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Background. In the context of medication safety, women with HIV who are of childbearing potential represent a particular challenge given the prevalence of unplanned pregnancies. Despite this, significant gaps in the literature exist characterizing prescription drug use in this cohort. Our study describes medication use and identifies medications that are contraindicated during pregnancy in a cohort of women with HIV who are of childbearing age.

Methods. Women with HIV aged 18–45 years who presented to an academic medical center between January 2016 and December 2017 were included for analysis. Patients were excluded if they were prescribed any form of contraception, received permanent sterilization, or were post-menopausal. The number of individual medications prescribed in the electronic medical record during the study period were documented. Chronic medications, defined as those prescribed for longer than 3 months, were analyzed. Patients were identified as experiencing polypharmacy if prescribed 5 or more medications at one time. In addition, contraindicated medications were reviewed and documented.

Results. A total of 213 patients met inclusion criteria for review. Of these, 169 (79%) and 66 (31%) patients experienced polypharmacy when including and excluding antiretrovirals, respectively. When antiretrovirals were included the mean number of medications prescribed was 7.48 (SD = 3.87) and 3.92 (SD = 3.75) when excluded. Of the 213 patients included, 64 (30%) were prescribed medications contraindicated during pregnancy. The majority of contraindicated medications were angiotensin converting enzyme inhibitors, angiotensin receptor blockers, statins, and hydroxyurea in this cohort of women of child bearing potential (WOCBP) only 60 patients (28%) had been prescribed prenatal vitamins.

Conclusion. In this cohort of WOCBP with HIV, polypharmacy was observed in the majority of women. In addition, a third of these women were prescribed medications that are contraindicated during pregnancy. Given the potential impact of contraindicated medications on the developing fetus, our data supports the importance of preconception counseling on this issue as well as understanding the potential safety implications for mother and the fetus.

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2523. Optimizing Disclosure of HIV Status to a Diverse Population of HIV-Positive Pediatric Patients at an Urban HIV Clinic in the Southeastern United States
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Background. Developmentally-appropriate disclosure of human immunodeficiency virus (HIV) status to children living with HIV (CLWH) is essential to achieve optimal health outcomes, but stigma and fear result in delaying disclosure into adolescence. The American Academy of Pediatrics recommends disclosure of HIV status to school-age children. The objective of this quality improvement (QI) project was to increase the proportion of CLWH > 10 years of age who are disclosed about their HIV status from 57% to 80% by 18 months.

Methods. The Institute for Healthcare Improvement’s Model for Improvement was utilized for this QI project. This model accelerates quality improvement by implementing Plan-Do-Study-Act (PDSA) cycles to determine whether changes lead to improvement. The target population included CLWH followed at an urban pediatric HIV clinic. The primary outcome measure was the proportion of children > 10 years of age who are disclosed about their HIV status. PDSA cycles included monthly clinic check-ins to discuss new disclosures, quarterly team meetings to discuss implementation of new changes to improve disclosure and modifying a note template to prompt providers to document disclosure status and plan for undisclosed patients. Our process measure was the proportion of undisclosed children who have a documented disclosure status/plan. Annotated run charts were used to track the data.

Results. Prior to our first PDSA cycle, 57% of CLWH > 10 years of age were disclosed to about their HIV status, and none of the undisclosed children had a disclosure status/plan documented in their medical record. The proportion of CLWH disclosed to about their HIV status increased to 66% since meeting with the team regularly to discuss disclosure status (figure). Four months after introduction of the modified note template, the proportion of CLWH with documentation of their disclosure status and plan increased to 54%.

Conclusion. Team awareness of the importance of disclosure and a modified clinic note template were associated with increases in the proportion of CLWH with age-appropriate HIV disclosure and documentation of disclosure status. Future interventions will utilize adapting methods of step-wise disclosure which have been proven effective in other settings.

