substance. DTG use was five times higher in 2017 compared with 2015 (Figure 1). All deliveries resulted in live fetuses with negative HIV status, although there was one fetus from a twin pregnancy with a congenital abnormality. The majority of women were diagnosed with HIV before pregnancy (84%), were already on DTG when entering pregnancy (63%) and remained on the same regimen until labor and delivery (Table 1).

Conclusion. We found that DTG use is increasing among a clinic cohort of pregnant women with HIV with signs of treatment tolerability during pregnancy. The risk of teratogenicity will need to be fully assessed as more clinics report fetal outcomes among infants exposed to DTG.

Table 1. Maternal and Fetal Characteristics of Mother-Infant Pairs Using Dolutegravir for HIV Treatment During Pregnancy

| Age, mean (SD) | Fetal weight, mean (SD) |
|---------------|------------------------|
| 28 (6.5)      | 2914 ± 761 g           |

Table 2. HIV-RNA and CD4 Cell Counts at Different Time Points among Children with ART Failure

| Timepoint | HIV-RNA, log10 copies/mL | CD4 count, % | Virus load, log10 copies/mL |
|-----------|--------------------------|--------------|-----------------------------|
| Week 48   | 4.3                      | 240          | 4                           |
| Week 96   | 4.6                      | 180          | 3                           |

At 48 weeks, 331 of 378 (88%) children completed follow-up, 15 died, 3 transferred out and 29 were lost to follow up. Significant improvement occurred in weight-for-age and height-for-age z-scores from baseline (all P < 0.001). 79% of children showed IR, VF was seen in 29% (94/328), while IF was seen in only 3% (10/331) of children. 62% of children with VF reported >90% adherence to ART. Of the 94 children with VF, 5 children showed IR. Correlation between VF and IF was absent. Sensitivity (95% CI) of IF to VF was 6% (2.2–14.6), specificity 98% (94.9–99.5), PPV 56% (26.7–81.1) and NPV was 73.4% (67.8–78.4). At the time of VF, multiple NRTI-associated mutations were observed in 80% (52/65) of children - K103N and Y181C were the major NRTI DRMs observed. M184V was also observed in 79% of children with VF. No definite predictors of VF could be determined.

Conclusion. Though ART provides significant benefit to children in India, over a quarter of them had VF. Further research with a large sample and even longer follow-up is required for identifying predictors of VF. Periodic plasma HIV-RNA testing should be performed to detect treatment failures early.

Disclosures. All authors: No reported disclosures.

2249. Long-term Virological Outcome in Children on First-line Antiretroviral Therapy in India

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Background. Perinatally HIV infected children, between 2–12 years of age initiating ART in India are limited. We examined the long-term virologic outcome of a pediatric cohort on non-nucleoside reverse-transcriptase inhibitor (NNRTI)-based ART in south India.

Methods. Perinatally HIV infected children, between 2–12 years of age initiating NNRTI-based ART during 2010–2014 and with at least 12 months of follow-up, were included in analysis. CD4 cell counts and viral load measurements were performed at 24 and 48 weeks. Immunologic Failure (IF) was defined as decrease in CD4 count of >30% from baseline; immunologic recovery (IR) as an increase in CD4 count of ≥25% from baseline while Virologic Failure (VF) was defined as HIV-RNA of >1,000 copies/ml at 48 weeks after ART initiation. Genotypic resistance testing was performed for children with VF. Logistic regression analysis was used to determine predictors of VF

