1260. Serorelevance of Transfusion-Transmissible Infections (HIV, HCV, HIV, and Syphilis) Among Voluntary Blood Donors in Eastern Regional Blood Center Sri Lanka; A 4 Years Evaluation
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Background. Blood transfusion can be a lifesaving intervention and it may re-
turn life-saving interventions and carry the risk of transfusion-transmissible infec-
tions such as HIV, hepatitis B and C, syphilis, malaria, etc. as well as hemolysis.
Therefore, Blood safety remains a major public health problem in many developing
countries owing to inadequacies of national blood transfusion policies and services,
appropriate infrastructures, qualified personnel and financial resources. The main aim
of this study was to evaluate the serorelevance of transfusion-transmissible infec-
tions such as HBV/HCV/HIV and Syphilis among voluntary blood donors in Eastern
Regional blood center on behalf of accessing and recommending safe transfusion in
the region.
Methods. A retrospective analysis of blood donor data from January 2015 to
December 2018 was conducted in Eastern Regional Blood center. Serum samples were
screened for hepatitis B surface antigen (HBsAg), antibodies and antigens to hepato-
titis C virus (HCV), human immunodeficiency virus (HIV) 1 and 2 and Treponema
pallidum using commercially available immunochromatographic based kits. Relevant con-
firmatory test for each infective marker were carried out for repeated reactive samples.
Results. During this study period ELISA screening testing was performed on
56079 blood donors. At baseline screening and confirmatory testing revealed that
0.012, 0.017, 0.005 and 0.016% All blood donor were voluntary nonremunerate.
Conclusion. The prevalence of HIV, HCV, syphilis and HIV have not remained a
big threat to safe transfusion in this region compared with some countries across
the globe where the results were very high. Comparing with well developed services
the result are more closed with their findings and therefore, safe transfusion practices
are established. The reasons for this results may be complex and low prevalence rate
in this population with strict adherence to selection criteria and algorithm of donor
screening would be the main reasons of this findings.
Disclosures. All authors: No reported disclosures.

1261. Alarming High Rate of HIV Detected by Testing and Prevention Opportunities: Observations From the Largest HIV Program in Liberia
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Background. HIV/AIDS is one of the world’s most significant public health challenges. Sub-Saharan Africa is home to only 12% of the world’s population,
yet accounts for 71% of the global burden of HIV infection. While the HIV preva-
ence among reproductive aged Liberians (age 15–49 years) is estimated at 1.9%. As the
critical first step in HIV disease management is detection of cases, it is important to
optimize HIV testing particularly among high-risk groups. Identifying these high-risk
groups focus upon HIV testing and may also provide information on prevention opportunities.
We report on 5 year HIV testing data at a tertiary hospital in Monrovia, Liberia stratified
by age and gender.
Methods. A single-center academic hospital-based retrospective analysis of HIV
testing data over a period of 5 years (January 2014 to December 2018) obtained
from the Infectious Disease Center (IDC) of John F. Kennedy Medical Center in Monrovia,
Liberia. The IDC has a peer-led counseling program on site and offers HIV testing
daily. Data on the study population (all individuals screened for HIV disease at the
center) was extracted from ledgers and registries within the IDC. The following infor-
mation was collected on all participants: age, sex, and pregnancy status. Positive test
results are reported as simple proportions of either all patients or all individuals tested
within the category reported.
Results. Over the 5-year study period, 41,343 individuals were screened for HIV
disease. Of the total screening (7875 individuals aged 15–24 years and 24,913
pregnant women. 4,066 individuals were diagnosed with HIV (a case detection rate of
10%), and ranged from 7% (909/12821) in 2018 to 13% (678/5079) in 2014. Case de-
tection rates for individuals aged 15–24 were 7%, 5%, 4%, 6% and 3% for years 2014,
2015, 2016, 2017 and 2018 respectively. From 2014–2018, 2–3% of all pregnant women
were tested with HIV infection. Almost three-quarters (74%) of diagnosed
cases were subsequently enrolled in an HIV clinic.
Conclusion. A peer-led HIV testing program is effective in HIV case detection,
with young individuals (aged 15–24 years) and pregnant women having higher case
detection rates than expected. These findings highlight opportunities for HIV preven-
tion targeting these high-risk groups.
Disclosures. All authors: No reported disclosures.

