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.

Disclosures. **Danielle P. Wales, MD, MPH**, **Gilead** (Grant/Research Support) **Abigale Eichelman, MA**, **Gilead FOCUS Foundation** (Other Financial or Material Support, Employee of Albany Medical Center with Salary Support on Grant) **Ashar Ata, MD, MPH, PHD**, **GILEAD FOCUS Foundation** (Grant/Research Support) **Michael Waxman, MD, MPH**, **Gilead FOCUS Foundation** (Grant/Research Support)

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

Amanda Theppote, MD[1]; Amy Nelson, RN[1]; Kristen A. Stafford, MPH, PhD[2]; Eleanor Wilson, MD, MSH[1]; Shyam Kottilil, MD PhD[2]; Roman Kaplan, PharmD[3]; [1]Institute of Human Virology, University of Maryland School of Medicine, Baltimore, Maryland; [2]University of Maryland, Baltimore, MD; [3]Baltimore VA Medical Healthcare Center, Baltimore, Maryland

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).

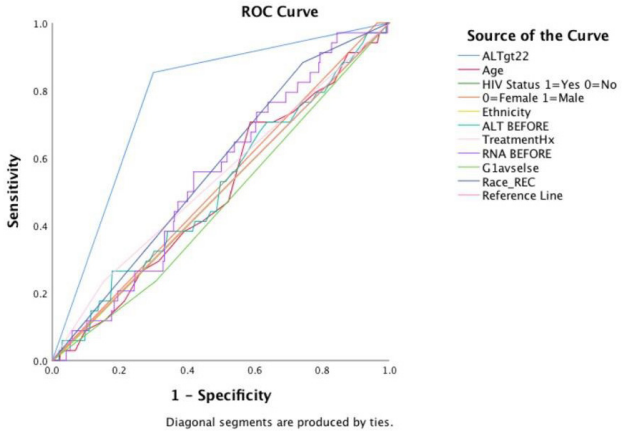
Table 1:Characteristics of Subjects Completing Hepatitis C Treatment

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.

Disclosures. **Shyam Kottilil, MD PhD**, **Arbutus Pharmaceuticals** (Grant/Research Support)**Gilead Sciences** (Grant/Research Support)**Merck Inc** (Grant/Research Support, Advisor or Review Panel member)

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

Maria V. Bandres, MD[1]; Daniel Mueller, MD[1]; [1]Temple University Hospital, Philadelphia, Pennsylvania

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

Brianna L. Norton, DO, MPH[1]; Brianna L. Norton, DO, MPH[1]; Nataly Rios Gutierrez, BA[2]; Chinazo O. Cunningham, MD, MPH[2]; Alain H. Litwin, MD, MPH, MS[3]; [1]Montefiore Medical Center, NY, New York; [2]Albert Einstein College of Medicine, The Bronx, New York; [3]Greenville Health System/Clemson University, Columbia, South Carolina

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