Table 2. Odds Ratio Estimates for Incarcerated Persons Living with HIV (PLWH) compared to non-incarcerated PLWH.

| Event                                      | Odds Ratio (95% Confidence Intervals) |
|--------------------------------------------|---------------------------------------|
| Never Missed Appointment with HIV provider | 0.42 (0.22-0.81)                       |
| Lack of transportation                      | 1.0 (0.82-3.52)                       |
| "30-60 minutes" distance from HIV provider  | 0.87 (0.38-1.95)                      |
| ">60 minutes" distance from HIV provider    | 2.66 (1.29-5.92)                      |
| Received illicit drugs from partners and using condoms | 3.67 (1.51-8.95) |
| Received illicit drugs from partners and not using condoms | 9.43 (3.78-23.25) |
| Completed high school education             | 0.69 (0.50-0.97)                      |

Disclosures. All authors: No reported disclosures.

1311. Ryan White HIV Care Continuum Model Doubled the Rate of Community HIV Viral Suppression for Newly Diagnosed Patients: A 10-Year Review
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Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. It is estimated that 1,295 per 100,000 are people living with HIV (PLWH) in New Haven, which is the second highest rate of HIV prevalence in Connecticut. Since 2009, New Haven has established the Ryan White (RW) HIV Care Continuum. The main goals of HIV care are early linkage to care, ART initiation, and HIV viral suppression. This study is designed to understand the trends and outcomes in newly diagnosed PLWH in New Haven County.

Methods. This study is a retrospective medical record review of all newly diagnosed RW eligible PLWH from January 1, 2009 to December 31, 2018. The data were collected in REDCap database and included demographics, HIV risk factor, presence of mental health and/or substance abuse disorder, date of diagnosis, date of initial visit, and ART initiation. Health outcomes such as AIDS at diagnosis and rate of viral suppression were evaluated. The data were then analyzed to show the trends over 10 years.

Results. From January 1, 2009 to December 31, 2018 there were 420 newly diagnosed RW PLWH. Sixty-seven percent of those were male, 56% were non-white, 47% self-identified as Men who have Sex with Men (MSM), and 41% were heterosexual. Twenty-nine percent had AIDS-defining condition at the time of the diagnosis. Thirty-nine percent of the 420 patients had a mental health and/or substance use disorder, 53% of those were MSM and 51% were non-white. Over the 10-year period, it was noted that the duration between date of HIV diagnosis and linkage to care as well as ART initiation decreased. This decline was associated with a substantial increase in viral suppression. The average time between the dates of HIV diagnosis and initial visit decreased from 269 days in 2009 to 13 days in 2018. Moreover, the average time between the dates of diagnosis and ART initiation dropped from 308 days in 2009 to 15 days in 2018. The 1-year HIV viral suppression rate subsequently doubled from 44% in 2009 to 87% in 2018 (P < 0.01).

Conclusion. The Ryan White HIV Care Continuum Model with emphasis on early linkage to care and ART initiation can have a significant impact on HIV viral suppression at a community level for newly diagnosed patients. Another important observation in this study was the alarming high rate of AIDS at diagnosis, which highlights the need for universal HIV testing, and early diagnosis.

Disclosures. All authors: No reported disclosures.

1312. Increasing Care Engagement Amongst People Living with HIV Through a Text Messaging Intervention at a Tertiary Center
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Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. HIV has transitioned from an acute illness to a chronic disease due to potent antiretroviral therapy (ART). People living with HIV (PLWH) must be highly compliant which is difficult due to multiple barriers. The HIV care continuum was developed as a series of steps that PLWH take in their treatment cascade. At our HIV clinic, 90% of the patients are virally suppressed (viral load <200 copies/mL). Although this is higher than the national average, PLWH who are not virally suppressed and not retained in care carry the highest risk of transmission. We have several resources to engage patients, but text messaging has not been utilized for at-risk patients at the clinic or at the academic center.

Methods. The aim is to demonstrate that a pilot study of a text messaging-based intervention will increase the proportion of PLWH along the care continuum. The pre-intervention data consists of the clinic population with a viral load ≤200 copies/mL between July 1, 2017 and June 30, 2018. After chart review, eligible patients were consented to receive weekly text messages with content regarding appointment and medication reminders, and motivational messages. In the consented group, effectiveness of the intervention will be measured by tracking their appointments, viral loads, and ART prescriptions.

Results. After chart review, 80 patients were eligible, and 18 patients were consenting for the intervention. In the eligible group, the average length of care is 8 years (range 0 to 26) and average number of years since initial ART prescription is 6.8 (range 0 to 20). The average viral load is 27,372 copies/mL. Amongst the consented group (n = 18), compared with the pre-intervention, there was a 6% increase in those who made an appointment, 33% increase in those who kept an appointment, 50% increase in those who had a viral load <200, and 62% increase in those who had ART dispensed post-intervention.

Conclusion. The intervention group is small due to difficulties in consenting this vulnerable population. This is an observational study that demonstrated the impact of text messaging a high-risk population with minimal harm that not only improved the local HIV care continuum, but also addressed the barriers to care. The next steps are to determine how this method can link other at-risk patients to care at a large HIV clinic at a tertiary center.
1313. Complementary Effects of Medical Follow-up and Virologic Suppression for Reincarcerated Inmates Living with HIV
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Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. Although prison presents an opportunity to achieve virologic suppression (VS) among people living with HIV, continued success is not guaranteed upon release.

Methods. A retrospective cohort study was performed in reincarcerated Illinois prisoners from January 1, 2016 to July 31, 2018. Patients were included if they were age ≥18 years, carried a diagnosis of HIV/AIDS, on antiretroviral therapy (ART) at the time of release, and had CD4 and HIV-1 RNA labs drawn within 6 months of release and reincarceration. Potential subjects were excluded if reincarcerated within 30 days due to a technical violation and not receiving ART at the time of prison release. Primary and secondary endpoints were percent of patients achieving VS upon reincarceration and percent of patients following at an HIV clinic while released. Statistical analysis included descriptive statistics, chi-square, and paired t-tests.

Results. Among 565 patients released during the study period, 95 patients were reincarcerated and 80 were included (Figure 1). Demographic information can be found in Table 1. Fifty-one patients (64%) reported follow-up after an HIV clinic while released, whereas 29 (36%) did not. Patients who had VS at the time of prison release were more likely to make their follow-up appointment (90%) compared with those who did not (69%) (P < 0.001). In addition, patients making their follow-up appointment were also more likely to have VS at the time of reincarceration (86% vs. 10%, P < 0.001). Recidivist patients adherent to ART were less likely to experience decreases in mean CD4 count (P = 0.03) (Table 2). Subjects reporting a history of substance use were more likely not to re-engage in post-release HIV care (P = 0.001), but no difference was noted in patients with a documented psychiatric history (P = 0.2).

Conclusion. Patients failing to meet VS at the time of prison release should be targeted for more intensive re-entry medical and case management support to ensure adherence to follow-up and maintenance of immunologic function.

Disclosures. All authors: No reported disclosures.

1314. HOME CARE: Reaching Our Lost to Follow-up Patients and Overcoming Barriers to Care Utilizing Nontraditional Care Models
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Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

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