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Session: 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade Thursday, October 4, 2018: 12:30 PM

Background. Persons with acute HIV infection have high viral loads and are highly infectious compared with those with chronic infection. Rapid linkage to care and initiation of therapy, facilitated by new testing algorithms, allows for immunologic preservation and rapid virologic control, which benefits the individual and decreases transmission events.

Methods. We analyzed testing data (2016–2017) from the xTLC Program, a collaborative effort between Montefiore and Bronx Health, to assess linkage to care, initiation of antiretroviral therapy (ART) and viral suppression across sites.

Results. Of 334 new HIV diagnoses in xTLC, 33 (9.9%) had acute infection across six sites (five acute care hospitals/emergency departments, one clinic). Baseline viral load (VL) was 2.19 million copies/mL (IQR 0.47–5.00) and baseline CD4 count was 440.5/μL (IQR 285.7–565.9). Table 1 shows care continuum outcomes for patients with acute HIV infection.

Table 1: Care Continuum Outcomes for Acute HIV Infections Diagnosed Through X-TLC

| Site (N) | Days to Linkage* (IQR) | Days to ART* (IQR) | Days to ≥2 Log Reduction in VL* | Days to VL ≤ 200* | Retained in Care (%) | Virally Suppressed (%) |
|----------|------------------------|-------------------|---------------------------------|-------------------|----------------------|------------------------|
| A (1)    | 27 (9–27)              | 9 (9–9)           | 55 (55–55)                      | 55 (55–55)        | 1 (100)              | 1 (100.0)              |
| B (11)   | 66 (48–68)             | 21 (15–38)        | 46 (34–62)                      | 122 (48–321)      | 4 (80.0)             | 4 (100.0)              |
| C (2)    | 39 (29–39)             | 53 (53–53)        | 95 (95–95)                      | 162 (162–162)     | 1 (50.0)             | 1 (100.0)              |
| D (4)    | 3.5 (1.5–4.5)          | 4 (3–6)           | 31 (25–33)                      | 31 (25–33)        | 1 (30.0)             | 1 (30.0)               |
| E (114)  | 8.5 (7.2–12.4)         | 5.5 (7.2–12.4)    | 55 (47–131)                     | 102 (71.4)        | 7 (63.6)             | 7 (63.6)               |
| F (14)   | 14 (12–13.2)           | 25.5 (23–34)      | 92.5 (62–471)                   | 129.5 (186–643)   | 4 (28.6)             | 4 (28.6)               |
| Total (33)| 11 (9–15.5)           | 15 (6–27)         | 58.5 (42–117)                   | 151 (14–238)      | 23 (100.0)           | 23 (100.0)             |

*Median.
**Currently in care.

Conclusion. Patients with acute HIV infection can be successfully managed in existing programs for HIV screening and linkage to care. The xTLC program had a high linkage to care rate, timely initiation of ART, and relatively quick reduction in viral loads. Our outcomes approach those seen for intensive immediate therapy programs, but without additional costs beyond those of the xTLC program. This will likely create similar clinical benefit as dedicated programs for rapid initiation of therapy.

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563. Not Your Parent’s Epidemic: New HIV Diagnoses and the New Patient

Casade of Care in the Bronx, New York

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Session: 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade Thursday, October 4, 2018: 12:30 PM

Background. The Bronx HIV epidemic has changed dramatically, reflecting new demographics and effective approaches to testing and care across the HIV care cascade. Most of the historical disparities associated with poor outcomes have been eliminated in newly diagnosed PLWH at Montefiore. These findings hold great promise for the future epidemic in the Bronx—and across the US—if the gains can be maintained and improved.

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564. Higher “No Show” Rates Are Associated with Lower Rates of Retention in HIV Care and Viral Suppression

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Session: 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade Thursday, October 4, 2018: 12:30 PM

Background. Retention in HIV care has become the keystone of effective HIV treatment, but with less than 50% of people living with HIV/AIDS (PLWH) engaged in care, a demand exists to better address patients’ needs and to decrease viral transmission. While we know that missed visits can lead to poor outcomes, the science behind “no show” events and the relationship of “no shows” to patients falling out of care has not been defined.

