871. Sexual Health Service Experience and Preferences for Non-Traditional Service Delivery Among a Predominately Immigrant Latino MSM Population in Miami

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Session: P-50. HIV: Social Determinants of Health

Background. Miami-Dade County (MDC) has the highest rate of new HIV diagnoses in the United States (US), with highest incidence among Black and Latino men who have sex with men (MSM). Immigrants may be especially vulnerable to HIV acquisition and may lack or avoid accessible sexual health services. The University of Miami Mobile PreP (MP) Clinic provides sexual health services including STI and HIV testing as well as PreP initiation and follow-up in four highly impacted areas of MDC. The majority of MP clients are immigrant Latino MSM. We evaluated sexual healthcare access, preferences, and facilitators or barriers to receiving sexual health services through non-traditional platforms.

Methods. A brief survey was offered to clients at four MP locations from September 2020 to June 2021. Multiple-choice questions addressed healthcare access, usage, and experience as well as preferences for service receipt including home-based, mobile clinic, and telehealth options. Brief qualitative short answer responses were also elicited. Results were tabulated and presented descriptively.

Results. A total of 115 clients were surveyed. Mean age was 36; 82.6% identified as male. Most respondents were either White/Caucasian (56.5%) or Black/African-American (39.1%) and 78 (67.8%) identified as Hispanic/Latino. Of the 66% that reported being born outside the US, 34.2% had immigrated in the past 5 years. Only 41.7% of respondents had a primary care provider. Before coming to the MP clinic, 27% had not been seen for sexual health services in over 2 years. Most clients indicated satisfaction with MP services. The most important characteristics for a care site identified included comfort with staff, location, and affordability. 43.5% preferred a clinic time outside of 9am-5pm. Only 13% of clients preferred home-based labs using a self-collection kit with a majority preference for in-person follow-up at the MP clinic.

Conclusion. Key populations at risk for HIV infection including immigrants and Black and Latino MSM may experience barriers to traditional clinic care. Clients expressed satisfaction with MP services, and a preference for clinic-collected rather than self-collected specimens. Further research to tailor service delivery to client preferences is needed.

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872. Number of Sexual Partners and Patient-Reported Outcomes among Older Adults Living With HIV

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Session: P-50. HIV: Social Determinants of Health

Background. Many older (age 50+) adults living with HIV (OALWH) are sexually active. However, little is known about the relationship between number of sexual partners and mental health outcomes among OALWH.

Methods. Data were utilized from the Aging with Dignity, Health, Optimism and Community (ADHOIC) cohort, an observational study of OALWH from ten US clinics. To measure sexual activity, participants were asked "How many sexual partners have you had in the last year?" with response options ranging from zero to "greater than five." Loneliness was measured using the Three-item Loneliness Scale, and depression was measured using the Patient Health Questionnaire-2. Significance was determined by Kruskal-Wallis tests followed by unadjusted pairwise comparisons.

Results. Of 1,027 participants, the mean (SD) age was 58.9 (6.1) and 876 (85%) were male. 312 (30%) had zero sexual partners in the past year, 308 (30%) had one partner, 197 (19%) had 2-5 partners, and 210 (20%) had >5 partners. Of the participants with one partner, 230 (75%) were married, coupled or partnered, and 78 (25%) were single, widowed, separated, or divorced (Single). Figure 1 shows that people with one partner were significantly less lonely than any other group (p<0.01 for pairwise comparisons), and all other groups were statistically similar to each other. This pattern was also seen with depression (p<0.01 for pairwise comparisons, Figure 2). Among subgroup of people with one sexual partner, those who were married, coupled or partnered were less lonely (4.41 vs. 5.67, p<0.01) and less depressed (0.95 vs 1.38, p=0.02) than those who were single, widowed, separated, or divorced.

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873. A Retrospective Cohort Study on Treatment Outcomes of Patients on Third-Line Therapy at the HIV Advanced Treatment Centre, University Teaching Hospital, Zambia

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Session: P-51. HIV: Treatment

Background. In Zambia, third-line regimens consist of a switch to darunavir/ritonavir (DRV/r) and/or raltegravir (RAL) and/or etravirine (ETR), and as of 2017, dolutegravir (DTG), from a failing second-line therapy.

Methods. A total of 607 pts were evaluated. Mean age 51years; (Range-20-84). Male 306 (50.4%), African American 545(90%), Hispanic 50 (8.2%), white 9 (1.5%), Asian 30 (5.0%). HIV risk: heterosexual 437(72%), male with sex male 118(19.4%), intravenous drug use 8 (1.3%). In the Pre-CO period, 530 pts were seen as IN-P; in the CO period 606 pts were encountered of which 304 (50.2%) were TELE visits, 89(14.7%) were face to face, 213(35%) had both TELE and IN-P encounters. Mean number of encounters per pt was 1.5 (Range 1-25). In the Pre-CO period, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 count measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 counts measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 <200/uL (p=0.41). The number of new pts in the Pre-CO period, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 <200/uL (p=0.41). The number of new pts in the Pre-CO period, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 <200/uL (p=0.41). The number of new pts in the Pre-CO period, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 <200/uL (p=0.41). The number of new pts in the Pre-CO period, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 <200/uL (p=0.41).

