submission. 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

| Maternal variables, n=39 | Fetal variables, n=18 |
|--------------------------|-----------------------|
| Age, mean (SD) | 28 (5.6) | 21 (4.3) |
| Last CD4, count | 593 (127) | 297 (122) |
| Race, n (%) | 3 | 2 |
| African American | 15 (38.5) | 11 (61.1) |
| Asian | 4 (10.3) | 2 (10.5) |
| Hispanic | 1 (2.6) | 0 (0.0) |
| European | 8 (20.5) | 5 (27.8) |
| Weight at birth, x (SD) | 3 (1.0) | 3 (0.8) |
| Maternal and fetal factors during pregnancy | 21 (1.0) |
| Race | 21 (1.0) |
| Birth defect on ultrasound, n (%) | 3 (1.0) |
| Negative HIV status, n (%) | 21 (1.0) |

Table 2. Distribution of Virologic Failure

| Distribution, n (%) | n (95% CI) | p-value |
|---------------------|------------|---------|
| Virologic Failure (VF) | 62 (2.2–14.6) | 0.001 |
| Weight-for-age z-score (n=21) | 57.8 (95% CI) | 0.001 |

Discussion. All authors: No reported disclosures.

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

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Background. Long-term virologic data of children receiving antiretroviral therapy (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 IF. 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 NNRTI-associated mutations were observed in 80% (52/65) of children. K103N and Y181C were the major NNRTI 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. Long-term virologic data are important for determining viral resistance mutations.

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2250. Assessing the Acceptability of a Community-Based Intervention to Improve the Continuum of Care of 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. 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 improved 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. Of 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 environment 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...
due to treatment failure. Of children who had begun attending school, 14% [13/95] had since dropped out of school. No statistically significant predictors of treatment failure were identified, primarily due to incomplete case files. However, program staff identified several factors not traditionally associated with treatment adherence, including home sanitation, personal hygiene, and children's behavior (especially respect for adults).

Conclusion. Well-integrated comprehensive support structures to monitor home sanitation, personal hygiene, children's behavior, and other factors not traditionally associated with adherence, have the potential to be early indicators of treatment failure.

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2252. Primary Care Providers Have Limited Knowledge About STI Screening And HIV PrEP in Men Who Have Sex with Men
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Background. Men who have sex with men (MSM) are at greater risk for human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). Several studies have demonstrated that HIV pre-exposure prophylaxis (PrEP) for MSM can lower rates of HIV acquisition. However, PrEP may lead to risk compensation and higher rates of non-HIV STIs. We hypothesized that PCPs' knowledge of CDC recommendations for STIs and PrEP in MSM would be low.

Methods. To assess knowledge of CDC STI screening and PrEP recommendations we employed an anonymous questionnaire, to 314 primary care physicians and mid-level practitioners employed by Baystate Medical Center, a 716-bed academic medical center in Springfield, MA. Knowledge scores were calculated as the number of correct items, divided by the total number of items. One-way analysis of variance (ANOVA) and Fisher's exact test was used to test for knowledge differences between groups. P ≤ 0.05 was considered statistically significant.

Results. One hundred and thirty one invited clinicians opted in and 109 completed the survey (35% effective response rate). Most respondents (89%, n = 97) were physicians, the remainder (n = 12, 11%) were mid-level practitioners. Thirty-seven respondents (34%) reported having been trained in MSM-specific care. The mean ± SD knowledge score was 49% ± 29% (range: 0% to 100%). Knowledge was low whether respondents reported receiving previous training in MSM-specific care or not (knowledge score 41% vs. 48% if no; P = 0.87) or receiving specific STI screening education (knowledge score = 51% if yes vs. 41% if no, P = 0.14). Seventy-two respondents (66%) reported providing care for MSM patients of which 29 (40%) reported having discussed PrEP with at least a few patients in the last year. Among the 29 who discussed PrEP at least once, 13 (45%) correctly answered the PrEP indication question compared with 8 (24%) of those who did not discuss PrEP.

Conclusion. PCP knowledge of STI screening guidelines and PrEP indications for MSM is low, even among those PCPs who reported receiving MSM-specific training. In light of studies demonstrating PrEP can lead to lower HIV transmission rates among MSM while potentially increasing drug rates, efforts to educate clinicians on PrEP and STI screening should be a priority.

