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Background. Viral hepatitis is common among individuals who attend narcotic replacement therapy (NRT) programs, yet screening is not universally implemented. Programs may use behavioral risk questionnaires to determine whom to screen, though the efficacy of this approach has not been assessed. We compared risk score from the behavioral risk intake assessments at our institution’s NRT program with the results of HIV and viral hepatitis tests, and analyzed the care continuum for HIV- diagnosed NRT participants.

Methods. Retrospective chart review of NRT participants. All charts were reviewed for high-risk or risk-not-assessed individuals and a random subset of charts were reviewed for individuals determined to have medium or low risk. Intake viral screening, subsequent testing during NRT participation, evaluation and linkage to care for HCV, HBV and HIV were collected. Data was extrapolated to estimate baseline screening, prevalence and care continuum data among all NRT participants.

Results. As of October 2016, 866 individuals were enrolled in NRT. 27% of the charts reviewed had full HIV/HCV/HBV screening completed at intake. Overall, 33% of individuals were tested for HIV and 1 individual tested positive; 46% of individuals were tested for HBV and 1 individual tested positive; and 47% were tested for HCV Ab, of which 37% tested positive. By risk behavior questionnaires, 4% of individuals were considered high risk for viral injection, 54% medium risk, 34% low risk, and 8% not assessed. See Figure 1. The percentage of positive HCV tests was high across all risk groups (26%-58%). 150 individuals in the entire cohort were estimated to have been diagnosed HCV RNA+ (37% of those tested, 14% of all participants); 7 were treated and cured (6% of those RNA+). See Figure 2.

Conclusion. Participants in the NRT program had low rates of HIV and HBV and high rates of HCV exposure across all behavioral risk levels. 14% of the cohort were diagnosed with active HCV, though fewer than half of the participants were tested. HCV referral, linkage and treatment rates were low across all subgroups; interventions to expand testing to all intakes regardless of risk score and optimize linkage to care could greatly impact diagnosis and treatment rates among this high-prevalence population.

Disclosures. All authors: No reported disclosures.

2239. Safety and Tolerability of High Dose Atazanavir–Ritonavir and Lopinavir–Ritonavir in Pregnant Women Living with Human Immunodeficiency Virus
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Background. During late pregnancy, the standard dose of atazanavir boosted with ritonavir (ATV/r) is increased to 400/100mg daily once the standard dose of lopinavir boosted with ritonavir (LPV/r) is increased to 600/150mg twice daily due to physiologic and metabolic changes. These higher doses may impact the tolerability of antiretroviral therapy (ART). The objective of this study was to describe adverse events (AE) in pregnant women living with HIV receiving ATV/r vs. LPV/r.

Methods. This retrospective cohort included pregnant women receiving high dose ATV/r or LPV/r-based ART from Sept 2007-Dec 2014. AEs were assessed by laboratory parameters and medical chart documentation from the first visit during pregnancy through delivery. AE severity was based on the Division of AIDS Table for Grading the Severity of Adult AEs. The primary endpoint was a between-group comparison of documented AEs. Data are presented as n, percent, or median (interquartile range, IQR).

Results. A total of 99 patients were included (n = 41 ATV/r, n = 58 LPV/r). Patients were 29 years old (IQR 24–34), African American (43%), and living with HIV for 5 years (IQR 1–9). Baseline demographics were similar between groups. Overall, 94.8% of the LPV/r arm experienced at least one AE (n = 58), and 70.7% (n = 29) experienced an AE in the ATV/r arm (P < 0.01). The most frequent AE in the ATV/r arm (n = 28) was nausea/vomiting, while the common AE in the LPV/r arm (n = 44 LPV/r and n = 19 ATV/r) was Most AEs were grade 1 in (LPV/r: 194 (88%)) and ATV/r: 81 (76%); (P < 0.01); however, there were a higher number of grade 3 in (n = 7 ATV/r, n = 5 LPV/r) and grade 4 (n = 2 ATV/r, n = 0 LPV/r) AEs seen in the ATV/r arm. LPV/r was discontinued in 3 patients and ATV/r was discontinued in 2 patients. There was no difference in percentage of patients with an undetectable viral load at any monitoring point including the week before end of term (n = 28/32, 87.1% ATV/r; n = 33/42, 78.6% LPV/r; P > 0.05 for all).

