Conclusion. DAV132 was well tolerated in elderly hospitalized patients with comorbidities. It neither altered antibiotic plasma levels nor elicited changes in concomitant drugs regiments. Intestinal microbiota diversity was protected and resistance to colonization by Cd was preserved. DAV132 is a promising, novel product to prevent antibiotic-induced intestinal dysbiosis.

Disclosures. Annie Ducker, MD, Da Volterra (Employee, Shareholder); Maria J.G.T. Vehrschield, n/a, 3M (Grant/Research Support); Astellas Pharma (Grant/Research Support); Astellas Pharma (Consultant); Astellas Pharma (Speaker’s Bureau); Basilea (Speaker’s Bureau); Berlin Chemie (Consultant); Da Volterra (Grant/Research Support); Da Volterra (Grant/Research Support); Gilead (Grant/Research Support); Gilead (Grant/Research Support); Gilead (Grant/Research Support); Merck/Merck/MSD (Grant/Research Support); Merck/Merck (Consultant); Organobalance (Grant/Research Support); Organobalance (Speaker’s Bureau); Pfizer (Speaker’s Bureau); Seres Therapeutics (Grant/Research Support); Thomas J. Louie, MD, Da Volterra (Consultant); Oliver A. Cornely, MD, ACTION (Consultant, Grant/Research Support, Speaker’s Bureau); Al Jazeera Pharmaceuticals (Consultant); Allescra Therapeutics (Consultant, Grant/Research Support, Speaker’s Bureau); Amplexy (Consultant, Grant/Research Support, Speaker’s Bureau); Astellas (Consultant, Grant/Research Support, Speaker’s Bureau); Basilea (Consultant, Grant/Research Support, Speaker’s Bureau); Bioasis (Consultant, Grant/Research Support, Speaker’s Bureau); Bode (Consultant, Grant/Research Support, Speaker’s Bureau); CDI (Consultant, Grant/Research Support, Speaker’s Bureau); Da Volterra (Consultant, Grant/Research Support, Speaker’s Bureau); Entasis (Consultant, Grant/Research Support, Speaker’s Bureau); European Commission (Grant/Research Support); EVO (Consultant, Grant/Research Support, Speaker’s Bureau); German Federal Ministry of Research and Education (Grant/Research Support); Gilead (Consultant, Grant/Research Support, Speaker’s Bureau); Grupo Biotoscana (Consultant, Grant/Research Support, Speaker’s Bureau); Janssen Pharmaceuticals (Consultant, Grant/Research Support, Speaker’s Bureau); Matinas (Consultant, Grant/Research Support, Speaker’s Bureau); MedicinesCompany (Consultant, Grant/Research Support, Speaker’s Bureau); Medpace (Consultant, Grant/Research Support, Speaker’s Bureau); Melinta Therapeutics (Consultant, Grant/Research Support, Speaker’s Bureau); Menarini Ricerche (Consultant, Grant/Research Support, Speaker’s Bureau); Merck/MSD (Consultant, Grant/Research Support, Speaker’s Bureau); Mylan Pharmaceuticals (Consultant); NaBriva (Consultant); Noxcon (Consultant); Octapharma (Consultant, Grant/Research Support, Speaker’s Bureau); Paratek Pharmaceuticals (Consultant, Grant/Research Support, Speaker’s Bureau); Pfizer (Consultant, Grant/Research Support, Speaker’s Bureau); PSI (Consultant, Grant/Research Support, Speaker’s Bureau); Roche Diagnostics (Consultant); Syneos (Consultant, Grant/Research Support, Speaker’s Bureau); Takeda (Consultant); Céline Figer, PhD, Da Volterra (Consultant); Aaron Dane, MSc, Da Volterra (Consultant); Seropec Pharmaceuticals (Consultant); Aaron Dane, MSc, Seropec Therapeutics (Consultant); Marina Varaset, PhD, Da Volterra (Employee); Jean de Gunzburg, PhD, Da Volterra (Board Member, Consultant, Shareholder); Antoine Andremont, PhD, Biosaster (Consultant); Da Volterra (Board Member, Consultant, Shareholder); France Mentré, MD, Da Volterra (Consultant).