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2253. Incident Syphilis Infections in an HIV Population: Presentation and Care
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Background. Syphilis is an emerging global health concern with an estimated 12 million new infections being documented annually. In individuals with HIV, syphilis presentations may be atypical leading to the recommendation for regular routine screening. In light of studies demonstrating PrEP can lead to lower HIV transmission rates for MSM is low, even among those PCPs who reported receiving MSM-specific training. Two respondents (66%) reported providing care for MSM patients of which 29 (40%) reported having discussed PrEP with at least a few patients in the last year. Among the 29 who discussed PrEP at least once, 13 (45%) correctly answered the PrEP indication question compared with 8 (24%) of those who did not discuss PrEP.

Methods. We used retrospective cohort analysis to assess GC-CT testing in patients establishing care at an urban HIV clinic in San Francisco between February, 2013 – December, 2014 who had at least one subsequent primary care visit. The predictor variable of homelessness was defined as having stayed outdoors, in shelters, in vehicles, or in places not made for habitation during the last year and was evaluated during social work intake. The primary outcome was having GC-CT testing at a primary care visit. The probability of GC-CT testing at a primary care visit was calculated using logistic regression modeling with random effects to handle intra-subject correlations for repeated measurements. We adjusted for age, race/ethnicity, methamphetamine use, alcohol use, sexual orientation, prior positive GC-CT test, recent GC-CT test and visit frequency. Comparison of GC-CT test results by housing status was delivered when visits were made.

Results. We used retrospective cohort analysis to assess GC-CT testing in patients establishing care at an urban HIV clinic in San Francisco between February, 2013 – December, 2014 who had at least one subsequent primary care visit. The predictor variable of homelessness was defined as having stayed outdoors, in shelters, in vehicles, or in places not made for habitation during the last year and was evaluated during social work intake. The primary outcome was having GC-CT testing at a primary care visit. The probability of GC-CT testing at a primary care visit was calculated using logistic regression modeling with random effects to handle intra-subject correlations for repeated measurements. We adjusted for age, race/ethnicity, methamphetamine use, alcohol use, sexual orientation, prior positive GC-CT test, recent GC-CT test and visit frequency. Comparison of GC-CT test results by housing status was delivered when visits were made.

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2254. Housing Insecure HIV Patients Have Higher Positive Gonorrhea and Chlamydia Test Results but Lower Testing Rates in a Primary Care Setting
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Background. Housing insecure HIV-infected patients experience poor treatment outcomes, but whether these outcomes are due to less engagement in care or differential quality of care is unknown. We evaluated gonorrhea and chlamydia (GC-CT) testing among HIV-infected patients to assess whether differences exist by housing status and whether differences are due to frequency of primary care visits or services delivered when visits are made.

Methods. We used retrospective cohort analysis to assess GC-CT testing in patients establishing care at an urban HIV clinic in San Francisco between February, 2013 – December, 2014 who had at least one subsequent primary care visit. The predictor variable of homelessness was defined as having stayed outdoors, in shelters, in vehicles, or in places not made for habitation during the last year and was evaluated during social work intake. The primary outcome was having GC-CT testing at a primary care visit. The probability of GC-CT testing at a primary care visit was calculated using logistic regression modeling with random effects to handle intra-subject correlations for repeated measurements. We adjusted for age, race/ethnicity, methamphetamine use, alcohol use, sexual orientation, prior positive GC-CT test, recent GC-CT test and visit frequency. Comparison of GC-CT test results by housing status was delivered when visits were made.

Results. We used retrospective cohort analysis to assess GC-CT testing in patients establishing care at an urban HIV clinic in San Francisco between February, 2013 – December, 2014 who had at least one subsequent primary care visit. The predictor variable of homelessness was defined as having stayed outdoors, in shelters, in vehicles, or in places not made for habitation during the last year and was evaluated during social work intake. The primary outcome was having GC-CT testing at a primary care visit. The probability of GC-CT testing at a primary care visit was calculated using logistic regression modeling with random effects to handle intra-subject correlations for repeated measurements. We adjusted for age, race/ethnicity, methamphetamine use, alcohol use, sexual orientation, prior positive GC-CT test, recent GC-CT test and visit frequency. Comparison of GC-CT test results by housing status was delivered when visits were made.

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