1262. Comparative Evaluation of Native and Migrant HIV+ Pregnant Women in Chile
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Background. The reported data of HIV + pregnant women in Latin America (LA)
is scarce. Given the political and social changes that have occurred in recent years,
Chile has had to face immigration as a recent phenomenon. Based on this, the ob-
ject of this analysis was to determine the baseline characteristics, virological during
pregnancy and postpartum, and the impact of immigration on adult women infected
with HIV
Methods. The registry of HIV + pregnant women of Fundacion Arrarian was an-
alyzed. LADIL (LA) is scarce. Given the political and social changes that have occurred in recent years,
the report on 5 year HIV testing data at a tertiary hospital in Monrovia, Liberia stratified
by age and gender.
Disclosures. All authors: No reported disclosures.

1263. Anti-Retroviral (ART) Success in an Active Duty Military Cohort from 2002 to 2016, A Model for Ending the HIV Epidemic in the United States
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Background. Since 1985, all active duty (AD) U.S. military service members
have undergone periodic mandatory HIV screening. Subsequent care in the Military
Health System (MHS) allows evaluation of clinical outcomes in a setting of open access
to healthcare and medicines. We describe ART outcomes in HIV positive AD mili-
tary utilizing data collected over 15 years in our prospective, multi-center HIV Natural
History Study (NHS).
Methods. We included AD NHS participants diagnosed with HIV from 2002–
2016 with ≥1 year of follow-up. Demographics, clinical diagnoses and laboratory data
collected at study visits were compared for those on vs. never on ART by HIV diag-
nosis era at 5-year intervals. Among participants who initiated ART with ≥1 year of
follow-up after ART initiation (AI), we assessed rates of virologic suppression (VS) and
virologic failure (VF).
Results. From 2002 to 2016, 1,599 NHS participants were diagnosed with HIV
infection; 1,482 had ≥1 year of follow-up. 1,337 (90.2%) received ART; ART recipients
were more likely male (OR 2.5 [95% CI 1.2–5.3]), Caucasian (1.6 [1.1–2.3]), older (1.5
per 10 years [1.1–2.0]), diagnosed from 2012–2016 (1.4 [0.6–3.1]), and have lower
CD4 counts (0.8 per 100 cells [0.7–0.8]) and higher VL at diagnosis (2.1 [1.8–2.5]).
The median time from diagnosis to AI was 0.3 years [0.1–1.3], decreasing by era
of AI, and median CD4 counts (0.8 per 100 cells [0.7–0.8]) and higher VL at diagnosis
of ART (1.9 [1.6–2.2]). Among participants on ART, we observed a trend of decreasing
CD4 counts (0.8 per 100 cells [0.7–0.8]) and increasing VL at diagnosis (2.1 [1.8–2.5]).
Most prevalent CD4 count ranges were 100–200 (15 vs. 21; P < 0.001) and 200–400
(16 vs. 21; P < 0.001). CD4 stage and baseline viral load (975 vs. 644 copies/mL; P < 0.001)
were statistically significant between Chilean and foreigner. 50% of the patients achieved
undetectability at the time of delivery without differences between both groups. (55%
vs. 63%; p=0.42) Almost 90% of women with detectable viral load at delivery was less
than 1000 copies/mL (88,9%); 93% received full vertical transmission protocol and the
median time of vertical transmission was 2.6% without differences between
nations and foreigners. In the postpartum follow-up,70% were retained, 73% of
them undetectable on the latest follow-up visit.
Conclusion. Despite the cultural and language limitations, foreign patients main-
tained a compliance similar to those of Chile, achieving a low transmission rate vertical
and good adherence to postpartum controls.
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