Results. A total of 539 patients were included; 231 males (42.9%) and 308 (57.1%) females. The mean age of third-line initiation was 29.8 years; mean time from ART initiation to third-line initiation was 9.9 years. Out of 25 participants, 349 (64.7%) received DTG, 272 (50.5%) DRV/r, 85(15.8%) ETR, and 49 (9.1%) RAL. There were 215 (39.9%) genotypes; common mutations were to zidovudine (80%), non-nucleoside reverse transcriptase inhibitors (NNRTIs) (78%), and protease inhibitors (PIs) (41%). Patients with at least one viral load and CD4 upon third-line initiation was 296 (54.9%) and 350 (64.8%), respectively. Among patients with sufficient data (21%, n=115), VL suppression increased from 44 (38%) patients at baseline to 53 (46%) at next available follow-up; with mean baseline VL and follow-up VL of log10 3.60 and 3.33, respectively. The immunologic response revealed 49 (56.3%) CD4 increase with mean increase of 61.1 cells/mm3. (See Table 1.)

Table 1. Baseline characteristics at the initiation of third-line antiretroviral therapy (N=539)

| Measurement            | N (%)       |
|------------------------|-------------|
| Male                    | 231 (42.9)  |
| Female                  | 308 (57.1)  |
| Mean age at HIV Diagnosis, Mean (SD) | 29.8 (12.0) |
| Mean age at 3rd Line, Mean (SD) | 38.8 (13.3) |
| Years on First Line, Mean (SD) | 7.0 (4.1)   |
| Years on Second Line, Mean (SD) | 3.9 (3.9)   |
| Years from ART Initiation to Third line, Mean (SD) | 9.9 (4.4)   |

3rd Line Regimen

- RAL + DRV/r + ETR: 9 (2.0)
- RAL + DRV/r + TDF + FTC: 10 (2.0)
- RAL + DRV/r + AZT + 3TC: 3 (0.6)
- DTG + DRV/r + ETR: 14 (2.6)
- DTG + DRV/r + TDF + FTC: 7 (1.3)
- DTG + DRV/r + AZT + 3TC: 9 (1.7)
- TDF + 3TC + DTG + DRV/r: 23 (4.3)
- TDF + 3TC + DTG + DRV/r + ETR: 15 (2.8)
- TDF + 3TC: 85 (15.8)
- TDF alone: 85 (15.8)
- Any TDF: 288 (53.4)
- Any DRV: 272 (50.5)
- Available Baseline Viral Load: 296 (54.9)
- Available Baseline CD4: 350 (64.9)
- Genotype Available: 213 (39.9)
- AZT mutation: 172 (30.9)
- NNRTI mutation: 168 (78.1)
- PI mutation: 88 (40.9)

Conclusion. We found moderate improvements in VL suppression and immunologic response. Nearly all third-line patients had genotypic resistance to first-line NNRTI and nearly half to second-line PI regimens. Quality improvement measures are needed to improve viral load timing following ART changes to better assess regimen efficacy.

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874. Impact of Telehealth in HIV Ambulatory Clinic during COVID-19 Pandemic Impact of Telehealth in HIV Ambulatory Clinic during COVID-19 Pandemic Sandhya Nagaraktani, MD; Eliabu Bubbubar, MD; Donna George, n/a; Kristen Elders, LCSW; Newark, Beth Israel Medical Center, Newark, NJ

Session: P-51. HIV: Treatment

Background. HIV outpatient in-person (IN-P) visits were limited during the COVID-19 pandemic, and most patients (pts) were cared for remotely through telehealth (TELE). We sought to evaluate the impact of TELE on HIV infected pts during the pandemic compared to the pre-pandemic IN-P care.

Methods. Retrospective chart review of pts in an outpatient HIV clinic study period 03/10/2019 to 03/29/2021. Two periods were defined: pre-COVID (Pre-CO) 3/30/2019 to 3/29/2020 and COVID (CO) 3/30/2020 to 3/29/2021. Data was collected on demographics, HIV risk, type of encounter, number of encounters, CD4, HIV Viral loads (VL) at first, and last visit, treatment regimen information. HIV VL < 200 copies/ml was considered as undetectable.

Results. A total of 607 pts were evaluated. Mean age 51years; (Range-20-84). Male 306 (50.4%), African American 545(90%), Hispanic 50 (8.2%), white 9 (1.5%), Asian 30 (5.0%). HIV risk: heterosexual 437(72%), male with sex male 118(19.4%), intravenous drug use 8 (1.3%). In the Pre-CO period, 530 pts were seen as IN-P; in the CO period 606 pts were encountered of which 304 (50.2%) were TELE visits, 89(14.7%) were face to face, 213(35%) had both TELE and IN-P encounters. Mean number of encounters were 2.59 in the Pre-CO and 2.46 during CO. The number of new pts in the Pre-CO period, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 <200/uL (p=0.03); 448 pts had a VL done at first and last visits, 330 (88.5%) at the first visit and 337(90.3%) at last visit were undetectable (p=0.26). During the pre-CO, 373 pts had CD4 measured at first and last visits, 353(95%) at the first visit and 352 (94.3%) at the last visit had CD4 counts ≥200/uL (p=0.87); 373 pts had a VL done at first and last visits, 330 (88.5%) at the first visit and 337(90.3%) at last visit were undetectable (p=0.01). During the pre-CO, 445 pts had CD4 measured at first and last visits, 402 (90.3%) at the last visit had CD4 <200/uL (p=0.79); 448 pts had a VL measured at first and last visits, 389(87%) at the first visit and 417(93%) at the last visit were undetectable (p=0.002). Antiretroviral changes occurred in 29% in the Pre-CO compared to 19% in the CO (p=0.32).

Conclusion. In our clinic, more pts were cared for during the CO period compared to the Pre-CO period. Significantly, more pts had undetectable HIV VL during CO period. At least one TELE visit was utilized by over ½ of the pts. TELE has a potentially important role in future HIV care without compromising patient outcomes.

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