Results. A total of 378 ART-naive HIV infected children with mean age: 7.6 ± 3 years, mean CD4%: 16% (8) and median HIV-RNA: 5.1 (3.5 – 5.7) log, copies/ml, were enrolled. 74 % were started on nevirapine and 24% on efavirenz-based ART. At 48 weeks, 331 of 378 (88%) children completed follow-up, 15 died, 3 transferred out and 29 were lost to follow up. Significant improvement occurred in weight-for-age and height-for-age z-scores from baseline (all P < 0.001). 79% of children showed IR, VF was seen in 29% (94/328), while IF was seen in only 3% (10/331) of children. 62% of children with VF reported >90% adherence to ART. Of the 94 children with VF, 5 children showed IR. Correlation between VF and IF was absent. Sensitivity (95% CI) of IF to VF was 6% (2.2–14.6), specificity 98% (94.9–99.5), PPV 56% (26.7–81.1) and NPV was 73.4% (67.8–78.4). At the time of VF, multiple NRTI-associated mutations were observed in 80% (52/65) of children - K103N and Y181C were the major NRTI DRMs observed. M184V was also observed in 79% of children with VF. No definite predictors of VF could be determined.

Conclusion. Though ART provides significant benefit to children in India, over a quarter of them had VF. Further research with a large sample and even longer follow-up is required for identifying predictors of VF. Periodic plasma HIV-RNA testing should be performed to detect treatment failures early.

Disclosures. All authors: No reported disclosures.

2250. Assessing the Acceptability of a Community-Based Intervention to Improve the Continuum of Care for Postpartum Women Living with HIV

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Background. Many women living with HIV (WLWH) fall out of the care continuum after delivery. Existing evidence-based interventions are aimed at increasing retention of WLWH outside the perinatal period but none, in the US, focus on improving retention postpartum. mothers2mothers (m2m) is a peer mentor mother program developed in South Africa and successfully implemented in six African countries, with evidence of increased self-efficacy and retention in HIV care postpartum. Here, we assess the acceptability of an adapted version of m2m in the US.

Methods. In depth interviews were conducted with five pregnant and four postpartum WLWH receiving prenatal and HIV care in a Philadelphia clinic, to assess barriers and facilitators to retention in HIV care during pregnancy and postpartum. We also assessed participants' acceptability of m2m with the goal to adapt the program to meet their needs. All interviews were audio-taped, transcribed and analyzed. Codes were developed and applied to all transcripts and matrices were used to facilitate comparisons across different types of participants.

Results. Participants included low-income Black and Hispanic women with a mean age was 35 (range 23–42). Regardless of their stage in the care continuum, women found m2m to be an acceptable intervention to help sustain engagement in care after delivery and discussed ways to tailor the program to fit their needs. Participants reported experiencing trauma related to interpersonal violence and conflicts, stigma from HIV or HIV disclosure, and struggles with substance use. Many experienced depression or had a history of suicidal ideation or attempt. An overarching finding was that women's strongest motivator for staying in care was to protect the health and well-being of their baby. In addition, the majority of women found that family support, especially from their mothers, enhanced their coping skills, and in turn, facilitated their retention in care.

Conclusion. m2m is a promising intervention with the potential to improve the continuum of WLWH who are pregnant or postpartum. The program will need to be adapted using a trauma informed approach to meet the needs of WLWH. Messaging will need to maximize on maternal support and women's motivation to keep their infant healthy to leverage retention in care postpartum.

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2251. Identifying Demographic, Social, and Environmental Determinants of Treatment Failure among HIV-Infected Children in Uganda

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Background. Over the 1.8 million children (0–14 y.o.) living with HIV worldwide, over 80% live in sub-Saharan Africa. Children's access to antiretroviral treatment (ART) remains low (est. 63% in east/central Africa), and even with access, long-term adherence is difficult. Uganda has been upheld as a model country for its response to HIV, and therefore offers an ideal place to assess children's adherence.

Objectives: Identify early indicators of treatment failure for children on ART to facilitate health care worker intervention to improve adherence prior to clinical indicators of treatment failure.

Methods. Chart review of 188 case files of children living with HIV in Uganda; systematic univariate and multivariate analysis of demographic, social, and environmental variables which correlate with HIV treatment failure among reintegrated children; semi-structured interviews with staff, caregivers, and children about predictors of treatment failure.

Results. HIV-positive children present late to the program with a mean enrollment age of 9.7 years (n = 137). Of the HIV-positive children enrolled in the program, one in five (20% [28/137]) had died and 10% [14/137] had rebounded to the center.