1260. Seroprevalence of Transfusion–Transmissible Infections (HBV, HCV, HIV, and Syphilis) Among Voluntary Blood Donors in Eastern Regional Blood Center Sri Lanka; A 4 Years Evaluation

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Background. Blood transfusion can be a lifesaving intervention and it may result in acute or delayed complications and carries the risk of transfusion-transmissible infections such as HIV, hepatitis B and C, syphilis, malaria, etc. as well as hemolysis. Therefore, Blood safety remains a major public health problem in many developing countries owing to inadequacies of national blood transfusion policies and services, appropriate infrastructures, qualified personnel and financial resources. The main aim of this study was to evaluate the sereprevalence of transfusion –transmissible infections such as HBV,HCV,HIV and Syphilis among voluntary blood donors in Eastern Regional blood center on behalf of accessing and recommending safe transfusion in the region.

Methods. A retrospective analysis of blood donor data from January 2015 to December 2018 was conducted in Eastern Regional Blood center. Serum samples were screened for hepatitis B surface antigen (HBsAg), antibodies and antigens to hepatitis C virus (HCV), human immunodeficiency virus (HIV) 1 and 2 and Treponema pallidum using commercially available immunochromatic based kits. Relevant confirmatory test for each infective marker were carried out for repeated reactive samples.

Results. During this study period ELISA screening testing was performed on 56079 blood donors. At baseline screening testing and confirmatory testing revealed that, 7 HBsAg, 10 anti-HCV, and 03 anti-HIV and 9 Treponema pallidum positive results were detected. The overall prevalence of HBV, HCV, syphilis and HIV were 0.012%, 0.017 0.005% and 0.016%.All blood donor were voluntary nonremunerate.

Conclusion. The prevalence of HBV, HCV, syphilis and HIV have not remained a big threat to safe blood transfusion in this region compared with some countries across the globe where the results were very high. Comparing with well-developed services the result are more closed with their findings and therefore, safe transfusion practices are established. The reasons for this results may be complex and low prevalence rate in this population with strict adherence to selection criteria and algorithm of donor screening would be the main reasons of this findings.

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1261. Alarming High Rate of HIV Detected by Testing and Prevention Opportunities: Observations From the Largest HIV Program in Liberia

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Background. HIV/AIDS remains one of the world's most significant public health challenges. Sub-Saharan Africa is home to only 12% of the world's population, yet accounts for 71% of the global burden of HIV infection. While the HIV prevalence among reproductive aged Liberians (age 15–49 years) is estimated at 1.9%. As the critical first step in HIV disease management is detection of cases, it is important to optimize HIV testing particularly among high-risk groups. Identifying these high-risk groups for HIV infection also provides information on prevention opportunities. We report on 5 year HIV testing data at a tertiary hospital in Monrovia, Liberia stratified by age and gender.

Methods. A single-center academic hospital-based retrospective analysis of HIV testing data over a period of 5 years (January 2014 to December 2018) obtained from the Infectious Disease Center (IDC) of John F. Kennedy Medical Center in Monrovia, Liberia. The IDC has a peer-led counseling program on site and offers HIV testing daily. Data on the study population (all individuals screened for HIV disease at the center) was extracted from ledgers and registries within the IDC. The following information was collected on all participants: age, sex, and pregnancy status. Positive test results are reported as simple proportions of either all patients or all individuals tested within the category reported.

Results. Over the 5-year study period, 41,343 individuals were screened for HIV disease including 2 key demographics - 7875 individuals aged 15–24 years and 24,913 pregnant women. 4,066 individuals were diagnosed with HIV (a case detection rate of 10%), and ranged from 7% (909/12821) in 2018 to 13% (678/5079) in 2014. Case detection rates for individuals aged 15–24 were 7%, 5%, 4%, 6% and 3% for years 2014, 2015, 2016, 2017 and 2018, respectively. From 2014–2018, 2–3% of all pregnant women tested were diagnosed with HIV infection. Almost three-quarters (74%) of diagnosed cases were subsequently enrolled in an HIV clinic.

Conclusion. A peer-led HIV testing program is effective in HIV case detection, with young individuals (aged 15–24 years) and pregnant women having higher case detection rates than expected. These findings highlight opportunities for HIV prevention targeting these high-risk groups.

