in screening based on race, ethnicity, gender, or insurance type. Of note, high-risk patients were more likely to be screened, perhaps as they receive more case management services and are more likely to be in the office, increasing the opportunities for screening. The next step would be to adapt these interventions to screening all patients age 18-79, as per the updated 2020 USPSTF guidelines.

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1060. Evaluation of ALT at Sustained Virologic Response (SVR) in Patients with Treated Hepatitis C Virus (HCV) Infection

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Session: P-48. Hepatitis

Background. With the advent of directly acting antiviral agents, HCV cure rates exceed 90% in real world studies with an excellent safety profile, but viral load tests of cure are expensive and may limit access to treatment, especially in resource-limited settings. Elevated alanine aminotransferase (ALT) has been shown to correlate with hepatocellular damage. Few studies have evaluated the use of ALT in direct acting antiviral (DAA) treated HCV patients post-treatment as a marker of treatment success. In this large retrospective cohort study, we evaluated the ability of serum ALT level at SVR to predict treatment outcome.

Methods. We collected baseline demographics, treatment characteristics, and outcomes of DAA-treated patients treated between January 2015 through January 2019 in the VA Maryland Healthcare System as standard of care, and patients in federally qualified health centers in Washington, DC treated between May and November 2015 in the ASCEND study (NCT02339038). Using the ASCEND study as a training set and VA data as the confirmatory set, receiver operating curves (ROC) were generated to determine the predictive value of ALT at SVR for treatment outcome.

Results. In total, 1415 patients were included, with 1010 patients from the VA and 405 from the ASCEND cohort. We found 96% (n=1360) of patients achieved SVR; < 4% (n =55) relapsed. Baseline demographics are in Table 1. The ALT at SVR were 21.19 IU/L (SD 13.98) and 17.89 IU/L (SD 11.62) in the VA and ASCEND data, respectively compared to 57.84 (SD 41.06) and 42.53 (SD 19.61) who relapsed. With the VA and ASCEND data combined, the mean ALT at SVR was 20.25 (SD 13.43) in comparison to an ALT of 53.11 (SD 36.33) for those patients who relapsed. ROC analysis revealed that ALT > 22 predicted an increased risk of relapse (Figure 1).

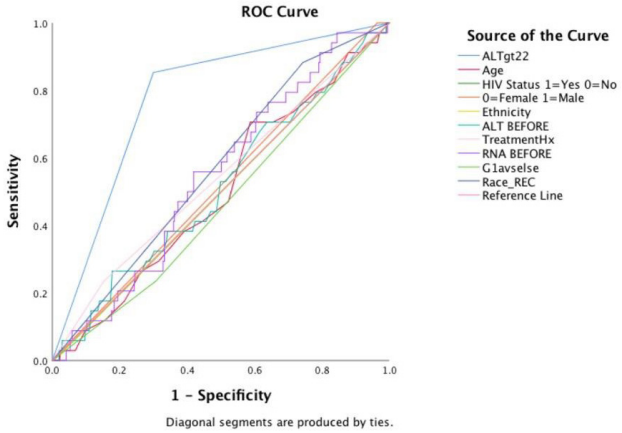
Table 1:Characteristics of Subjects Completing Hepatitis C Treatment