Conclusion. Patients treated with ATV/r experienced lower overall rates of AEs compared with LPV/r. The majority of AEs were grade 1 and few patients needed to discontinue ATV/r or LPV/r due to AEs.

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2240. Comparison of Two Antiretroviral Therapy Regimens in Human Immunodeficiency Virus (HIV)–Infected Pregnant Women
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Background. Combined antiretroviral therapy (cART) in human immunodeficiency virus (HIV)-infected pregnant women reduces the maternal-to-child transmission (MTCT) rate from a baseline of 25% to less than 2% when the HIV viral load (VL) is <1,000 copies/mL. The traditional cART is composed of 2 nucleoside reverse transcriptase inhibitor (NRTI)- and 1 protease inhibitor (PI)-class drugs. There is limited information on the effects of VL reduction in pregnancy with alternative cART modalities containing either an integrase strand transfer inhibitor (INSTI) or a non-NRTI (nNRTI).

Objective: We sought to compare the HIV VL near delivery in HIV-infected pregnant women receiving 2 NRTI plus 1 PI (traditional cART) to those receiving 2 NRTI plus 1 INSTI or 1 nNRTI (alternative cART).

Methods. Prospective cohort study of pregnant HIV-infected women from 2010 through 2016 receiving care in our high-risk obstetric infectious disease clinic. Women were included if they had at least 2 VL (before and after intervention) obtained during pregnancy. Our primary outcome was the rate of VL <1,000 copies/mL near delivery.

Results. We collected data in 274 subjects (traditional cART=116, alternative cART=118). After adjusting for confounders, the rate of VL <1,000 copies/mL near delivery was higher for women receiving traditional treatment (121/156, 77.6%) to the alternative cART (101/118, 85.6%): P = 0.0765, RR 1.474 (0.733-2.967).

Conclusion. After adjusting for confounders, our cohort of women receiving either traditional or alternative cART regimens achieved similar rate of HIV VL <1,000 copies/mL near delivery. Further studies are needed to replicate our findings.

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2421. Prevalence and Risk Factors for Intimate Partner Violence in Women Living with HIV in Uganda
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Background. Intimate partner violence (IPV), behavior within an intimate relationship that causes physical, sexual, or psychological harm, is a significant global health issue. IPV is associated with HIV incidence, reduced antiretroviral therapy (ART) adherence, and a lower likelihood of viral load suppression. To inform future IPV interventions we examined IPV prevalence and IPV risk factors among women living with HIV (WLWH) in Uganda.

Methods. We utilized prospective data from women enrolled in the Uganda AIDS Rural Treatment Outcomes (UARTO) cohort study of HIV-infected adults receiving ART between 2011 and 2015. Bloodwork (CD4 cells/mm3, HIV RNA) and interviewer-administered questionnaires (socio-demographics, behavior, and health outcomes) were collected quarterly. Sexual and reproductive health data, including IPV and ART adherence, were collected monthly. We performed analyses with the primary outcome of experiencing physical or sexual IPV at any time during the follow-up period (yes vs. no). Multivariate logistic regression was used to assess sociodemographic and clinical factors associated with IPV.

Results. A total of 455 WLWH were included. Median age was 36.3 years, 43% were married, and median time on ART was 4 years. At baseline,131 women (29%) reported a history of experiencing IPV. Over study follow-up, 68 women (15%) reported experiencing current physical or sexual IPV at least once. Of those 68 women, 22 (32%) experienced physical violence only, 30 (44%) experienced sexual violence only, and 16 (24%) experienced both. In the adjusted model, younger age per year (AOR 1.06, 95% CI 1.04–1.10), hazardous drinking (AOR 3.31, 95% CI 1.14–9.63), and being married (AOR 2.64, 95% CI 1.47–4.72) were associated with higher odds of experiencing current IPV.