LB-7. Weight Change in Suppressed People with HIV (PWH) Switched from Either Tenofivir Disoproxil Fumarate (TDF) or Abacavir (ABC) to Tenofovir Alafenamide (TAF) Paul Sax, MD; Keri N. Alhoff, PhD, MPH; Keri N. Alhoff; PhD, MPH; Todd T. Brown, MD, PhD; Janna Radtchenko, MBA; Helena Diaz Cuervo, PhD; Helena Diaz Cuervo, PhD; Moti Ramgopal, MD FIDSA; Steven Santiago, MD; Graeme Moyle, MD; Karam Mounzer, MD; Richard Elion, MD; Bringham and Women's Hospital, Harvard Medical School, Boston, MA; Johns Hopkins University, Baltimore, Maryland; Johns Hopkins, Baltimore, Maryland; Tri Health, Louisville, Colorado; Gilead Sciences, Madrid, Madrid, Spain; Midway Specialty Care Centers, Fort Pierce, Florida; CareResource, Miami, Florida; Chelsea & Westminster Hospital, London, England, United Kingdom; Philadelphia FIGHT, Philadelphia, PA; George Washington University School of Medicine, Washington, DC

Discussion. Continued HIV screening in our ED during the COVID-19 pandemic identified an increased number of patients with AHI. These individuals may be more likely to present for care due to fear of COVID-19 infection. We achieved rapid LTC and initiation of HAART without any incremental increases in resources. All HIV screening programs should incorporate blood-based HIV screening into their COVID-19 testing programs.

Disclosures. Moira McNulty, MD, MS, Gilead Sciences (Grant/Research Support).
As of 15 July 2020, 1831 participants are currently on CAB+RPV LA, and successfully mitigated, primarily by temporary transition to oral therapy with no resultant virologic failure or emerging resistance through 15 July 2020. CAB+RPV LA dosing was interrupted in 51 (45%) participants impacted by COVID-19 to date. No suspected or confirmed virologic failure was observed for any participant due to clinic closure or staffing constraints, 9 (8%) for self-quarantine, and 3 (3%) for transportation limitations for the follow-up visits that were impacted by COVID-19. LA dosing was interrupted in 51 (45%) participants across these clinical studies. As of 15 July 2020 were aggregated, categorized, and summarized to show trends. Data collection was continuously ongoing.

Methods. Descriptive analyses were conducted using aggregated data from ongoing CAB+RPV LA clinical trials (LATTÉ-2, ATLAS, ATLAS-2M, FLAIR, POLAR, and CUSTOMIZE) to evaluate impact of COVID-19 on LA dosing. Data through 15 July 2020 were aggregated, categorized, and summarized to show trends. Data collection is continuously ongoing.

Results. As of 15 July 2020, 1831 participants are currently on CAB+RPV LA across these clinical studies. As of 15 July, 113 (6%) participants had injection interruptions that were impacted by COVID-19. LA dosing was interrupted in 107 (95%) participants due to clinic closure or staffing constraints, 9 (8%) for self-quarantine, 11 (10%) for confirmed or suspected COVID-19, and 42 (37%) for other reasons. Among participants impacted, 64 (58%) were from N. America, 29 (26%) Europe, 14 (13%) S. Africa, and 3 (3%) Latin America. Majority of participants were male (87, 79%), white (74, 65%), with median age 35 years. Mitigation strategies included short-term oral therapy with CAB+RPV (78, 69%), short-term standard of care ART (26, 24%) and rescheduling of LA injections (6, 5%). Although some are still receiving oral therapy, current median duration of oral therapy has been 45 days. To date, 65 (58%) have restarted LA and viral load data collection is ongoing. No suspected or confirmed virologic failure was observed for any participant impacted by COVID-19 to date.

Conclusion. In the midst of the global pandemic, no treatment interruptions were seen across the ongoing CAB+RPV LA clinical studies. Missed visits were manageable and successfully mitigated, primarily by temporary transition to oral therapy with no resultant virologic failure or emerging resistance through 15 July 2020. CAB+RPV LA is a novel, long-acting antiretroviral therapy (ART) currently in development and is administered intramuscularly monthly or every 2 months by a healthcare provider. COVID-19 and the resultant restrictions on access to some clinical trial sites presents challenges to the continuous delivery (‘implementation fidelity’) of CAB+RPV LA during a pandemic.