Characteristics of Subjects Completing Hepatitis C Treatment

	ASCEND n=405 (%)	*Veterans Affairs n=1010 (%)*	*X2*
Male	286 (68.1)	977 (96.7)	<.001 (232.9)
Race/Ethnicity			
White	13 (3.2)	242 (24.0)	<.001 (101.93)
Black	385 (95.1)	750 (74.3)	
Other	7 (1.7)	8 (.8)	
Missing		8 (.8)	
Hispanic	7 (1.7)	4 (.4)	.011 (6.54)
Fibrosis Score*			<.001 (1415.0)
Not available		81 (8.0)	
0-1	108 (26.7)	334 (33.1)	
2	146 (36.0)	220 (21.8)	
3	65 (16.0)	128 (12.7)	
4	86 (21.2)	247 (24.5)	
Genotype			<.001 (28.04)
1a	296 (73.1)	677 (67.0)	
1b	109 (26.9)	235 (23.3)	
2		48 (4.8)	
3		13 (1.3)	
4		3 (.3)	
Missing		34 (3.4)	
HIV Positive	81 (20)	63 (6.2)	<.001 (59.9)
Treatment Experienced	70 (17.3)	158 (15.7)	.453 (.564)
SVR12	388 (95.8)	972 (96.2)	.702 (.147)
	M (SD)	*M (SD)*	
Age	59.04 (6.773)	64.72 (6.724)	.640 (*F*, 218)
Baseline HCV RNA (log)	6.288 (.569)	5.974 (.802)	<.001 (*F*,14.577)
Baseline ALT	48.81 (33.44)	52.78 (36.90)	.283 (*F*,1.152)

* Liver fibrosis staging within the ASCEND study was documented as Metavir staging (Bonder et al 2014) from any liver biopsy or serologic biomarker test within 3 years of the screening visit. VAMHCS population biopsy scoring was based on Metavir cutoff and fibrosis scores from transient elastography.

Figure 1: ROC Curve



Conclusion. In this real-world cohort, we found that ALT greater than 22 at SVR corresponded with an increased risk of relapse and was independent of variables previously associated with relapse, including HIV coinfection status, sex, treatment history, and fibrosis staging. Limiting HCV viral load testing to patients with ALT > 22 at SVR may reduce the overall burden of HCV treatment costs for the majority of HCV treated patients.

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1061. False Positive Human Immunodeficiency Virus Testing Due to Acute Hepatitis A Infection: A Case Series

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Session: P-48. Hepatitis

Background. In our urban, underserved patient population, Human Immunodeficiency Virus (HIV) is hyper-endemic, and HIV screening is frequently performed. Although HIV screening tests have high specificity, false positives can occur. Numerous reasons for false positive testing have been cited, including vaccinations, autoimmune diseases, and viral infections. In 2019, Philadelphia experienced a large Hepatitis A outbreak, during which time false positive HIV screening tests were discovered. Our aim was to further describe these patients who had been diagnosed with acute Hepatitis A infection and in whom false positive HIV testing had occurred.

Methods. We conducted a retrospective chart review of adult patients admitted to our hospital between January 2017 and December 2019 who had a positive Hepatitis A Virus (HAV) IgM. Demographics, HIV tests, viral hepatitis tests, and liver tests were recorded. False positive HIV was defined as a positive HIV screen (p24 antigen and HIV-1 and 2 antibody combo), followed by a negative differentiation assay for HIV-1 and 2 antibodies, combined with a negative HIV PCR.

Results. A total of 156 unique patients were found to have acute HAV, with 138 cases identified in 2019. Of these, 3 patients had confirmed false positive HIV testing, and 1 patient had suspected false positive HIV testing (HIV-2 differentiation assay indeterminate, with very low local prevalence of HIV-2), for a false positive test rate of 2.6% (4/156). Ages ranged from 36-47 years, 3 were male, and 2 were persons who injected drugs (PWID). Three patients had prior negative HIV testing. Two patients had fevers during admission, but none of the four were febrile at the time of HIV test collection. Three patients had elevated transaminases, and two had abnormal coagulation testing. Coinfection with Hepatitis C was found in three patients. One patient had follow-up HIV testing performed, which was negative.

Conclusion. To our knowledge, this is the first report of false positive HIV testing related to acute HAV. Prevalence of false positives was low, but awareness can facilitate patient counseling. With low sample size, conclusions cannot be drawn about risk factors related to false positive testing.

