according to presence and absence of learning difficulties and LD.

Results Logistic regression models were used to assess the odds of global neurocognitive impairment (based on global deficit score). When depression, cognitive symptoms and LD were modeled together, both cognitive symptoms (OR: 1.08, 95% CI: [1.05, 1.10]) and diagnosis of a learning disability (OR: 1.77, 95% CI [1.06, 2.95]) were significant ($p < 0.01$).

Conclusions Diagnosis of learning disability, but not academic difficulties, is associated with increased odds of neurocognitive impairment among people living with HIV, independently of depression and cognitive symptoms (both correlated; $r = 0.58$, $p < 0.001$) with cognitive symptoms also associated with the presence of neurocognitive impairment. Our results emphasize the importance of taking into consideration the diagnosis of learning disabilities when conducting assessment and diagnosis of HAND.

012.5 RESPECTING DONORS PROTECTING RECIPIENTS: INTRODUCING THE FAIR APPROACH TO MSM BLOOD DONOR SELECTION POLICY

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Background People may not be eligible to donate for many reasons including groups at higher risk of acquiring transfusion transmissible infections through sex. Men who have sex with men (MSM) are one such group. In the UK, various lobbyists challenged this, citing discrimination and asking for an individualised approach. Here we describe the latest review of donor selection criteria, For the Assessment of Individualised Risk (FAIR), that the blood services engaged with stakeholders to complete, and discuss progress towards implementation.

Methods We triangulated evidence from epidemiology of HIV and STIs, behavioural science and practice using surveillance data, literature reviews, focus groups and surveys to report to the Advisory Committee on the Safety of Blood, Tissues and Organs.

Results Current risk of releasing an HIV infectious donation is less than 1 in a million. The literature showed that a previous bacterial STI within 12 months, chemsex, multiple or new sexual partners and anal sex carried increased risk of acquiring bloodborne infections through sex. Questions about these behaviours have high reliability but are open to impression management bias which needs to be managed. Questions about condom use did not give such reliable responses and more detailed questioning is currently difficult in our donation environment due to limited privacy.

Conclusions It was proposed that donors who have had one sexual partner, who was not new, in the last 3 months are eligible to donate irrespective of gender, gender of partner or type of sex. Therefore, MSM in long-term partnerships would be eligible to donate. Ministers accepted the recommendations in December 2020 and the UK blood services are working towards implementation in Summer 2021.

Reframing the message from donor risk to recipient safety and communicating the rationale for our selection criteria will be crucial to success. Timely monitoring will check blood safety is maintained.

012.6 MINORITY HIV/AIDS RESEARCH INITIATIVE: ADVANCING HIV PREVENTION AND TREATMENT THROUGH DATA-INFORMED RESEARCH, COMMUNITY-INFORMED PRACTICES AND INNOVATIVE INTERVENTION STRATEGIES

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Black/African American (Black thereafter) and Hispanic/Latino (Latinx thereafter) communities bear disproportionate burden of HIV infections in the U.S. These communities also tend to be disproportionately affected by social and structural determinants of health that hamper access to and engagement in HIV prevention and care services. Public health research efforts must advance HIV prevention and care through biomedical and structural interventions tailored to the needs of and culturally acceptable for the affected communities.

The CDC Minority HIV Research Initiative (MARI) was established in 2003 to build capacity for HIV epidemiologic and prevention research in mostly Black and Latinx communities and among historically underrepresented early-career scientists working in highly affected communities. The MARI program supports the goal of promoting health equity and reducing HIV-related health disparities.

From 2007–2020, 11 MARI investigators have developed HIV prevention interventions in highly affected communities. The interventions developed by seven MARI investigators will be discussed. Best practices about the recruitment and engagement of communities of color using evidence-based online recruitment campaigns, establishing community and scientific advisory boards, engaging community members in all stages of HIV research, and integration of mobile technologies to sustain HIV prevention and care interventions during the COVID-19 pandemic will be illustrated. We will also highlight the accomplishments of MARI investigators building successful partnerships with local health departments and community-based organizations to promote dissemination of findings and sustainability of interventions tailored to their communities. Lastly, we describe why initiatives like MARI that support the development of innovative and effective interventions to reduce HIV disparities in communities of color are essential to ending the HIV epidemic in the U.S.

Ensuring the communities' engagement in HIV policy changes and intervention development are crucial to intervention uptake and sustainability. As such, MARI research initiative is filling gaps in how we address HIV in racial/ethnic and sexual minority communities.