total 943 visits, out of which 642 (68%) were in person and 301 (32%) were telephone visits. By end of May 2020, there were 47 patients lost to care. MVF decreased to 40% compared to 69% for FY2020, and GiC increased to 25% compared to 14% for FY2020. VLS rate remained unchanged at 91%.

**Conclusion:** The COVID-19 pandemic resulted in a decrease in MVF and an increase in GiC for PWH. However, VLS remained high at 91%. Our implementation strategy facilitated quick adoption of telementicine, which helped us provide clinical care to a third of PWH during the pandemic. Telementicine provided a great tool for ensuring patients remain VLS. Evaluation of implementation outcomes including fidelity and reach remains ongoing.

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### 113. Advanced HIV Disease Among Adults in the African Cohort Study (AFRICOS)

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**AFRICOS Study Group**

**Session:** O-22. HIV in Special Populations

**Background:** In the "test and treat" era, early ART may decrease the prevalence of advanced HIV disease (AHD), defined as having a CD4 cell count < 200 cells/µl or World Health Organization (WHO) clinical stage III or IV disease. We assessed trends in AHD and ART coverage and describe factors associated with AHD among adults living with HIV (LWH) across four countries before and during the "test and treat" era.

**Methods:** The African Cohort Study (AFRICOS) is a prospective cohort enrolling adults at risk for HIV or LWH from 12 facilities in Uganda, Kenya, Tanzania and Nigeria. Clinical history review and laboratory testing were performed at enrollment and every 6 months. Serum cryptococcal antigen screening (CrAg) was performed in a subset with CD4 < 200 at enrollment. Logistic regression was used to estimate odds ratios for factors associated with CD4 < 200.

**Results:** From January 2013–December 2019, 2934 adults LWH were enrolled (median age 38 years [interquartile range, 31–46 years], 41.5% men). Of 2903 with CD4 results at enrollment, 567 (19.5%) had CD4 < 200. Despite consistent increases in ART coverage since 2016, across all countries the prevalence of AHD did not decline below levels observed in 2013 until 2019. The prevalence of CD4 < 200 did not significantly decline from 11.9% (range 9.1–25.0%) in 2013 to 10.3% (range 0–16%) in 2019, p= < 0.01 (Figure 1). Factors associated with a higher risk of CD4 < 200 included having a primary or some secondary education or above, and WHO stage II disease (range 86–100%) in 2019, p= < 0.01 (Figure 1).

**Table 1: Factors associated with CD4 <200 cells/mm3 at Study Enrollment**

| Enrollment year | Unadjusted OR^2 | 95% CI | Adjusted OR^2 | 95% CI |
|-----------------|----------------|-------|---------------|-------|
| 2013            | 0.94           | (0.83, 1.08) | 0.96 | (0.83, 1.13) |
| 2014            | 0.94           | (0.71, 1.27) | 0.94 | (0.77, 1.18) |
| 2015            | 0.94           | (0.83, 1.05) | 0.95 | (0.83, 1.09) |
| 2016            | 0.95           | (1.00–2.10) | 0.95 | (1.00–2.10) |
| 2017            | 1.12           | (0.12–2.01) | 1.12 | (0.12–2.01) |
| 2018            | 0.46           | (0.15–1.57) | 0.46 | (0.15–1.57) |

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### 114. HIV Prevalence and Associated Factors Among Persons Experiencing Homelessness (PEH) During a Multi-shelter Tuberculosis (TB) Outbreak in Atlanta, Georgia (2008 – 2018)

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**Session:** O-22. HIV in Special Populations

**Background:** Jointly and independently, HIV and homelessness are strong risk factors for acquiring tuberculosis (TB) in the United States (US). However, public health programs geared towards addressing TB among persons experiencing homelessness (PEH) are often not used as prime opportunities to also actively address HIV among PEH. Here, we describe the prevalence and risk factors associated with HIV among PEH who were screened during a city-wide TB screening program among PEH initiated in response to a multi-shelter TB outbreak in Atlanta, Georgia.

**Methods:** Retrospective analysis of data on 18,605 PEH screened for TB between 2008 and 2018 was done. HIV status was either self-reported (SR) or laboratory-confirmed (LC). Modified Poisson regression models with robust error variances were used to assess associations between socio-demographic characteristics and being HIV-positive.