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

1062. HCV GET-UP: A Group Evaluation and Treatment Uptake Intervention Improves HCV Linkage to Care for PWID

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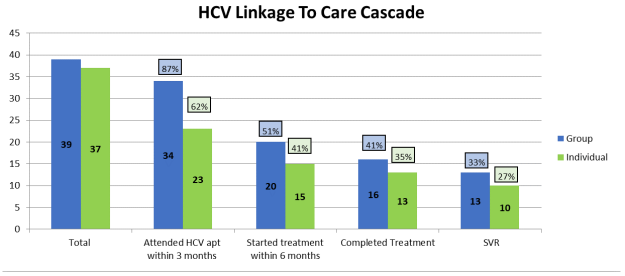
Session: P-48. Hepatitis

Background. Though PWID represent the overwhelming majority of those living with HCV in the United States, most have not been treated. PWID often have reduced access to specialty care, as well as limited HCV knowledge, low perceived vulnerability

to poor HCV-related health outcomes, poor self-efficacy, high levels of perceived stigma, and mistrust of healthcare providers. We therefore evaluated an primary care based HCV Group Evaluation and Treatment UPtake (HCV GET-UP) intervention to improve HCV medical evaluation and treatment uptake for HCV+ PWIDs.

Figure 1



Methods. We enrolled 84 HCV+ PWID and randomize them 1:1 to a 4-week group evaluation intervention followed by individual treatment (intervention) versus onsite treatment alone (control). The group consisted of 4 weekly 1-hour sessions focused on HCV education, peer motivation, and health behavior change skills, along with an HCV medical evaluation. Both arms received HCV treatment according to national guidelines. Baseline questionnaires were performed via Audio Computer-Assisted Self-Interview (ACASI) technology. Clinical Data was extracted from the medical chart. Our primary outcomes were HCV linkage to care (HCV evaluation) and treatment uptake. Bivariate analyses were performed to evaluate HCV treatment outcomes between arms using chi square tests.

Results. Of the 76 participants that have currently completed the study (84 enrolled) 35% identified their race as black, 61% identified their ethnicity as Hispanic, 79% were male, and 25% of the participants were homeless. 87% had genotype 1, 28% were HIV+, and 20% had cirrhosis. Baseline urine tocixicologies were positive for cocaine in 38% of participants and 40% for heroin. Of those randomized to the group treatment arm vs individual arm 87% vs 62% were linked to care (p=0.012), 51% vs. 41% initiated treatment (p=.35), 41% vs. 35% completed treatment (p=0.6), and 33% vs. 27% (p=0.6)

Conclusion. HCV GET-UP, a primary-care based group evaluation and treatment uptake intervention significantly improved linkage to care for HCV+ PWID. Though this is encouraging, we must integrate other interventions to aid PWID as they move through the more proximal steps of the HCV cascade, for HCV cure still remains elusive for the majority of PWID enrolled.

Disclosures. **Chinazo O. Cunningham, MD, MPH**, **General Electric Health** (Other Financial or Material Support, My husband is currently employed by General Electric Health and receives stock and stock options.)**Quest Diagnostics** (Other Financial or Material Support, My husband was previously employed by Quest Diagnostics and received stocks and stock options.) **Alain H. Litwin, MD, MPH, MS**, **Gilead** (Advisor or Review Panel member)**Merck** (Advisor or Review Panel member)

1063. Healthcare Utilization and Opportunities for HCV Testing and Treatment among Persons under Community Supervision in Pawtucket, RI

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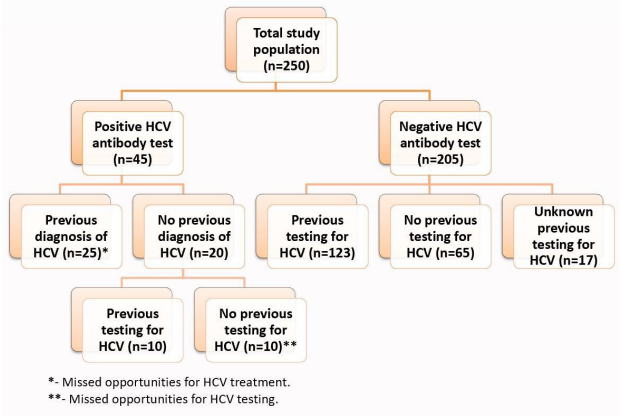
Session: P-48. Hepatitis

Background. The burden of hepatitis C virus (HCV) is disproportionately borne by persons involved with the justice system. To explore missed opportunities for HCV screening and treatment among a justice-involved population, we examined healthcare utilization and prior opportunities for HCV testing and treatment among persons under community supervision enrolled in an HCV testing and linkage to care study in Rhode Island (RI).

