Conclusion. Although the majority of newly diagnosed PLWH were RIC, fewer started ART or achieved VS. With a large proportion of our sample having an AIDS diagnosis at enrollment, we illustrate the ongoing challenge of late HIV diagnosis in DC. Those with AIDS diagnosis were more likely to initiate ART within the first 3 months. As same-day ART initiation is scaled up in DC, future research can evaluate if all PLWH, regardless of AIDS status, will achieve this milestone earlier.

Disclosures. All authors: No reported disclosures.

1321. Trans Females Receiving Gender-Affirming Surgical Referrals are More Likely to Have Durable Virologic Suppression at Whitman-Walker Health, 2008–2017
Deborah Goldstein, MD1; Eleanor Sarkodie, MPH1; W David Hardy, MD, AAHIVS1; Whitman-Walker Institute, Washington, DC; Division of Infectious Diseases, Johns Hopkins University School of Medicine, Washington, DC
Session: 151. HIV Care Continuum
October 4, 2019: 12:15 PM

Background. Trans females bear a disproportionate burden of HIV infection yet little is known about their HIV care continuum participation. We characterized the care continuum among trans female people with HIV (PWH) at Whitman-Walker Health (WWH) in Washington, DC and explored the impact of gender-affirming care on continuum participation.

Methods. This IRB-approved review from 2008 to 2017 analyzed trans female and nontrans PWH cohorts. Trans females were selected via self-identification and chart review, based on hormone prescription or narrative charting. Chi-square analysis was performed to examine associations between gender identity and demographic factors, comorbidities, and achieving steps in the care continuum. Bivariate analysis using chi-square test of independence and point-biserial correlation was performed between predictor and outcome variables in the care continuum. Multivariate logistic regression analysis was performed to identify predictors of poor outcomes in the care continuum.

Results. We analyzed 219 trans female and 456 nontrans PWH (Figure 1). Trans female PWH were more likely to be Black and/or Hispanic, have unstable housing, and be publically insured when compared with nontrans PWH (Table 1). There was no difference in ART initiation, retention in care (RIC), or durable virologic suppression (DVS) <200 copies/mL based on gender identity (Figure 2). Nontrans PWH had a higher odds of DVS at lower limits of detection (LLOD) than trans female PWH (OR 1.59, 95% CI 1.15–2.20). Hormone prescription did not impact trans female PWH continuum participation (Table 2). Surgical referral was found to impact DVS < 200 (P = 0.036) and DVS < LLOD (P = 0.021), but multivariate modeling could not be performed. Trans female PWH with surgical referrals were more likely to achieve DVS < 200 (OR 3.57, 95% CI 1.02–12.23) and DVS < LLOD (OR 2.85, 95% CI 1.14–7.12).

Conclusion. This novel analysis of gender-affirming care and the HIV care continuum among trans female PWH were less likely than nontrans participants to achieve durable VS < LLOD. Trans female PWH who received surgical referrals were 3.5 times more likely to achieve durable VS < 200 and almost three times more likely to achieve durable VS < LLOD. Further research is needed to explore this association between surgical referrals and DVS among trans female PWH.

1320. HIV Care Continuum Outcomes Among Newly Diagnosed PLWH in Washington, DC
Marla J. Jaurretche, MS1; Morgan Byrne, MPH1; Lindsay J. Powers Happ, MPH1; Matthew E. Levy, PhD1; Michael A. Horberg, MD2; Alan E. Greenberg, MD, MPH3; Amanda Castel, MD, MPH3; Anne K. Monroe, MD, MSPH4; The George Washington University, Washington, DC; Kaiser Permanente, Rockville, Maryland; George Washington University Milken Institute School of Public Health, Washington, DC
Session: 151. HIV Care Continuum
October 4, 2019: 12:15 PM

Background. In 2019, the US Administration announced the Ending the HIV Epidemic plan to decrease new infections. A key component is the Test and Treat plan to diagnose early, treat rapidly and achieve viral suppression (VS) among persons living with HIV (PLWH). We assessed retention in care (RIC), antiretroviral therapy (ART) initiation and VS among newly diagnosed PLWH in Washington, DC.

