achieving viral suppression are not well understood. The purpose of this study was to
highly prevalent among people living with HIV (PLWH). However, their impact on

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Table 2. Odds Ratio Estimates for AIDS Drug Assistance Program (ADAP) Enrolees compared to non-ADAP PLWH.

| Event                                | Odds Ratio (95% Confidence Intervals) |
|--------------------------------------|--------------------------------------|
| **Sexuality**                        |                                      |
| Same Sex Preference                  | 1.42 (1.02-1.96)                     |
| Bisexual                             | 2.56 (1.22-4.57)                     |
| Other                                | 1.51 (0.36-6.36)                     |
| **Views HIV medications to have positive effect** |                     |
| "somewhat"                           | 1.86 (0.94-3.73)                     |
| "very positive"                      | 1.05 (0.57-1.92)                     |
| **Has HIV case manager**             |                                      |
| 2.05 (1.32-3.17)                     |
| **Takes Anti-retroviral regimen as directed** |                                      |
| "rarely"                             | 0.53 (0.18-1.66)                     |
| "Sometimes"                          | 0.16 (0.04-0.95)                     |

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1319. Events of Disengagement from HIV care and Subsequent Reengagement in a Kenyan Pastoralist Community: Frequency, Determinants, and Patient Views
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Background. Regular follow-up HIV-infected patients on antiretroviral therapy (ART) is vital to ensure viral suppression, thus reducing HIV transmission, and HIV-related morbidity and mortality. However, some patients have been reported to have events of disengagement from care with subsequent re-engagement in care, though knowledge on the magnitude and determinants of this phenomenon, particularly in pastoralist communities is scarce.

Methods. A mixed-methods study was carried out among HIV-infected patients on antiretroviral therapy (ART) follow up between January 2014 and June 2017 at the Baringo County Referral Hospital, Kabarnet, Kenya. Records on their clinic attendance and laboratory follow-up were extracted, and those noted to have a recent event of disengagement from care who later re-engaged in care, were then purposively sampled for in-depth interviews.

Results. 342 patient records were analyzed, of which 48% (166/342) of the patients were noted to be active at the end of the study period, with 63.3% (105/166) of them noted to have one or more events of disengagement from care. Female patients, patients with past chronic conditions; and outcome was viral suppression (≤50 copies/mL). A logistic regression model was developed to examine the interaction between substance use and multimorbidity on achieving viral load suppression. The model controlled for medication adherence, insurance status, age, and CD4+ cell counts.

Results. A total of 941 individuals were included in the study, with an average age of 43.9 ± 11.7 years. Approximately 67.0% reported substance use; 54% had ≥2 chronic conditions diagnosed. The three most prevalent conditions diagnosed were hypertension (34.6%), mental health (33.9%), and diabetes (21.5%). Approximately 61.0% of substance users had ≥2 conditions. Those with viral suppression were less likely to be substance users, but were more likely to have ≥2 conditions compared with their counterparts. There was a significant interaction between substance use and multimorbidity (P = 0.037). Stratified by multimorbidity, substance use was associated with unsuppressed viral loads; among those with ≥2 chronic conditions substance users had lower odds of events of disengagement from care (OR=0.28; 95% CI=0.10-0.75).

Conclusion. Substance use may impede the opportunity for PLWH to achieve viral suppression, increasing their risk of transmission and progression of disease. More research is needed to understand the role substance use plays in impacting viral load, specifically among those with multiple chronic conditions.

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