**Results:** Of 18,605 PEH screened for TB, 9,308 (53%) had a known HIV status. Of these, 38% (n=3,559) received a HIV test while 62% (n=5,749) were only SR HIV status. The prevalence of HIV positivity among all PEH who SR a HIV status (n=7,404)
was 4.0% (296/7404) while the prevalence of LC HIV infection was 3.6% (129/3559). Among PEH with LC HIV results, gender (male, transgender), year of screening (2008-2010, 2011-2013) and location of screening (onsite) were independently associated with higher HIV prevalence (p<0.05). Adjusted analysis showed statistically significant interaction between gender and age (Adjusted prevalence ratio for men vs. women: young PEH (0-29 years) 8.47; (5.13, 14.00), p<0.0001). Year of screening and shelter of residence also remained significant in the adjusted model.

**Conclusion:** The prevalence of HIV among PEH in Atlanta is more than four times higher than the prevalence in the general Atlanta population (0.86%). In addition to essential TR control measures needed in congregate settings like homeless shelters, strong efforts to concurrently increase access to HIV prevention and care at homeless shelters may also help reduce both HIV transmission and TB acquisition in this at-risk population in the South and move the South closer to achieving the US End TB and Ending the HIV Epidemic goals.

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115. Opioid Continuum of Care for Persons Living with HIV: The First 8 Months

**Background:** Approximately 15% of persons with HIV (PWH) have opioid use disorder (OUD) over their lifetime. Due to substance use-related behaviors, untreated OUD is an obstacle to ending the HIV epidemic, especially in rural states with limited treatment options. In November, 2019, The UAB 1917 HIV Clinic opened an out-patient based opioid treatment (OBOT) clinic one half day a week. The objective of this study is to evaluate clinical outcomes and utilization over 8 months. We hypothesized that approximately 80% of PEH would have OUD, many with comorbid stimulant use, and that new referrals would increase over time.

**Methods:** This is a retrospective study PWH at the 1917 clinic from OBOT start until June 2020. Opioid misuse was identified by patient reported illicit use involving legal, licensed, and/or illegal substances, and diagnosis of current opioid use disorder (SUD). Patients received a comprehensive evaluation of their opioid use disorder (OUD) and were referred to OBOT if they metNavigating the OUD continuum of care for all versus those with comorbid stimulant disorder. OBOT referral, treatment, buprenorphine initiation, and HIV suppression (viral load < 200). We explored changes in clinic utilization following COVID19.

**Results:** A total of 3,580 patients receive care in the UAB 1917 HIV clinic of whom 40 were identified as having opioid misuse (Fig 1). Overall, 30 patients were referred to OBOT, 25 attended any OBOT visit, 19 were initiated on buprenorphine and 14 (74%) had a VL < 20 in the last 3 months. Over half of patients had comorbid stimulant use disorder (SUD). Patients received an average of 3.7 visits (range 1-10) over the study period. Although the number of new referrals did not increase (average 3.8 per month), the overall number of OBOT appointments increased from an average of 12 per month before COVID to 26 per month after March 1.

Figure 1. The Opioid Continuum of Care for PWH at the UAB Outpatient Opioid Treatment Clinic (blue) including those with comorbid Stimulant Use Disorder (orange)

**Conclusion:** A surprisingly low percentage of patients report opioid misuse, which likely underestimates the true OUD burden in the Deep South. Stimulant Use Disorder affects over half: an added barrier to HIV suppression. In this small and early assessment, there are multiple missed opportunities for progress along the OUD continuum starting with diagnosis and referral. Yet, even this small clinic has rapidly reached clinical capacity (1/2 day weekly) accelerated by psychosocial needs in the context of COVID19.

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116. Antiviral Activity and Safety of Long-acting Cabotegravir (CAB LA) Plus Long-acting Rilpivirine (RPV LA) LA, Administered Every 2 Months (Q2M), in HIV-Positive Subjects: Results from The POLAR Study

**Background:** Antiviral Activity and Safety of CAB LA+RPV LA, administered every 2 mos (Q2M), in HIV-1-infected, antiretroviral therapy-naive adults who completed LATTE and received once-daily oral CAB30mg+RPV25mg treatment.

**Methods:** POLAR is a phase IIb, multicenter, open-label, rollover study in 97 virologically suppressed, HIV-infected adults. LATTE participants who completed ≥312 weeks on study, with plasma HIV-1RNA < 50c/mL at screening, were eligible for POLAR and offered the option to switch to CAB LA+RPV LA Q2M or to the oral fixed dose combination of delisivir (DTG)/rilpivirine (RPV) once daily, for continued maintenance of HIV-1RNA suppression. 90 participants chose CAB LA+RPV LA Q2M and 7 participants chose oral DTG/RPV. The primary outcome measure was proportion of participants with plasma HIV-1RNA <50c/mL after 12 mos of therapy. Safety and laboratory measures were assessed throughout the study. Participants selecting LA treatment completed satisfaction and quality-of-life questionnaires at Day 1, Month 2, and Month 12.

