

HLC dyads from -0.02 to 0.2 (ICC Difference = 0.22). Physical QOL Congruence increased slightly for both FACE dyads from 0.4 to 0.43 (ICC Difference = 0.03) and HLC dyads from 0.5 to 0.59 (ICC Difference = 0.09). School QOL Congruence decreased for FACE dyads from 0.51 to 0.08 (-0.43 ICC Difference) and increased from 0.66 to 0.82 for HLC dyads (0.16 ICC Difference). At baseline perinatally infected adolescents vs. behaviorally infected adolescents reported significantly higher QOL in two domains: Emotional (= 84.4 vs. = 73.3; $p = 0.041$) and Physical (= 91.0 vs. = 84.5, $p = 0.058$), otherwise there were no significant differences between them.

Conclusions: Understanding adolescents' QOL may influence family decision-making with respect to future healthcare utilization and end-of-life care. The FACE intervention increased communication in all domains, but School QOL, where adolescents denied problems and families reported problems. Higher Physical and Emotional QOL among perinatally infected adolescents was unexpected. This might represent a measure of their access to medical and mental health care from birth in comprehensive "one-stop" hospital-based clinics.

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INCIDENT AND PREVALENT SEXUALLY TRANSMITTED INFECTIONS AFTER DIAGNOSIS AND ENGAGEMENT IN CARE IN HIV POSITIVE YOUTH IN AN URBAN CARE SETTING

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Purpose: Youth between the ages of 13–24 accounted for nearly 20% of newly diagnosed HIV infections in 2009, and annually represent approximately half of all sexually transmitted infections (STIs) in the US. Few clinic-based observational studies have examined STI incidence among youth following HIV diagnosis. We examined STI incidence in HIV positive youth within an urban Adolescent and Young Adult Clinic.

Methods: This is a retrospective cohort study of youth presenting for entry into HIV care in an inner city adolescent and young adult HIV clinic between 2009 and 2011. Behavioral, clinical, and demographic information was collected by medical chart review at initial presentation to the clinic, and was merged with STI testing results to examine incidence and prevalence of gonorrhea, chlamydia, and syphilis. STI incidence was calculated as the total number of new infections divided by the total person-time at risk among patients who had a baseline test and at least 1 subsequent test. Person-time was calculated as the time from the initial visit to first infection, or the last visit at which the patient tested negative; follow-up extended through December 2012. New syphilis infections were defined based on RPR seroconversion or a 2-fold or greater increase in RPR titer and were confirmed by chart review. Baseline factors associated with incident syphilis infection were assessed using Cox Proportional Hazards regression.

Results: During the study period, 177 patients presented for an initial HIV care visit. Patients were predominately African-American (84.8%), male (87%) and MSM (84%). The median age was 21 (IQR 19–22) years. Slightly less than two-thirds (64%) were diagnosed with HIV within 3 months of initial presentation. Of those screened for syphilis within 30 days of the baseline visit (N = 170), 17.7% had an RPR titer $\geq 1:8$; of 73 patients screened for gonorrhea and chlamydia at baseline, the prevalence was 15.1% for gonorrhea and 9.6% for chlamydia. Genital warts on exam were identified in 17%. Among 151 patients for whom baseline and follow-up syphilis tests were available, the incidence of syphilis was 15.04 (95% CI 10.90–20.76) per 100 person-years among all patients and 11.57 (95% CI 7.62–17.57) per 100 person-years among those with a negative RPR at baseline. The incidences of gonorrhea and chlamydia were 10.65 (95% CI 5.33–21.30) and 8.90 (95% CI 4.24–18.67) per 100 person-years respectively among 58 patients with baseline and follow-up tests. Re-infection with syphilis was common in patients with RPR $\geq 1:16$ (hazard ratio (HR) = 3.74, 95% CI 1.87–7.47).

Conclusions: We found high rates of incident and prevalent STIs among youth recently diagnosed with HIV, highlighting the importance of frequent screening for STIs among HIV infected youth. Early diagnosis and treatment of STIs among HIV positive youth may help prevent HIV transmission and provides an additional opportunity to promote primary and secondary prevention strategies. Further studies to understand behavioral correlates of ongoing STI transmission after HIV diagnosis is warranted, as are interventions for those at high risk for re-infection.

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DOES SPIRITUALITY OR RELIGION HINDER OR HELP ADHERENCE TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY AMONG ADOLESCENTS LIVING WITH HIV?

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Purpose: To examine the relationship between HAART adherence and religiousness/spirituality among HIV positive youth. We hypothesized that higher levels of medication adherence is correlated with higher levels of religious coping; higher daily spiritual experiences; and higher frequencies of attendance at religious services.

Methods: Cross sectional baseline data were analyzed from adolescents participating in the Family Centered (FACE) Advanced Care Planning study. Patients were enrolled in this 3-site randomized clinical trial from July 2011 to October 2012. Measures were: Medication Adherence Self-Report Inventory (MASRI) using the visual analogue scale for percent adherence in the past month; Brief RCOPE measured religious coping; Brief Multidimensional Measurement of Religiousness/Spirituality (BMMRS) measured daily spiritual experiences and attendance at religious services; and Beck Depression Inventory measured depressed mood.

Results: This study examined adolescents (n = 53) aged 14 to 21. Mean age was 17.9 years; 56.6% male; 94.3% African American; 22.6% homosexual; 73.5% perinatally infected. Religious