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Poster Abstracts

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

Padmini Gokhale Pasupathy, Dr.; Madhavanavelu, K.; Vaishnav, D.; Chhibber, J.; Anupama, G.; Swapan, R.; Bhaskaran, P.; Krunal, B.; Arun, L.; Suresh, S.; Padmapriyadarsini Chandrasekaran, M.D., M.P.H.; National Institute for Research in Tuberculosis, Chennai, India, 1

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. Messaging will need to maximize on maternal support and women’s motivation to keep their infant healthy to leverage retention in care postpartum.

Disclosures. All authors: No reported disclosures.

2301. Determining Barriers to Retention of Women Living with HIV Outside the Perinatal Period in Six African Countries

Susan Gold, PhD; Dorothy Kau, MPH; Jessica Lipton, MD; Ilona J. Khoza, MSc; Pauline K. Mbilinyi, Dr.; Eunice M. Tumwesigye, MD, PhD; Adam N. Msando, Dr.; ICIPE, Kenya; 2

Background. Though ART provides significant benefit to children in India, over a quarter of them had VF. We developed major drug posion reactions over the 48 weeks of ART. There is a lack of correlation between IF and VF, leading to delay in identifying treatment failure. Periodic plasma HIV-RNA testing should be performed to detect treatment failures early.

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2251. Identifying Demographic, Social, and Environmental Determinants of Treatment Failure among HIV-Infected Children in Uganda

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Saturday, October 7, 2017: 12:30 PM

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