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1424. Acute HIV infection (AHI); Trained Service Linkage Workers and fourth-generation assay significantly shorten time to antiretroviral therapy initiation.

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Background. Identification and early initiation of antiretroviral therapy (ART) during acute HIV infection (AHI) can preserve the immune system, reduce HIV reservoir size, and prevent transmission. We aimed to characterize patients with symptomatic AHI and their linkage/retenion to care in a county clinic.

Methods. Retrospective chart review of 60 patients diagnosed with AHI from 7/2012 to 4/2017 at two county hospitals emergency departments in Houston, TX. We compared the interval between diagnosis and initiation of ART before and after implementation of an AHI protocol in 11/2014 comprised of trained service linkage workers and use of the fourth-generation Ag/Ab combination assay as newly recommended by the CDC in 6/2014. AHI was defined as 1) detectable HIV RNA or reactive fourth-generation Ag/Ab combination assay with non-reactive HIV-1 antibody, 2) reactive third-generation Ab assay and negative/indeterminate Western blot (WB), or 3) positive WB that is negative for p31 band. CDC and DHHS definitions were used for linkage to and retention to care respectively.

Results. 10 patients were diagnosed prior to AHI protocol (25-month period) and 50 after (31-month period). 92% established care with 78% retention. Median age 34 years (IQR 25–42), with 78% men, 58% Hispanic, 36% Black non-Hispanic, 50% men having sex with men. Presenting symptoms include fever 78%, chills 47%, headache 47%, fatigue 47%, rash 38%, sore throat 37%, and headache 37%. Physical exam findings include rash 20%, pharyngeal edema/erythema 14%, cervical lymphadenopathy 8%, and thrush 7%. Baseline median CD4+ T cell count was 205 cells/µL (IQR 110–360). 56% had leukopenia, 47% thrombocytopenia, 37% syphilis, 12% aseptic meningitis and 8% K103N mutation. Median time to ART initiation decreased from 17 days (IQR 11.75–23.5) to 7 days (IQR 4.0–13.25) post protocol implementation (P = 0.011).

Conclusion. Employing trained service linkage workers and the new CDC testing algorithm significantly decreased time to initiating ART, which may improve long-term outcomes in these patients. However, 14% of patients were lost to follow-up, highlighting the need for a strategy to maintain engagement of care.

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1423. Effect of a Multidisciplinary Intervention for Early ART Initiation for Patients with Newly Diagnosed HIV.

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Background. Antiretroviral therapy (ART) is recommended for all HIV patients. However, significant attrition occurs between HIV diagnosis and ART initiation especially among indigent populations. The purpose of this study was to evaluate the outcomes after the implementation of a multidisciplinary intervention for early ART initiation (EAI) for patients with HIV in a southern inner city hospital, Grady Memorial Hospital (GMI) in May 2016.

Methods. This is a single center, retrospective chart review with 6-month follow-up of patients who were admitted to GMH from 1/1/15 to 9/30/16 and were either newly diagnosed with HIV and ART naive at admission or diagnosed previously and not on ART at the time of admission. The outcomes are proportion of patients on ART in hospital, proportion enrolled at the clinic, proportion attending a provider's visit within 30 days of hospital discharge and proportion achieving viral suppression (VS) within 6 months of hospital discharge before and after implementation of EAI.

Results. Bivariate analysis compared pre-EIA to post-EIA groups, using Chi square or Fisher exact tests for categorical and Wilcoxon rank-sum test for continuous variables.

Results. The study included 109 patients: 86 pre-EAI vs 23 post-EAI. Baseline (BL) characteristics in the pre- vs post-EIA groups include: 68 (79.1%) vs 17 (73.9%) male; race white 87 (79.1%) vs 17 (73.9%) black; age 47 (67.1%) vs 12 (52.2%) under 40; median BL viral load was 138,340 vs. 103,955 copies/mL; median BL CD4+ count was 127 vs. 243 cells/mL respectively. During hospitalization, 17 (19.8%) vs. 9 (39.1%) were started on ART (P = 0.0529), 36 (41.9%) vs. 15 (65.2%) were enrolled (P = 0.0641) in HIV care, 23 (26.7%) vs. 14 (60.9%) attended an appointment (P = 0.0021), and 38 (44.2%) vs. 21 (52.2%) achieved VS (P = 0.7833). The median time to first appointment was 35 vs. 12 days (P = 0.0088) in the pre-EAI and post-EAI groups, respectively.

