observed in the proportion of HIV/ID specialists who answered all assessment questions correctly (3% pre vs. 68% post; P < 0.0001; V = 0.397). Improvements were also observed in several specific areas of assessment (table). Additionally, 43% of HIV/ID specialists indicated they planned to modify their treatment approach among adolescents as a result of participating in the education.

**Conclusion.** Participation in this online, interactive, case-based, educational intervention significantly improved HIV/ID specialists’ ability to develop individualized strategies for adolescents living with HIV. These findings highlight the positive impact of well-designed online education.

| Area of Assessment | % relative improvement | P-value for change | Average V for the magnitude of the assessment change | 
|-------------------|------------------------|-------------------|--------------------------------------| 
| Performing the appropriate evaluation and assessment for an adolescent who is re-entering care and had discontinuation antiretroviral (ART) therapy recently a year prior | 15% improvement (75% vs 80%) | <0.0001 | V = 134 (Noticeable) |
| Selecting an ART regimen informed by prior treatment history, resistance testing results, and community guidelines | 21.4% improvement (52% vs 59%) | <0.0001 | V = 509 (Extensive) |
| Recognizing that treatment with INSTI-based regimens often results in an initial mild elevation in serum creatinine levels, which plateaus within the first month | 95% improvement (46% vs 90%) | <0.0001 | V = 457 (Extensive) |

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### 2528. Inflammation and Plasma Selenium and Chromium in Ugandan Children Living with HIV

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**Session:** 265. HIV: Pediatric Saturday, October 5, 2019: 12:15 PM

**Background.** Selenium deficiency has been reported to be associated with HIV disease progression and chromium deficiency with insulin resistance and hyperlipidemia. Here, we assessed selenium and chromium status in a cohort of Ugandan HIV+ children infected with HIV exposed uninfected (HEU) and HIV negative (HIV−) children and their association with markers of systemic inflammation, immune activation, and gut integrity.

**Methods.** This is a cross-sectional study in HIV+, HEU and HIV unexposed uninfected (HUU) children. We quantified plasma selenium and chromium concentrations using ICP-MS. We performed principal component analysis to determine the association of inflammation, gut integrity and insulin resistance (HOMA-IR).

**Results.** Among HIV+ children (n = 57), 93% had viral load ≤ 20 copies/mL, mean CD4 was 34% and 77% were receiving a non-nucleoside reverse transcriptase regimen. Mean age of all participants was 7 years and 55% were girls. Mean selenium concentrations were higher in the HIV+ group (106.0 ± 15.4 µg/dL) compared with the HEU (84.6 ± 10.4 µg/dL) and HUU (83.2 ± 10.0 µg/dL) groups (p < 0.001). Mean chromium concentrations were 1 µg/dL in HIV+ children and 6.1 µg/dL in HUU children had chromium levels > 1 µg/dL (p < 0.001).

**Conclusion.** In this cohort of HIV+ children on ART in Uganda, plasma selenium and chromium concentrations appear sufficient. Higher plasma selenium concentrations were associated with lower systemic inflammation and higher gut integrity markers. Although our findings do not support the use of selenium supplementation broadly for HIV-infected children in Uganda, further studies are warranted to assess the role of selenium supplementation in attenuating heightened inflammation.

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### 2529. Child HIV Exposure and CMV Seroprevalence in Botswana: No Associations with 24-Month Growth and Neurodevelopment

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**Session:** 266. Medical Education: Medical School to Practice Saturday, October 5, 2019: 12:15 PM

**Background.** There are more than one million international college students in the United States. The University of Southern California hosts about 5,000 Chinese International