Methods. We conducted a cross-sectional analysis using data from the DC Cohort, an observational longitudinal cohort of PLWH in care in 14 clinics in DC. We included participants enrolled from 2011 to 2016 whose HIV diagnosis was within 1 year of enrollment and with at least 12 months follow-up. RIC was defined as ≥2 visits or HIV lab results 90 days apart in the first year of follow-up. ART initiation was defined as being prescribed ART, VS was defined as HIV RNA <200 copies/mL, and both these outcomes were assessed at 2 time points: by 3 and 12 months. Adjusted multivariable logistic regression was used to identify clinical and sociodemographic factors associated with RIC, ART initiation and VS.

Results. Among the 455 newly diagnosed participants (6% of all enrollees), median age was 53 years (IQR 25, 45), 69% were Black, 79% male, 60% MSM. Median duration of HIV at enrollment was 4.9 months (IQR 2.3, 7.7). Median nadir CD4 count was 346 cells/μL (IQR 224, 494). Of the 455, 38% had a history of AIDS, 92% were RIC, 65% initiated ART by 3 months and 17% had VS by 3 months. There were no differences by sex or race for RIC, ART initiation and VS among newly diagnosed PLWH in Washington, DC.

Disclosure. All authors: No reported disclosures.
Table 1. Demographics of Trans female and Nontrans PWH at WWH, 2008-2017

|                  | Trans females | Nontrans |
|------------------|--------------|----------|
| Total            | n=219 (%)    | n=456 (%)|
| Mean age         | 31.7         | 41.7     |
| Black/African American | 16/75.3 | 320/70.2 |
| Hispanic/Latino  | 39/17.8      | 327/70   |
| Unstable housing | 78/35.6      | 95/20.8  |
| Public Insurance | 138/63.0     | 245/53.3 |
| Substance Use    | 63/24.8      | 133/29.2 |
| Hypertension     | 53/24.0      | 164/36.0 |
| Bipolar disorder | 29/13.2      | 24/5.3   |
| PFD              | 30/13.7      | 27/5.9   |

Table 2. Bivariate analysis of factors influencing HIV Care Continuum

| Independent Variables | Retention in Care | Durable Viral Load Suppression (1-500 copies/ml) | Durable Viral Load Suppression (>500 copies/ml) |
|----------------------|-------------------|-----------------------------------------------|-----------------------------------------------|
| p-value              | p-value           | p-value                                       | p-value                                       |
| Trans female:       |                   |                                               |                                               |
| Race/ethnicity1     |                   |                                               |                                               |
| Indian/Asian        | 0.013             | 0.976                                        | 0.961                                        |
| Time period in care1| 0.013             | 0.449                                        | 0.402                                        |
| Hispanic/Latino     |                   |                                               |                                               |
| Indian/Asian        | 0.415             | 0.454                                        | 0.39                                         |
| Hispanic/Latino     | 0.042             | 0.906                                        | 0.367                                        |
| Other race/ethnicity |                   |                                               |                                               |
| Indian/Asian        | 0.000             | 0.001                                        | 0.001                                        |
| First CD4 count1    | 0.563*            | 0.001*                                       | <0.001*                                      |
| Nontrans:           |                   |                                               |                                               |
| Race/ethnicity1     |                   |                                               |                                               |
| Unstable housing    |                   |                                               |                                               |
| Hispanic/Latino     |                   |                                               |                                               |
| Unstable housing    |                   |                                               |                                               |
| Hispanic/Latino     |                   |                                               |                                               |
| Unstable housing    |                   |                                               |                                               |
| Public Insurance    |                   |                                               |                                               |
| Substance Use       |                   |                                               |                                               |
| Hypertension        |                   |                                               |                                               |
| First CD4 count1    | 0.213*            | 0.003*                                       | 0.003*                                       |

*Disclosures. All authors: No reported disclosures.