Conclusion. Implementation of the EAI program showed a trend toward increased rate of patients started on ART while inpatient, a significantly greater enrollment and first appointment within 30 days, and a significantly shorter time to establishing care. The majority of newly diagnosed HIV patients are still discharged without ART; therefore further work is needed to increase uptake of the program.

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1424. Implementing an HIV Test and Treat Rapid Response Anti Retroviral Initiation Program in a Southern City with High HIV Incidence

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Background. Early initiation of antiretroviral (ART) after HIV diagnosis (Test and Treat Rapid Response, TTRR) is safe and acceptable, shortens the time to virologic suppression, reduces HIV associated morbidity and mortality, and can potentially decrease HIV transmission. Miami Dade County is first in the US for HIV incidence. As with other cities in the South, barriers to routine HIV care result in delays in engagement in care. The average time from HIV diagnosis at the Florida Department of Health (FDOH) STD clinic in Miami to ART initiation is 60 days. The University of Miami, in collaboration with the FDOH, implemented a pilot HIV TTRR program in 2016 whose aim is to speed up the process from initial HIV diagnosis to initiation of ART. This study describes enrolled patients’ demographics and the time to ART initiation in the first year of implementation (March 2016–February 2017).

Methods. When an individual is diagnosed with HIV at the FDOH STD clinic, a TTRR team consisting of a Disease Intervention Specialist, Patient Navigator, Case Manager, and HIV Provider, is activated. This team ensures that: 1) a visit with an HIV provider occurs within 48 hours; 2) ART is prescribed as soon as possible (1–7 days from diagnosis); and 3) provision of ART and appropriate follow up occurs at the initial visit. Demographics, laboratory results, and time to ART were recorded and summarized.

Results. In one year, 45 patients were enrolled (73% male, 27% female); 70% of male patients enrolled. This team ensured that: 1) a visit with an HIV provider occurs within 48 hours; 2) ART is prescribed as soon as possible (1–7 days from diagnosis); and 3) provision of ART and appropriate follow up occurs at the initial visit. Demographics, laboratory results, and time to ART were recorded and summarized.

Discussion. In one year, 45 patients were enrolled (73% male, 27% female); 70% of male patients enrolled. This team ensured that: 1) a visit with an HIV provider occurs within 48 hours; 2) ART is prescribed as soon as possible (1–7 days from diagnosis); and 3) provision of ART and appropriate follow up occurs at the initial visit. Demographics, laboratory results, and time to ART were recorded and summarized.

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1425. Needs Assessment for Resident Education Within the Collaboration for Vaccine Education and Research (CoVER)

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Background. Vaccine education is critical, but little data exist on how residents are taught about vaccines during residency training.

Methods. To determine the need for and structure of an evidenced-based educational curriculum on vaccines for pediatric and family medicine residents, the Collaboration for Vaccination Education and Research (CoVER) team surveyed residents and program directors (PDs) from 9 academic institutions across the US. The brief online survey included questions on 1) perceived vaccine importance and familiarity, 2) comfort level with communicating with patients and parents, 3) preferred vaccine educational content, 4) preferred modality for training, and 5) demographics. Results were analyzed categorically using SAS. Fisher’s Exact chi-square test was used to determine statistical significance.

Results. In October 2016, 126 residents (response rate 14%) and 11 PDs (response rate 92%) from a convenience sample of pediatric and family medicine programs completed the online survey. Residents’ training levels varied (51 PL1, 31 PL2, 38 PL3, 3 PL4 and 3 unknown). Most respondents were female (69%) and aged 25–29 years (76%). The proportion of residents reporting high familiarity with vaccines and reporting not giving a recommended vaccine increased with each additional year of training (P < 0.01). The proportion of residents rating specific vaccines as “highly important” ranged from >99% for MMR and Hib to 61% for influenza and 68% for HPV. Year of training was positively correlated with professed need to learn more about vaccine benefits (NS, Fig1), yet resident confidence in answering vaccine questions increased by year of training (NS, Fig2). The most frequently preferred modalities for training include in-person lectures (66%), online modules (60%) and continuity clinic didactics (56%) (Fig3). PDs also agreed further vaccine education would be valuable and selected comparable preferred training modalities.

Conclusion. Vaccine familiarity and confidence varied depending on the resident year, suggesting that vaccine training early in residency may be beneficial. Results provided insight to determine the framework and scope of content for a vaccine education curriculum that is being developed by the authors.