Methods. We performed a chart review of 1,179 patients from DUCOM’s HIV clinic, the Partnership Comprehensive Care Practice, and examined medical appointment outcomes between July, 2013 and December, 2014. “No show” was defined as a visit not attended, cancelled or rescheduled. An attended visit between January and July 2015 defined a patient as “in care”. Our aims were to evaluate “no shows”, characterized those who “no show”, and determine predictors of (i) No Show rate (NSR), (ii) Retention (including NSR as a predictor), and (iii) Viral suppression (VS) (including NSR and Retention as predictors). We queried three databases Allscripts, Careware, and RedCap and SPSS for data analysis. Multivariate linear and logistic regression to assess relationships between potential covariates and the three outcomes.

Results. 80% of patients “no showed” at least once, and 23% of all appointments resulted in “no shows”. Nine hundred and forty-one patients (80%) were retained. 84% of all patients were virally suppressed. Gender, zip code, and housing status were not associated with any of the outcome measures. Being older (P < 0.001), white race (P = 0.001), and private insurance (P = 0.014) were associated with lower NSR, while substance use (P < 0.001) and mental illness (P = 0.038) were associated with a higher NSR. Among other findings, more years positive was associated with greater retention (P = 0.003), and a higher NSR was a strong and significant predictor of not being retained in care (P < 0.001). In multivariate analysis, only NSR (P < 0.001) and retention in care (P = 0.037) predicted VS.

Conclusion. PLWHA who “no show” are at a higher risk of viral nonsuppression and falling out of care than those who attend their appointments, even after adjusting for confounding variables. Interventions to address “no shows” in a timely manner and identify barriers must be developed in order to prevent patients from falling out of care.

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565. Implementing HIV Rapid Entry in a Community Infectious Disease Practice

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Session: 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade Thursday, October 4, 2018: 12:30 PM

Background. Successful achievement of “90-90-90” HIV care continuum goals depends on increasing diagnosis, linkage to care, and treatment initiation. Recent improvement efforts include immediate linkage and antiretroviral (ART) therapy access. Grantees of this project have been provided with tools developed in academic settings where multiple Ryan White Care Act (RWCA) services are available. The purpose of this project was to assess feasibility of Rapid Entry in a four-physician community ID practice.

Methods. Goals of the Rapid Entry project are: first visit within three business days of diagnosis and ART start at entry. Outcomes assessed include time to first visit, ART start, and virologic suppression. Retention in care is assessed at 6 and 12 months. Comparison is made to “standard of care” (SOC; n = 35) patients seen in 2014–2015 months prior to project implementation. Patients with new HIV diagnosis made while hospitalized were excluded.

Results. Thirty-four patients with new HIV diagnosis started care during project period. Demographics and baseline labs were similar between groups. Four rapid patients were injection drug users (IDU) vs. none in SOC. Time to First visit averaged 13 days (range 1–48) with 12 patients (37%) seen within three business days (SOC 7–189 days, mean 36). 19 patients (56%) started ARVs at the First visit (SOC 1/3%); 23 (68%) by Day 7 (SOC 5/15%). Time to virologic suppression was significantly less in the Rapid group.
**566. Earlier Linkage and ART Initiation Via Fast Track Referral System for New HIV Patients Leads to Stronger Engagement and Better Outcomes**

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**Session:** 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade

**Wednesday, October 4, 2018: 12:30 PM**

**Background.** To reach the 90:90-90 target goals for HIV care, clinical service requires a coordinated strategy to overcome barriers that prevent patients’ sustained wellbeing. Earlier initiation of antiretroviral therapy (ART) improves desired outcomes yet it can be a difficult task. With the help the Early Intervention Service (EIS) from our local Health Department in Connecticut, our academic clinic implemented a fast-track Linkage (FTL) and ART process for clients new to HIV care by providing services within 10 days of diagnosis. The aim of our study was to compare this new system with the standard of care (SOC).

**Methods.** We retrospectively reviewed the medical records of all new patients who were referred for HIV care at this single academic center from 2014 to 2016. Only patients not on ART at the initial visit were included. We divided them into two groups. One group was seen at the clinic for a new diagnosis and utilized clinic vs. all. We compared the demographic and outcome data including retention in care, viral suppression (VS) and CD4 differences.