1322. A Mobile Technology-Based Intervention Improves HIV Care Continuum for Young People Living with HIV

Ping Du, MD, PhD1; John Zurlo, MD2; Tarek Eshak, MBChB, MPH2; Tonya Crook, MD1; Cynthia Whitener, MD1; Penn State Hershey College of Medicine, Hershey, Pennsylvania; Jefferson University, Hershey, Pennsylvania

Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. Young people living with HIV (YPLWH) have lower rates of retention in care and HIV viral suppression. Multiple barriers exist to engage YPLWH in care. As nearly all YPLWH use their mobile phones to access health information and communicate with other people, we implemented a mobile technology-based intervention with the goal to improve HIV care continuum in YPLWH.

Methods. YPLWH were eligible for this study if they were: (1) aged 18-34 years; (2) newly diagnosed with HIV; (3) having a history of being out of care; or (4) not virally suppressed. We recruited YPLWH during January 2017-May 2018 and followed them every 6 months. We developed a HIPAA-compliant mobile application, “OPT-In For Life,” and let participants use this app to manage their HIV care. The app integrated multiple features that enabled users to communicate with HIV treatment providers, to access HIV-related health information, and to manage their HIV care. At the 6-month evaluation, compared with 88 eligible YPLWH who were not enrolled in this intervention, study participants had increased rates of retention in care (baseline-to-6-month between participants and nonparticipants: 54%-84% vs. 26%-25%) and HIV viral suppression (66%-80% vs. 56%-60%).

Results. The study demonstrates using a HIPAA-compliant mobile app as an effective intervention to engage YPLWH in care. This intervention can be adapted by other HIV programs to improve HIV care continuum for YPLWH or broader HIV populations.

Disclosures. All authors: No reported disclosures.

1323. Clinic-Level Factors Associated with Antiretroviral Prescription Rates

Craig P. Hayes, MPH; Erica D’Aquilla, MPH; Daniel Bertolino, MPH; Bsrat K. Abraham, MD, MPH; New York City Department of Health and Mental Hygiene, Queens, New York

Session: 151. HIV: Care Continuum
Friday, October 4, 2019: 12:15 PM

Background. Despite overall high antiretroviral (ARV) prescription (Rx) rates for the treatment of HIV in New York City (NYC), clinic-level Rx rates can vary greatly by clinic. Previous literature suggests reasons for deferring ARV Rx include patient readiness or comorbidities and provider biases. We investigated the impact of these and other factors on clinic-level ARV Rx rates within NYC.

Methods. Data were obtained from the 2016 HIV Clinic Survey which contained questions related to clinic capacity and other clinic and patient characteristics. Multivariate linear regression models were developed from literature sourced variables and manual stepwise selection. These models were evaluated for predictive strength based on their respective root mean square error (RMSE) and adjusted R-squared (AR) values.

Results. Among the 104 HIV primary care clinics, representing the care of 49,524 people living with HIV (PLWH), ARV Rx rates ranged from 41.4% to 100.0% (IQR: 92.1%-99.6%). An increase in clinic-level viral load suppression rates. In the stepwise multiple linear regression model (Table 1), decreases in ARV Rx rates were associated with several factors: (1) care delivered at three specific healthcare networks; (2) infrequently seeing patients with excessive alcohol use; (3) a high proportion of PLWH ages 24 and below; (4) a low proportion of the clinic population that were PLWH; (5) a low proportion of Hispanic/Latino patients; (6) and a high number of other medical services available on-site (P < 0.05). This model was found to have a 20.4% reduction in the RMSE and a 335.4% increase in the AR value when compared with the literature sourced model (Table 1), indicating greater predictive accuracy and greater explanation of the variability in clinic-level AR Rx rates.

Conclusion. ARV Rx rates were better predicted by the model adjusting for clinic-level factors previously unreported in the literature including network affiliations, the number of medical services provided, and the proportion of PLWH seen at the clinic. Given the role of ARVs in clinical outcomes, it is important to further explore and address how these clinic-level factors may support or obstruct the prescribing of ARVs in order to support the care of PLWH.

Disclosures. All authors: No reported disclosures.

1324. Successful Intervention to Reduce the Time Interval Between Diagnosis and Viral Load Suppression in Patients Living with HIV in the Midwestern United States

Danica Ilagan, PharmD2; Kelli Cole, PharmD, BCPS, BCDP3;