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1262. Comparative Evaluation of Native and Migrant HIV+ Pregnant Women in Chile

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Background. The reported data of HIV + pregnant women in Latin America (LA) is scarce. Given the political and social changes that have occurred in recent years, Chile has had to face immigration as a recent phenomenon. Based on this, the objective of this analysis was to determine the baseline characteristics, virological during pregnancy and postpartum, and the impact of immigration on adult women infected with HIV

Methods. The registry of HIV + pregnant women of Fundación Arriarán was analyzed since 2006. The baseline characteristics,undetectability at delivery, vertical transmission and retention were determined.Estimators as mean and median,standard deviation and interquartile range; absolute and relative frequencies were used and for the bivariate analysis the t-test and chi2,Mann–Whitney and Fisher's exact. For follow-up, the Kaplan–Meier method was used.

Results. A total of 214 pregnancies in 198 HIV + women were included. A 54% of foreigners (of Haitian predominance) was found, 2/3 of the foreigners were enrolled after 2016. A 73% was diagnosed with HIV at the time of pregnancy. Average age was 28.6 years. Baseline CD4 cell count was 396 cel/mm3. A 7.7% were admitted with advanced pregnancy and 4.6% had a history of drug addiction. None of these variables had significant differences between both groups. The variables of gestational age at admission (15 vs. 21; $P < 0.001$), gestational age at the beginning of therapy (18 vs. 21; $P < 0.001$), CDC stage and baseline viral load (9750 vs. 644 copies/mL;$P < 0.001$) were statistically significant between Chileans and foreigners. 58% of the patients achieved undetectability at the time of delivery without differences between both groups. (55% vs. 63%; p0.42) Almost 90% of women with detectable viral load at delivery was less than 1000 copies/mL (88,9%). 93% received full vertical transmission protocol and the prematurity rate was 16.6%. The vertical transmission was 2.6% without differences between nationals and foreigners. In the postpartum follow-up,70% were retained, 73% of them undetectable on the latest follow-up visit.

Conclusion. Despite the cultural and language limitations, foreign patients maintained a compliance similar to those of Chile, achieving a low transmission rate vertical and good adherence to postpartum controls.

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1263. Anti-Retroviral (ART) Success in an Active Duty Military Cohort from 2002 to 2016, A Model for Ending the HIV Epidemic in the United States

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Background. Since 1985, all active duty (AD) U.S. military service members have undergone periodic mandatory HIV screening. Subsequent care in the Military Health System (MHS) allows evaluation of clinical outcomes in a setting of open access to healthcare and medications. We describe ART outcomes in HIV-positive AD military utilizing data collected over 15 years in our prospective, multi-center HIV Natural History Study (NHS).

Methods. We included AD NHS participants diagnosed with HIV from 2002–2016 with ≥1 year of follow-up. Demographics, clinical diagnoses and laboratory data collected at study visits were compared for those on vs. never on ART by HIV diagnosis era at 5-year intervals. Among participants who initiated ART with ≥1 year of follow-up after ART initiation (AI), we assessed rates of virologic suppression (VS) and virologic failure (VF).

Results. From 2002 to 2016, 1,599 NHS participants were diagnosed with HIV infection; 1,482 had ≥1 year of follow-up. 1,337 (90.2%) received ART; ART recipients were more likely male (OR 2.5 [95% CI 1.2–5.3]), Caucasian (1.6 [1.1–2.3]), older (1.5 per 10 years [1.1–2.0]), diagnosed from 2012–2016 (14.6 [6.6–31.9]), and have lower CD4 counts (0.8 per 100 cells [0.7–0.8]) and higher VL at diagnosis (2.1 [1.8–2.5]). The median time from diagnosis to AI was 0.3 years [0.1–1.3], decreasing by era (P <0.0001). Of those ever on ART, 1,212 (90.7%) had ≥1 year of follow-up on ART; of whom, 1,196 (98.7%) achieved ≥1 measure with VS, 91% on their first regimen and 69% within 6 months. Participants not achieving VS were younger at diagnosis (0.87 per year [0.78–0.98]) and at AI (0.89 per year [0.81–0.98]), were diagnosed in 2002–2011 (9.11 [1.20–69.22]), and had lower CD4 counts at AI (0.50 per 100 cells [0.33–0.75]). 92 (7.7%) had subsequent VF after initial VS. VF was more likely in participants