals may be more likely to present for care due to fear of COVID-19 infection. We achieved rapid LTC and initiation of HAART without any incremental increases in resources. All HIV screening programs should incorporate blood-based HIV screening into their COVID-19 testing programs.

Disclosures. **Moira McNulty, MD, MS**, **Gilead Sciences** (Grant/Research Support)

LB-7. Weight Change in Suppressed People with HIV (PWH) Switched from Either Tenofovir Disoproxil Fumarate (TDF) or Abacavir (ABC) to Tenofovir Alafenamide (TAF)

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Session: LB1. Late Breaking Abstracts
Saturday, October 24, 2020: 10:50 AM

Background. Weight gain in PWH occurred in both naïve and switch studies and is linked to use of integrase inhibitors (INSTIs) with varying associations with nucleoside reverse transcriptase inhibitors (NRTIs). One hypothesis is that gain associated with TAF when switching from TDF is a result of cessation of TDF-induced weight suppression.

Methods. The study evaluated weight change in suppressed PWH on INSTI+NRTIs switched from ABC or TDF to TAF. Eligible pts had HIV, were ≥ 18 yrs at index (date of switch), treatment-experienced with known prior regimen, suppressed at index (-12 to +1 mo) and 1 yr, ≥ 6 mo pre-index history, with weight measures at index and 1 yr, no current or pre-index use of protease inhibitor or non-nucleoside reverse transcriptase inhibitor. Univariate comparisons were performed using X^2 for categorical and t-test for continuous variables; negative binomial model with log link function evaluated risk of gain ≥ 3% of body weight between groups accounting for age, gender, race, body mass index (BMI), CD4. Linear mixed effects model was used to estimate mean weight at index and 1 yr post switch.

Results. Of 970 pts, 828 (85%) switched from TDF to TAF and 142 (15%) from ABC to TAF. Groups were balanced by race, gender, index BMI [Table 1]. Figures 1a-b describe pre- and post-switch INSTI use. At 1 yr, mean unadjusted weight change was 1.4 kg in TDF and 0.2 in ABC group p=0.039. TDF to TAF had higher proportion of PWH with gain ≥ 3% vs ABC to TAF (40% vs 27% p=0.003); differences in gain ≥ 5% and ≥ 10% were not statistically significant (26% vs 22% p=0.323 and 10% vs 6% p=0.220). Pts who gained ≥ 3% were younger, with greater proportion of females, non-obese, with 1 prior regimen, and prior elvitegravir (EVG) use. In adjusted analysis TDF to TAF had higher risk of gain ≥ 3% vs ABC to TAF [Figure 2]. In sensitivity analysis accounting for EVG or dolutegravir (DTG) use, TDF to TAF also had higher risk of ≥ 3% gain vs ABC to TAF: adjusted risk ratio (aRR)= 1.38 [1.01–1.89] and aRR= 1.42 [1.02–1.97].