Conclusion. Experiences of physical and sexual IPV are common among women in this study, and many experienced both sexual and physical violence. These results highlight the need to develop effective and integrated IPV screening and treatment interventions for women accessing HIV care. Further research is needed to better understand how alcohol use, younger age, and marital status play a role in the risk of IPV, to inform development and testing of IPV interventions for WLWH.

Disclosures. J. E. Haberer, Merck: Consultant, Consulting fee; Natera: Shareholder, Stock ownership

2422. Effective Contraceptive Use Following Unplanned Pregnancy Among Ugandan Women Living with HIV
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Background. Prevention of unplanned pregnancy is critical for women living with HIV (WLWH) to safely achieve their reproductive goals, and forms the second prong of the Global Plan to eliminate perinatal transmission of HIV. Family planning services in this population. Creative strategies to support the planning of families among women living with HIV are needed. Engaging men is likely to be a critical approach.

Methods. This is a retrospective analysis of data from the Uganda Aids Rural Treatment Outcomes study, which was a longitudinal cohort of individuals initiating antiretroviral therapy. Women with incident pregnancies between 2011 and 2013 who reported on intent of the pregnancy were included in this analysis. The exposure of interest was the reported intent of the pregnancy.

Results. Among 455 women who enrolled with a baseline median age of 29 years, CD4 count 403 cells/mm³, and living with HIV for 3.8 years, there were 110 incident pregnancies with reported intent. Of these pregnancies, 50 (45%) were reported as unplanned, and 60 (55%) as planned. Postpartum, 51% of women with unplanned and 44% with planned pregnancy reported effective contraception (P = 0.52). In models adjusted for pregnancy intent, only partner pregnancy desire was significantly associated with contraceptive use, with aOR 0.76 (95% CI 0.18–0.76, P = 0.01) for effective contraceptive use when the participant reported that her primary partner “definitely or probably” wants her to have a child compared with “never discussed or don’t know”.

Conclusion. Almost half of incident pregnancies among WLWH in this cohort were unplanned. Unplanned pregnancy was not associated with effective contraceptive use post-partum. These results demonstrate continued unmet need for family planning services in this population. Creative strategies to support the planning of families among women living with HIV are needed. Engaging men is likely to be a critical approach.

Disclosures. J. E. Haberer, Merck: Consultant, Consulting fee; Natera: Shareholder, Stock ownership

2423. Association of Self-Reported Adherence and Antiretroviral Drug Concentrations in Hair Among Youth with Virologic Failure in Tanzania
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Background. Youth living with HIV (YLWH) struggle to achieve complete adherence to antiretroviral therapy (ART). Assessing adherence via self-report can over-estimate adherence. Analysis of ART concentration in hair samples objectively assesses adherence. This study compared self-reported adherence vs. ART concentration in hair to determine which measure of adherence associated most strongly with virologic outcomes in YLWH.

Methods. This is a retrospective analysis of data from the Uganda Aids Rural Treatment Outcomes study, which was a longitudinal cohort of individuals initiating antiretroviral therapy. Women with incident pregnancies between 2011 and 2013 who reported on intent of the pregnancy were included in this analysis. The exposure of interest was the reported intent of the pregnancy.

Results. Among 455 women who enrolled with a baseline median age of 29 years, CD4 count 403 cells/mm³, and living with HIV for 3.8 years, there were 110 incident pregnancies with reported intent. Of these pregnancies, 50 (45%) were reported as unplanned, and 60 (55%) as planned. Postpartum, 51% of women with unplanned and 44% with planned pregnancy reported effective contraception (P = 0.52). In models adjusted for pregnancy intent, only partner pregnancy desire was significantly associated with contraceptive use, with aOR 0.76 (95% CI 0.18–0.76, P = 0.01) for effective contraceptive use when the participant reported that her primary partner “definitely or probably” wants her to have a child compared with “never discussed or don’t know”.

Conclusion. Almost half of incident pregnancies among WLWH in this cohort were unplanned. Unplanned pregnancy was not associated with effective contraceptive use post-partum. These results demonstrate continued unmet need for family planning services in this population. Creative strategies to support the planning of families among women living with HIV are needed. Engaging men is likely to be a critical approach.

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