of being infected with HIV than other age groups. Stratified by race, Asian patients were more likely to be diagnosed with HIV. In addition, female patients residing in the Northeast were at higher risk for an HIV diagnosis.

PIN1

PROSPECTIVE COMPARISON OF CLINICAL OUTCOMES OF COMMUNITY-ASSOCIATED METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (CA-MRSA) AND METHICILLIN-SUSCEPTIBLE STAPHYLOCOCCUS AUREUS (CA-MSSA) SKIN AND SOFT TISSUE INFECTIONS (SSTIs): A SUTAINMENT STUDY


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OBJECTIVES: The risk of SSTIs has increased among HIV-infected adults compared with the general population. In this study, we compared outcomes of community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) skin and soft tissue infections (SSTIs) with those of community-acquired methicillin-susceptible Staphylococcus aureus (CA-MSSA) SSTIs. We tested the hypothesis that SSTIs due to CA-MRSA have worse outcomes than those due to CA-MSSA SSTIs.

METHODS: Data were collected prospectively between 2004-2012 from two CDC-sponsored HIV cohort studies, the HOPS and the SUN Study. We compared demographics, clinical characteristics including infection severity and treatment approach, or type of treatment failure. Patients with moderate or complicated SSTIs (P < 0.05) were associated with a higher risk of treatment failure. Patients with moderate or complicated SSTIs (P = 0.03), and those who described signs and symptoms of infection for > 7 days prior to initial clinical visit (P = 0.02), were associated with treatment failure. Although it is believed that patients with CA-MRSA SSTIs may have worse outcomes than CA-MSSA SSTIs, we found similar outcomes in these two groups in the primary care setting. Treatment failures were associated with infection severity and duration of infection for seven days or longer prior to seeking care.

PIN2

LOW BONE MINERAL DENSITY ASSOCIATED WITH INCREASED RISK OF INCIDENT FRACTURE IN HIV+ ADULTS


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OBJECTIVES: Although the prevalence of low bone mineral density (BMD) and bone fractures among HIV-infected adults with the general population. However, HIV-infected adults have 2.485, p < 0.001 of developing fibrosis (HR = 4.23 [4.08-4.38]) and 4.9% of persons with FRAX score < 3% (0.30/100py). 15.3% among persons with FRAX score ≥ 3% (3.27/100py). MOF occurred among 1.5% of persons with FRAX score < 3% (0.30/100py) and 4.9% of persons with FRAX score ≥ 3% (0.10/100py). In multivariate analyses, having prior fracture (adjusted hazard ratio [aHR] 2.02, 95% confidence interval [CI]: 1.91-3.03) within the last 3 months prior to the study was associated with an increased risk for new fracture. In a separate model, having FRAX score ≥ 3% vs. < 3% was associated with any new fracture (HR = 0.43 [0.38-0.48]). In conclusion: In a large convenience sample of relatively young HIV-infected U.S. adults, a FRAX score ≥ 3%, low baseline BMD, history of prior fracture, and increased age were significantly associated with elevated risk of new fracture.

PIN3

THE IMPACT OF FIBROSIS ON THE RISK OF LONG-TERM MORBIDITY AND MORTALITY IN CHRONIC HEPATITIS C PATIENTS TREATED IN THE VETERANS ADMINISTRATION HEALTHCARE SYSTEM


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OBJECTIVES: Clinicians need a reliable, non-invasive predictor of future liver-related events with which to monitor disease progression and alert untreated patients to start therapy before treatment effectiveness is compromised. This study documents the impact of FIB-4 ≥ 3.5 (probably fibrosis) on mortality rate and evaluates if treatment effectiveness is compromised if initiated after fibrosis is detected.

METHODS: Data from a large sample of U.S. veterans were selected using the Veterans Administration’s HCV clinical registry (CCR) which compiles patients EMR data from 1999 to present. Selection criteria required data on viral genotype and sufficient laboratory data with which to calculate FIB-4 scores. Time to death was analyzed using Cox proportional hazards regression. Results: Among 1008 patients (9.4%) had a new fracture. 7.1% occurred among persons with FRAX score ≤ 3% (0.09/100py), 15.3% among persons with FRAX score ≥ 3% (3.27/100py). MOF occurred among 1.5% of persons with FRAX score < 3% (0.30/100py) and 4.9% of persons with FRAX score ≥ 3% (0.10/100py). In multivariate analyses, having prior fracture (adjusted hazard ratio [aHR] 2.02, 95% confidence interval [CI]: 1.91-3.03) within the last 3 months prior to the study was associated with an increased risk for new fracture. In a separate model, having FRAX score ≥ 3% vs. < 3% was associated with any new fracture (HR = 0.43 [0.38-0.48]). In conclusion: In a large convenience sample of relatively young HIV-infected U.S. adults, a FRAX score ≥ 3%, low baseline BMD, history of prior fracture, and increased age were significantly associated with elevated risk of new fracture.

PIN4

ASSOCIATION OF Hsu 2018

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OBJECTIVES: Surgical site infections (SSIs) are common complications following surgery for HIV-infected patients. Hospital stay costs, the risk of morbidity, mortality and of intensive care treatment. Due to the high emergence of resistant bacteria, more attention is required preoperatively and intraoperatively to prevent SSIs. The objective of the study was to develop a simple tool that quantifies the risk of SSI for the treatment of a fracture in HIV-infected patients. The data for this study was obtained from the National Surgical Quality Improvement Program (NSQIP) database at the Jewish General Hospital (JGH) in Montreal. The sample included patients undergoing surgery between November 2005 and December 2011. Binary analyses and stepwise multivariate logistic regression were used to identify risk factors that were independently associ-