**Results.** Forty-seven were referred via the FTL system (see Table 1). Our analysis did not identify any significant barrier to care. FTL patients were significantly younger, Retention, ART, VS and CD4 recovery were better in the group that was treated earlier.

**Conclusion.** Implementation of FTL systems that include EIS can lead to successful and sustained high rates of VS and improved CD4 recovery. Larger scale initiatives could prove to be highly beneficial from a public health perspective.

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**567. Stigma, Secrecy and Spiritualilty: An Exploratory Study of How Sociocultural Practices and Perceptions Influence Care Engagement Among HIV-Positive Adults in Akwatia, Ghana**

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**Session:** 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade

**Thursday, October 4, 2018: 12:30 PM**

**Background.** In Ghana, only 65% of HIV-positive adults are linked to HIV care. Stigma, social support and religion play a key role in choice to engage in HIV-related care. This exploratory study examines the relationship between demographic characteristics, perceived stigma, religious service attendance, and participants’ adherence to HIV-related appointments. The authors sought to identify characteristics that differed among HIV-positive adults who experienced default in attendance of their HIV clinic appointments compared with those with continuous attendance.

**Methods.** An exploratory study was conducted from June 2017 to July 2017 at St. Dominic’s Hospital in Akwatia, Ghana. Structured interviews and medical record reviews were used to collect data on the sociocultural characteristics and appointment adherence of 153 adult HIV-positive participants. Adherence was classified as continuous or noncontinuous. Continuous adherence was defined as attending all scheduled HIV-related appointments over a 6-month period. Only univariate analysis was used to identify characteristics associated with continuous adherence.

**Results.** The mean age of 53.75% of the participants were female, and 92% identified as Christian. HIV care adherence was continuous among 73% of participants. Seventy-three percent of participants attended religious services more than once per week even though 58% of participants perceived HIV-related stigma from their religious congregation. 77% of participants reported hiding their HIV status from others. The only statistically significant difference between the continuous and noncontinuous groups was with respect to hiding their HIV status from others (P = 0.054, 90% CI).

**Conclusion.** The sample size (n = 153) limits the ability to generalize the differences identified between outcome groups. Another limitation is that this study did not examine stigma or disclosure among individuals who had not enrolled in the clinic. Further research is needed to determine whether HIV status concealment can be used as an indicator for patients at higher risk of noncontinuous care engagement. A better understanding of HIV-related stigma, disclosure and choice can be influenced by religious communities and supportive interventions is needed.

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**568. The Impact of Disclosure Stigma on Virologic Outcomes in People Living with HIV**

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**Session:** 61. HIV: Linkage to Care and Viral Suppression in the Care Cascade

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**Background.** HIV-related stigma is a leading barrier to engagement in HIV care and successful treatment. Disclosure Stigma (DS), the fear of disclosing one’s serostatus, is associated with poor adherence and retention in care, but its association with clinical indicators of HIV treatment is not well established. The purpose of this study was to determine the influence of DS on virologic suppression, and our hypothesis was that DS would be associated with lack of virologic suppression.

**Methods.** This cross-sectional study was performed between May 2015 and February 2016, at the largest publicly funded HIV clinic in South Texas. A survey was administered to consecutively recruited participants at routine follow-up who were: 218 years-old, HIV+, and receiving antiretroviral therapy. Surveys included demographics, sexual/HIV history, AIDS Clinical Trials Group baseline adherence questionnaire, and a validated HIV-stigma scale. Clinical data were obtained from medical records. The primary predictor was DS: the sum of 10 items ranked 0–4, with maximum score of 30 indicating highest stigma. The primary outcome was lack of virologic suppression (LOVS): most recent HIV-1 RNA>20 copies/mL. Bivariate analyses were conducted to examine: (i) predictors of DS and (ii) predictors of LOVS. Multivariable logistic regression models examined the relationship between DS and LOVS.

**Results.** For 275 participants, median DS score was 18.5 (IQR 13, 23). In bivariate analyses, DS was associated with DS (OR 1.10, 95% CI 0.87, 1.39) and perceived adherence (OR 0.04, 95% CI 0.01, 0.80) were significantly associated with increased DS. However, dissatisfaction with help received by friends/family was associated with reduced odds of DS (OR 0.46; CI