1260. Serorelevance of Transfusion-Transmissible Infections (HIV, HCV, HIV, and Syphilis) Among Voluntary Blood Donors in Eastern Regional Blood Center Sri Lanka; A 4 Years Evaluation
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Background. Blood transfusion can be a lifesaving intervention and it may re- sult in significant complications and carry the risk of transfusion-transmissible infections such as HIV, hepatitis B and C, syphilis, malaria, etc. as well as hemolysis. Therefore, Blood safety remains a major public health problem in many developing countries owing to inadequacies of national blood transfusion policies and services, appropriate infrastructures, qualified personnel and financial resources. The main aim of this study was to evaluate the serorelevance of transfusion-transmissible infections such as BHIV/HCV/HIV and Syphilis among voluntary blood donors in Eastern Regional blood center on behalf of accessing and recommending safe transfusion in the region.

Methods. A retrospective analysis of blood donor data from January 2015 to December 2018 was conducted in Eastern Regional Blood center. Serum samples were screened for hepatitis B surface antigen (HBsAg), antibodies and antigens to hepatitis C virus (HCV), human immunodeficiency virus (HIV) 1 and 2 and Treponema pallidum using commercially available immunochromatographic based kits. Relevant confirmatory test for each infective marker were carried out for repeated reactive samples.

Results. During this study period ELISA screening testing was performed on 56079 blood donors. At baseline screening and confirmatory testing revealed that, 7 HBsAg, 10 anti-HCV, and 03 anti-HIV and 9 Treponema pallidum positive results were detected. The overall prevalence of HBV, HCV, syphilis and HIV were 0.012%, 0.017 0.005% and 0.016%. All blood donor were voluntary nonremunerate.

Conclusion. The prevalence of HIV, HCV, syphilis and HIV have not remained a big threat to safe blood transfusion in this region compared with some countries across the globe where the results were very high. Comparing with well-developed services the results are more closed with their findings and therefore,safe transfusion practices are established. The reasons for these results may be complex and low prevalence rate in this population with strict adherence to selection criteria and algorithm of donor screening would be the main reasons of this findings.

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1261. Alarming High Rate of HIV Detected by Testing and Prevention Opportunities: Observations From the Largest HIV Program in Liberia
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Background. HIV/AIDS is one of the world’s most significant public health challenges. Sub-Saharan Africa is home to only 12% of the world’s population, yet accounts for 71% of the global burden of HIV infection. While the HIV preva- lence among reproductive aged Liberians (age 15-49 years) is estimated at 1.9%. As the critical first step in HIV disease management is detection of cases, it is important to optimize HIV testing particularly among high-risk groups. Identifying these high-risk groups for HIV testing also provides information on prevention opportunities. We report on 5 year HIV testing data at a tertiary hospital in Monrovia, Liberia stratified by age and gender.

Methods. A single-center academic hospital-based retrospective analysis of HIV testing results over a period of 5 years (January 2014 to December 2018) obtained from the Infectious Disease Center (IDC) of John F. Kennedy Medical Center in Monrovia, Liberia. The IDC has a peer-led counseling program on site and offers HIV testing data over a period of 5 years (January 2014 to December 2018) obtained from a tertiary hospital in Monrovia, Liberia. The registry of HIV + pregnant women of Fundación Arriarán was used. Among pregnant women, undelivered at delivery, vertical transmission and retention were determined. Estimators as mean and median, standard deviation and interquartile range; absolute and relative frequencies were used and for the bivariate analysis the t-test and chi2, Mann–Whitney and Fisher’s exact. For follow up the Kaplan–Meier method was used.

Results. A total of 214 pregnancies in 198 HIV + women were included. A 54% of foreigners (of Haitian predominance) was found, 2/3 of the foreigners were enrolled after 2016. A 73% was diagnosed with HIV at the time of pregnancy. Average age was 28.6 years. Baseline CD4 cell count was 396 cell/mm3. A 7.7% were admitted with advanced pregnancy and 4.6% had a history of drug addiction. None of these variables had significant differences between both groups. The variables of gestational age at ad- mission (15 vs. 21; P < 0.001), gestational age at the beginning of therapy (18 vs. 21; P < 0.001), CDC stage and baseline viral load (9750 vs. 644 copies/mL; P < 0.001) were statistically significant between Liberian and foreigners. 50% of the patients achieved undetectability at the time of delivery without differences between both groups. (55% vs. 63%; p=0.42) Almost 90% of women with detectable viral load at delivery was less than 1000 copies/mL (88,9%), 93% received full vertical transmission protocol and the vertical transmission was 2.6% without differences between nationals and foreigners. In the postpartum follow-up,70% were retained, 73% of them undetectable on the latest follow-up visit.

Conclusion. Despite the cultural and language limitations, foreign patients maintained a compliance similar to those of Chile, achieving a low transmission rate vertical and good adherence to postpartum controls.

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1263. Anti-Retroviral (ART) Success in an Active Duty Military Cohort from 2002 to 2016, A Model for Ending the HIV Epidemic in the United States
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Background. Since 1985, all active duty (AD) U.S. military service members have undergone periodic mandatory HIV screening. Subsequent care in the Military Health System (MHS) allows evaluation of clinical outcomes in a setting of open access to healthcare and medications. We describe ART outcomes in HIV positive AD mili- tary using data collected over 15 years in our prospective, multi-center HIV Natural History Study (NHS).

Methods. We included AD NHS participants diagnosed with HIV from 2002- 2016 with ≥1 year of follow-up. Demographics, clinical diagnoses and laboratory data collected at study visits were compared for those on vs. never on ART by HIV diag- nose era at 5-year intervals. Among participants who initiated ART with ≥1 year of follow-up after ART initiation (AI), we assessed rates of virologic suppression (VS) and virologic failure (VF).

Results. From 2002 to 2016, 1,599 NHS participants were diagnosed with HIV infection; 1,482 had ≥1 year of follow-up. 1,337 (90.2%) received ART; ART recipients were more likely male (OR 2.5 [95% CI 1.2 – 5.3]), Caucasian (1.6 [1.1 – 2.3]), older (1.5 per 10 years [1.1 – 2.0]), diagnosed from 2012-2016 (14.6 [6.6 – 31.9]), and have lower CD4 counts (0.8 per 100 cells [0.7 – 0.8]) and higher VL at diagnosis (2.1 [1.8 – 2.5]).

The median time from diagnosis to AI was 0.3 years [0.1–1.3], decreasing by era (0.001). Of those ever on ART, 1,212 (90.7%) had ≥1 measure with VS, 91% on their first regimen and 59% within 6 months. Participants not achieving VS were younger at diagnosis (0.87 per year [0.78–0.98]) and at AI (0.89 [0.81–0.98]), were diagnosed in 2002– 2011 (9.1 [1.0–69.22]), and had lower CD4 counts at AI (0.50 per 100 cells [0.33 – 0.75]). 92 (7.7%) had subsequent VF after initial VS. VF was more likely in participants.