Conclusion. In the complex environment of a pediatric HIV specialty clinic, most PLWH mounted Ab responses to 4v HPV that were durable. H18 was least immunogenic. Patients with higher HIV VL were less likely to seroconvert for all types and were more likely to sero-revert.

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927. Antiretroviral Laboratory Monitoring and Implications for HIV Clinical Care in the Era of COVID-19 and Beyond

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Session: P-44. HIV: Complications and Special Populations

Background. In the era of COVID-19, providers are delaying laboratory testing in people with HIV (PWH) to avoid unnecessary exposures despite antiretroviral guidelines recommending periodic testing. The purpose of this study was to examine the clinical significance of periodic renal, liver, and lipid testing.

Table 1. Characteristics of Participants at the Initial Visit (N=261)

Characteristic	% (n)
Age in years, median (range)	39 (18-75)
Biological male sex	85 (223)
Race	
Asian	2 (95)
Black	18 (46)
Native American	2 (4)
White	69 (179)
Other	10 (27)
Sexual Orientation	
Heterosexual	27 (71)
MSM/bisexual men	67 (177)
Unknown	5 (13)
Illegal Drug use other than marijuana	15 (38)
CD4 cell count cells/mL	
< 200 cells/mL	12 (32)
201-500 cells/mL	35 (92)
> 500 cells/mL	52 (135)
Unknown	1 (2)

Figure 1. Percentage of Individuals with GFR ≥ 60 ml/min

Methods. We reviewed the charts of 265 people with HIV (PWH) who initiated outpatient care at HIV clinic between 1/1/16 and 12/21/18 and had at least two clinic visits. Analysis included frequency distributions, descriptive statistics, one-sided binomial exact tests, and Poisson models with 95% confidence intervals (CI).

Figure 2. Actions Taken in Response to GFR < 60 or ALT or AST > 2X ULN

Figure 3. Actions Taken Following Lipid Labs

Results. Eighty-five percent (221) of PWH had no laboratory abnormalities while on antiretroviral therapy (ART). The most common abnormality was a glomerular filtration rate (GFR) < 60 ml/min found in 10% of PWH. Multivariate analysis revealed that diabetes mellitus (DM) was associated with an increased risk of GFR < 60 ml/min (estimated rate ratio 2.68, 95% CI 1.35-5.33) and age < 60 years (estimated rate ratio .122, 95% CI .05-.32) was associated with a decreased risk (estimated rate ratio .24, CI .14-.43). When a GFR was < 60 ml/min or an AST or ALT was > 2X upper limit of normal (ULN), no action was taken in 52% of the cases. When an action was taken, the most common action was to repeat testing (18%). After a lipid panel result, the most common actions were to calculate a 10-year cardiovascular risk score (32%) and add a statin (18%). Taking action after lipid panel results was strongly associated with age ≥ 40 (estimated rate ratio 9.1, 95% CI 3.3-25). ART was changed in seven PWH based on GFR, AST/ALT, or lipid panel results. There were four individuals with poor outcomes including cerebrovascular accident, acute renal failure, end stage renal disease, congestive heart failure, myocardial infarction, and death. Contributing factors were hypertension, DM, and hypercholesterolemia.

Conclusion. Individuals < 40 years without comorbidities had a low risk of having clinically significant renal and liver function abnormalities and rarely had actions taken after renal, liver, or lipid results. In the era of COVID-19 and beyond, it may be prudent for in certain groups to delay or eliminate liver, renal, and lipid testing to eliminate exposure, reduce cost, and avoid patient anxiety.

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928. Barriers to Hepatitis C Elimination in an Urban Clinic Offering Integrated HIV/HCV Treatment

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Session: P-44. HIV: Complications and Special Populations

Background. Treatment of Hepatitis C virus (HCV) infection for persons with Human Immunodeficiency Virus (HIV) is dependent on consistent outpatient follow-up. We sought to identify factors that are associated with lower HCV treatment rates in HIV/HCV co-infected patients followed at Rutgers Infectious Diseases Practice (IDP), an integrated urban clinic.