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Pre-Exposure Prophylaxis (PrEP), recently approved for adolescent use, is effective in HIV prevention and is often marketed to young men who have sex with men (MSM); however, problems with access, scalability, and waning adherence have limited its use in this population and more broadly. A 2016 CDC HIV surveillance report showed 19.2% of new HIV diagnoses were in adolescents aged 13–24 years. The majority of these infections occurred in young men who have sex with men (MSM), and older children and adolescents now comprise the largest population cared for at pediatric HIV clinics.

**Methods.** Retrospective, observational descriptive study at Instituto Nacional de Pediatría during 2004–2019. We included every child and adolescent under 18 years old who received treatment for HIV and had a complete medical record.

**Results.** We found 61 patients under 18 years old that fulfill the data for the analysis. 37 (60%) were male, the mean age at diagnosis of HIV infection was 47 months, and the time of the beginning of the treatment was 37 months after the beginning of the presentation. The most common effect was hypertriglyceridemia with 13 cases, in second place we found hypercholesterolemia in 10 cases, and both in 5 cases, other frequent effects were hepatotoxicity in 5 cases, diarrhea in 4 cases, anemia in 3 cases, vomiting in 3 cases, abdominal pain and night terrors in 2 cases each. It was necessary the change of the therapy because of adverse effects in 6 cases (9.8%).

**Conclusion.** Antiretroviral therapy is effective although it has many side effects. We observe that adverse effects are frequent, almost the half, in pediatric population, it depends on the antiretroviral selection, for children we had only a few options because of the little doses they need or the inability to swallow tablets. It’s important to monitor and control all the adverse effects because they increase morbidity and mortality, especially dyslipidemia, that has been associated with cardiovascular risk and it was the most common effect found in our study.

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2526. Side Effects of Antiretroviral Therapy in Children with HIV in a Referral Center in Mexico

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**Background:** Human Immunodeficiency Virus infection (HIV) is still a challenge in many parts of the world, mainly in children. In Mexico the infection has been decreasing, however we still have cases, in 2018 we had 40 perinatal new cases reported. The antiretroviral therapy has shown to be effective to control the disease but it is not free of adverse effects, the children with vertical transmission are exposed to many years of the antiretroviral therapy.

**Methods.** Retrospective, observational descriptive study at Instituto Nacional de Pediatría during 2004–2019. We included every child under 18 years old who received treatment for HIV and had a complete medical record.

**Results.** We found 61 patients under 18 years old that fulfill the data for the analysis. 37 (60%) were male, the mean age at diagnosis of HIV infection was 47 months, the antiretroviral therapy that received 57 patients (93.4%) of the study was zidovudine, lamivudine and lopinavir/ritonavir, only 4 received another therapy: 3 of them received abacavir, lamivudine, and lopinavir/ritonavir and the missing one received abacavir, lamivudine and ritonavir and the missing one received abacavir, lamivudine and ritonavir and the missing one received abacavir, lamivudine and ritonavir. 43% of the children of our study showed adverse effects after the antiretroviral therapy, the mean time of adverse effects presentation was 37 months after the beginning of the treatment. The most common effect was hypertriglyceridemia with 13 cases, in second place we found hypocholesterolemia in 7 cases, and both in 5 cases, other frequent effects were hepatotoxicity in 5 cases, diarrhea in 4 cases, anemia in 3 cases, vomiting in 3 cases, abdominal pain and night terrors in 2 cases each. It was necessary the change of the therapy because of adverse effects in 6 cases (9.8%).

**Conclusion.** Antiretroviral therapy is effective although it has many side effects. We observe that adverse effects are frequent, almost the half, in pediatric population, it depends on the antiretroviral selection, for children we had only a few options because of the little doses they need or the inability to swallow tablets. It’s important to monitor and control all the adverse effects because they increase morbidity and mortality, especially dyslipidemia, that has been associated with cardiovascular risk and it was the most common effect found in our study.

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