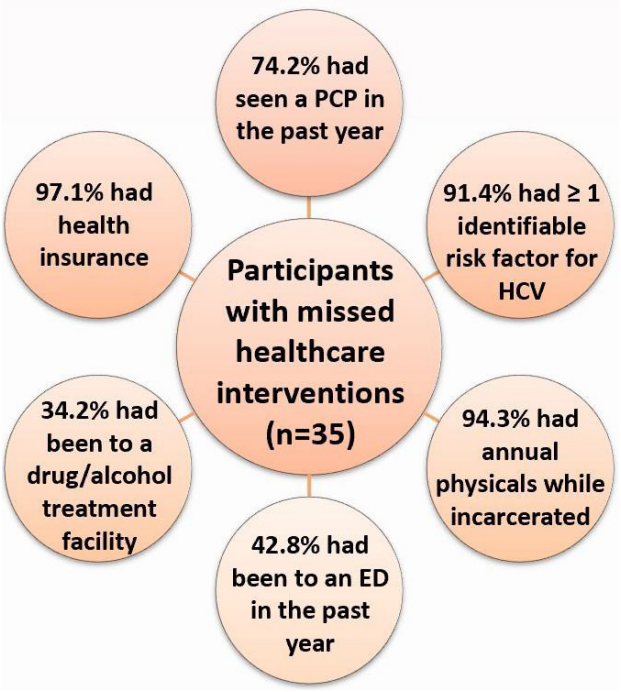
Methods. Two hundred and fifty individuals under community supervision were recruited from an RI probation and parole office. Participants underwent a rapid HCV antibody test (OraSure Technologies) and a baseline survey, which queried participants on justice involvement, demographics, substance use, healthcare utilization and prior HCV testing. A positive HCV antibody test and no report of previous HCV testing was classified as a missed opportunity for testing. Self-reported prior HCV diagnosis with no history of treatment was classified as a missed opportunities for HCV treatment.

Results. Forty-five participants (18%) had reactive antibody tests. Of those 45, twenty-five (55%) reported previously being diagnosed with HCV, including thirteen who reported an HCV diagnosis over 10 years ago; none had received HCV treatment. In addition, 135 participants (61.1%) reported previously being tested for HCV; the most common site of prior testing was in jail/prison (n=87). Ten participants had missed opportunities for HCV testing, and 25 had missed opportunities for HCV treatment. Of participants with these missed opportunities, 97% had health insurance, 74% had been to a primary care provider in the past year, and 91% had ≥ 1 identifiable risk factor for HCV.

Flowchart of HCV Antibody Test Results and History of HCV Testing



Healthcare Utilization among Persons with Missed Opportunities



Conclusion. Screening for HCV at community supervision sites is an underutilized venue for HCV screening that can identify previously-undiagnosed HCV infections. Many persons under community supervision are aware of their HCV positive status but have never received treatment. Despite involvement in healthcare systems and adequate health insurance coverage, many patients with risk factors for HCV have not been tested for HCV or have only been tested for HCV while incarcerated. Investing in and implementing strategies to increase testing for HCV is necessary to maximize the care continuum in this priority population.

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1064. Hepatitis C Epidemiology at the Dallas County Jail: A Changing Demographic

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Session: P-48. Hepatitis

Background. Nearly 1 in 3 people living with HCV pass through the CJ system each year. As a result, the CJ system is a crucial location for Hepatitis C screening, education and linkage to care. We aim to 1) identify the prevalence and incidence of HCV and 2) evaluate HCV demographic trends at a large urban jail.

Methods. Universal opt-out HCV testing was offered in four separate testing cycles from 2015 to 2019 to any individual undergoing a routine blood draw at the Dallas County Jail (N=14490; Figure 1). HCV antibody (Ab) assay (LabCorp) was used with reflex RNA testing added on in 2017. Demographic variables were extracted