LB-8. Summary of COVID-Related Impact on Cabotegravir and Rilpivirine Long-Acting (CAB+RPV LA) Dosing Across the Six Ongoing Global Phase Ib and IIb Clinical Trials

Ronald D’Amico, DO, MSc 1, Paul Benn, MB, ChB FRCP 1, Cynthia C. McCoid, MD 1, Cynthia C. McCoid, MD 1, Sandy Griffith, PharmD 1, Krischan J. Hudson, PhD 1, MPH 1, Kenneth Sutton, MA 1, Kenneth Sutton, MA 1, Conn M. Harrington, BA 1, Sterling Wu, PhD 1, Will Williams, n/a 1, Kai S. Hove, MRES 1, Carla O. Martin, n/a 1, E Jane McCoig, BSc. (Hons) Applied Biochemistry 1, Parul Patel, PharmD 1, David Margolis, MD, MPH 1, David Margolis, MD, MPH 1, ViiV Healthcare, Research Triangle Park, NC; GlaxoSmithKline, Collegeville, Pennsylvania; Pharmacy degree, MSc Drug development, London, England, United Kingdom

Session: LB1. Late Breaking Abstracts
Saturday, October 24, 2020: 11:00 AM

Background. SARS-CoV-2 (COVID-19) has disrupted healthcare service delivery globally. CAB+RPV LA is a novel, long-acting antiretroviral therapy (ART) currently in development and is administered intramuscularly monthly or every 2 months by a healthcare provider. COVID-19 and the resultant restrictions on access to some clinical trial sites presents challenges to the continuous delivery (‘implementation fidelity’) of CAB+RPV LA during a pandemic.

Methods. Descriptive analyses were conducted using aggregated data from ongoing CAB+RPV LA clinical trials (LATTÉ-2, ATLAS, ATLAS-2M, FLAIR, POLAR, and CUSTOMIZE) to evaluate impact of COVID-19 on LA dosing. Data through 15 July 2020 were aggregated, categorized, and summarized to show trends. Data collection is continuously ongoing.

Results. As of 15 July 2020, 1831 participants are currently on CAB+RPV LA across these clinical studies. As of 15 July, 113 (6%) participants had injection interruptions that were impacted by COVID-19. LA dosing was interrupted in 107 (95%) participants due to clinic closure or staffing constraints, 9 (8%) for self-quarantine, 11 (10%) for confirmed or suspected COVID-19, and 42 (37%) for other reasons. Among participants impacted, 64 (58%) were from N. America, 29 (26%) Europe, 14 (13%) S. Africa, and 3 (3%) Latin America. Majority of participants were male (87, 79%), white (74, 65%), with median age 35 years. Mitigation strategies included short-term oral therapy with CAB+RPV (78, 69%), short-term standard of care ART (26, 24%) and rescheduling of LA injections (6, 5%). Although some are still receiving oral therapy, current median duration of oral therapy has been 45 days. To date, 65 (58%) have restarted LA and viral load data collection is ongoing. No suspected or confirmed virologic failure was observed for any participant impacted by COVID-19 to date.

Conclusion. In the midst of the global pandemic, no treatment interruptions were seen across the ongoing CAB+RPV LA clinical studies. Missed visits were manageable and successfully mitigated, primarily by temporary transition to oral therapy with no resultant virologic failure or emerging resistance through 15 July 2020. CAB+RPV LA is a novel, long-acting antiretroviral therapy (ART) currently in development and is administered intramuscularly monthly or every 2 months by a healthcare provider. COVID-19 and the resultant restrictions on access to some clinical trial sites presents challenges to the continuous delivery (‘implementation fidelity’) of CAB+RPV LA during a pandemic.

Disclosures. Ronald D’Amico, DO, MSc, GlaxoSmithKline (Shareholder) ViiV Healthcare (Employee) Paul Benn, MB, ChB FRCP, ViiV Healthcare (Employee, Shareholder) Cynthia C. McCoid, MD, ViiV Healthcare (Employee) Cynthia C. McCoid, MD, ViiV Healthcare (Individual(s) Involved: Self); Employee Sandy Griffith, PharmD, GlaxoSmithKline (Shareholder) ViiV Healthcare (Employee) Krischan J. Hudson, PhD, MPH, GlaxoSmithKline (Shareholder) Kenneth Sutton, MA, GlaxoSmithKline (Individual(s) Involved: Self); Employee; ViiV Healthcare (Individual(s) Involved: Self); Employee Conn M. Harrington, BA,

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