Table 1:

|       | SOC | FTL |
|-------|-----|-----|
| N     | 29  | 47  |
| Age (median [IQR]) | 50.00 [42.00, 33.00] | 26.50 [35.00, 42.00] |
| Sex (%) | 0.367 |
| Female  | 6 (20.7) | 5 (10.6) |
| Male    | 23 (79.3) | 41 (87.2) |
| Race (%) | 0.583 |
| Asian/Pacific Islander | 0 (0.0) | 1 (2.1) |
| Black, non-Hispanic | 17 (58.6) | 23 (48.9) |
| Hispanic | 4 (13.8) | 6 (12.8) |
| Other   | 1 (3.4) | 0 (0.0) |
| White, non-Hispanic | 7 (24.1) | 16 (34.0) |
| Other   | 0 (0.0) | 1 (2.1) |
| HIV risk group (%) | 0.110 |
| Heterosexual sex | 9 (31.0) | 12 (25.5) |
| Injection drug use | 6 (20.7) | 1 (2.1) |
| Men who have sex with men | 12 (41.4) | 34 (72.2) |
| Time to first HIV clinic visit (median [IQR]) | N/A | 9.00 [0.00, 0.016] |
| Retained in care (2 visits in >90 days) (%) | 22 (75.9) | 43 (91.5) |
| HIV viral suppression at 1 year (%) | 20 (69.0) | 37 (78.7) |
| Initial CD4 counts at baseline (av) | 340 | 414 |
| CD4 count change at d265 | 93 | +230 |

**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.

**Disclosures.** All authors: No reported disclosures.

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

Kelsey Brown, Undergraduate Student1; Teresa Deatley, MPH1; Gloria Mensah, Undergraduate Student1; Nailah Tucker, Undergraduate Student1; Timothy Flanagan, MD, FDSA1 and Mate Alfonso Romero, MD1; 1Brown University, Providence, Rhode Island, 2Brown University, 02912, Rhode Island, 3Tougaloo College, Tougaloo, Mississippi, 4Department of Infectious Diseases, The Miriam Hospital, Providence, Rhode Island, 5St. Dominic’s Hospital, Akwatia, Ghana

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

**Background.** In Ghana, only 65% of HIV-positive adults are linked to HIV care. Social, spiritual, religious support and religious service attendance are factors that may influence engagement 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 was 33.5%, 75% of the participants were female, and 92% identified as Christian. HIV 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. Seventy-seven percent 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, 95% 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 stigma 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 to engage in HIV-related care is needed.

**Disclosures.** All authors: No reported disclosures.

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

Michelle Matheu, MD;1 Laurie Gleason, BA;2 Thanhkan Sunil, PhD, MPH;3 Norey A. Castro-Pena, MD;1 Camille Spears, MD, MPH;1 Christopher Smith, MD;1 John Michael Flores, MD2 and Barbara S. Taylor, MD, MS;1 1Department of Internal Medicine, Division of Infectious Diseases, University of Texas Health at San Antonio, San Antonio, Texas, 2Institute for Health Disparities Research, University of Texas at San Antonio, San Antonio, Texas, 3Infectious Disease Gonzaba Medical Group, San Antonio, Texas, 4Long School of Medicine, UT Health at San Antonio, San Antonio, Texas, 5Internal Medicine and Pediatrics, University of Illinois at Chicago, Chicago, Illinois

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

**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. Multivariate 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 LOVS (OR 1.0, 95% CI 0.1, 0.6), and perceived stigma (OR 1.0, CI 0.1, 0.1) 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