**Results:** At Month 12, no participant had HIV-1RNA ≥50c/mL or protocol defined virologic failure (confirmed plasma HIV-1RNA > 200c/mL). Excluding injection-site reactions (ISRs), nasopharyngitis (11%), upper respiratory tract infection (11%), diarrhea (10%), and pyrexia (10%) were the most commonly reported adverse events (AEs) in the Q2M arm. 10% (9/90) of Q2M participants reported AEs ≥grade 3; 0 were drug related. 2% (2/90) of Q2M participants had AEs leading to withdrawal. 6% (5/90) of participants reported serious AEs (1 considered drug-related). Over 12 mos, 1534 injections were administered; 463 ISRs were reported (30%; all grade 1/2 [84%/16%]); resolution of ISRs occurred after a median of 3 days. Minimal changes in lab parameters were observed in participants across 12 mos. 88% of participants who received LA therapy preferred CAB LA+RPV LA vs oral therapy.

**Table 1**

| Month 12 Snapshot Study Outcomes | Q2M | DTG + RPV |
|----------------------------------|-----|----------|
| HIV-1 RNA <50 c/mL | 88 (97.8) | 6 (7.0) |
| HIV-1 RNA >50 c/mL | 0 | 0 |
| DLTs in window not below threshold | 0 | 0 |
| Discontinued due to lack of efficacy | 0 | 0 |
| Discontinued due to other reason while not below threshold | 0 | 0 |
| Change in background therapy | 0 | 0 |
| No virologic data | 2 (2.2) | 0 |
| Discontinued study due to AE or death | 1 (1.1) | 0 |
| Discontinued study due to other reason | 1 (1.1) | 0 |

**Table 2**

| Overall Summary of Adverse Events | Q2M (n=90) | DTG + RPV (n=70) |
|-----------------------------------|-----------|------------------|
| Any AE | 66 (96) | 34 (48) |
| Any Drug-related AE | 62 (72) | 14 (18) |
| Any Grade 3-5 AEs | 9 (10) | 0 |
| Drug-related Grade 3/4 AEs | 0 | 0 |
| Adverse Events Leading to Withdrawal | 1 (1) | 0 |
| Discontinuation of Treatment | 1 (1) | 0 |
| Any SAE | 5 (6) | 0 |
| Drug-related SAE | 1 (1) | 0 |
| Fatal SAEs | 0 | 0 |
| Drug-related total SAEs | 0 | 0 |

**Conclusion:** CAB LA+RPV LA, administered Q2M, resulted in durable virologic suppression, an acceptable tolerability profile, and high levels of participant satisfaction at the first 12 mos of treatment in the first 12 mos of treatment.

**Disclosures:** Anthony Mills, MD, Gilead (Grant/Research Support, Advisor or Review Panel member); Janssen Pharmaceuticals (Grant/Research Support, Advisor or Review Panel member); Merck (Grant/Research Support, Advisor or Review Panel member); Shionogi (Grant/Research Support); Cuve Healthcare (Grant/Research Support, Advisor or Review Panel member); Gary J. Richmond, MD, FACP, FCCP, Gilead (Scientific Research Study Investigator); TailMed (Scientific Research Study Investigator); ViroScience (Scientific Research Study Investigator); ViroScience (Scientific Research Study Investigator); and Anthony Mills, MD, Gilead (Grant/Research Support).}

**Table 3**

| Overall Summary of Adverse Events | Q2M (n=90) | DTG + RPV (n=70) |
|----------------------------------|-----------|------------------|
| Any AE | 66 (96) | 34 (48) |
| Any Drug-related AE | 62 (72) | 14 (18) |
| Any Grade 3-5 AEs | 9 (10) | 0 |
| Drug-related Grade 3/4 AEs | 0 | 0 |
| Adverse Events Leading to Withdrawal | 1 (1) | 0 |
| Discontinuation of Treatment | 1 (1) | 0 |
| Any SAE | 5 (6) | 0 |
| Drug-related SAE | 1 (1) | 0 |
| Fatal SAEs | 0 | 0 |
| Drug-related total SAEs | 0 | 0 |

**Conclusion:** CAB LA+RPV LA, administered Q2M, resulted in durable virologic suppression, an acceptable tolerability profile, and high levels of participant satisfaction at the first 12 mos of treatment in the first 12 mos of treatment.

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