System/Clemson University, Columbia, South Carolina

Session: P-48. Hepatitis

Background. Though people who inject drugs (PWID) represent the overwhelming majority of those living with HCV, most have not been treated. Many HCV+ PWID represent the most marginalized persons in society, often experiencing poverty and poor access to care. We set out to determine the social determinants of health (SDOH) among a population of HCV+ PWID and determine if poor SDOH were related to reduced HCV treatment uptake.

Methods. The HCV-GET UP study was a randomized controlled trial to assess the effectiveness of an HCV group evaluation intervention vs. individual HCV treatment among PWID within a primary care clinic in the Bronx, NY. HCV treatment was provided according to national guidelines.. Here, we include all patient characteristics and baseline social determinants of health (SDOH), obtained through questionnaires using Audio Computer-Assisted Self-Interview (ACASI) technology. We performed bivariate analyses between treatment initiation and the various factors of the SDOH using chi square tests.

Results. The majority of the 84 participants enrolled were black (35%) or Hispanic (60%) males (77%), aged 51 (SD11). The majority are on NY State Medicaid insurance (68%), indicating that their income is less than 138% of the Federal Poverty Level. 42% of participants report running out of money for basic needs on a daily or weekly basis, 69% receive food stamps, and 23% are homeless. Nearly half (45%) of participants have less than a high school education, 57% have ever been incarcerated, 48% report not having transportation to get to a medical appointment, and 25% do not trust doctors. A total of 57% of participants initiated HCV treatment, and no factors of SDOH were associated with treatment initiation.

Conclusion. We found that HCV+ PWID have extremely poor SDOH. Despite this, over half of participants initiated HCV treatment, indicating participants willingness to receive HCV treatment, and resilience in overcoming SDOH. Poor SDOH, such as homelessness, should not be a reason to delay HCV treatment in this population; however, we risk severely muting the health benefits of HCV cure in this population, if we do not address the underlying SDOH that will certainly lead to poor health outcomes, and early death.

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)

1072. The Impact of Hepatitis C-Related Knowledge on Perceptions of Stigma Among Infected Individuals

M. Elle Saine, PhD, MA[1]; Julia E. Szymczak, PhD[2]; Kimberly A. Forde, MD, PhD, MHS[3]; Tyler M. Moore, PhD[3]; Laura P. Bamford, MD, MSCE[4]; Frances K. Barg, PhD, MEd[3]; Jason Schnittker, PhD[2]; John H. Holmes, PhD, FACE, FACMI[3]; Nandita Mitra, PhD[3]; Vincent Lo Re, III, MD, MSCE[5]; [1]Perelman School of Medicine at The University of Pennsylvania, Philadelphia, Pennsylvania; [2]University of Pennsylvania, Philadelphia, PA; [3]Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; [4]Philadelphia FIGHT, Philadelphia, Pennsylvania; [5]Department of Biostatistics, Epidemiology, and Informatics, Philadelphia, Pennsylvania

Session: P-48. Hepatitis

Background. Stigma is an important and understudied barrier to hepatitis C virus (HCV) infection treatment and elimination. Education to dispel disease-based myths and misinformation has been identified as a key intervention point to reduce disease-related stigma; however, the association between knowledge about HCV infection and perceptions of stigma among HCV-infected patients remains unknown.

Methods. To address this gap and evaluate the association between patient-level HCV knowledge and HCV-related stigma, we conducted a cross-sectional study among 270 HCV-infected patients (147 [56%] HIV-coinfected) from 5 clinics across Philadelphia. HCV-related stigma was measured using the validated 33-item HCV Stigma Scale (range, 33-132). HCV-related knowledge was measured via the National Health and Nutrition Examination Survey (NHANES) Hepatitis C Follow-up Survey (2003-2008), an eleven item True/False survey (range, 0 to 11) comprising statements about HCV-related health effects and transmission. The association between HCV knowledge and HCV-related stigma was evaluated via linear regression by HIV status. Self-reported demographic, behavioral, and clinical covariates were evaluated in adjusted analyses.

Results. The median overall HCV knowledge score was high at 9 out of 11 points (IQR, 9-10). Median knowledge scores did not significantly differ between HIV/HCV-coinfected and HCV-monoinfected participants (10 versus 9; p=0.29). However, higher HCV knowledge scores were associated with higher HCV-related stigma score among HCV-monoinfected participants (p=0.03) but not among HCV/HIV-coinfected participants (p=0.12). Differences by HIV status were also observed when adjusting for demographic, behavioral, and clinical covariates.

Conclusion. Regardless of HIV status, the majority of both HIV/HCV-coinfected and HCV-monoinfected participants in this study answered questions about HCV knowledge correctly. Surprisingly, greater HCV knowledge was associated with increased HCV-related stigma among HCV-monoinfected participants, but this association was not observed among coinfected participants. Additional studies are needed to understand why this association was observed only among monoinfected persons.

Disclosures. M. Elle Saine, PhD, MA, Leonard Davis Institute of Health Economics Research (Grant/Research Support)

1073. The Time is Now for Rapid Initiation of Hepatitis C Virus (HCV) Treatment

Colton P. Radford, PharmD[1]; Paulina Deming, PharmD[2]; Carla Walraven, MS, PharmD, BCPS-AQ ID[1]; [1]University of New Mexico Hospital, Albuquerque, New Mexico [2]University of New Mexico, Albuquerque, New Mexico

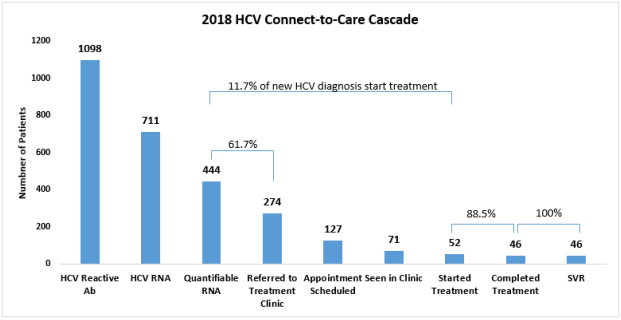
Session: P-48. Hepatitis

Background. An estimated 65,000 New Mexicans are infected with HCV, accounting for ~3% of the state's population with intravenous drug use being the most common risk factor for the acquisition of HCV. In 2020, the US Preventive Service Task Force recommended universal HCV screening for all adults aged 18 to 79 years old. HCV screening requires a two-step process involving a HCV antibody (Ab) test followed by a confirmatory HCV ribonucleic acid (RNA) test to detect active infection. Acute HCV infections are typically asymptomatic leaving many individuals unaware of their diagnosis for years. New Mexico was one of the first states to abandon the requirement for specialist referral, fibrosis staging, and abstinence from substance abuse to facilitate HCV treatment. Despite removal of these barriers, major gaps in access to HCV treatment still persist. The objective was to develop a HCV connect-to-care cascade for the University of New Mexico Hospital (UNMH) to understand the potential barriers preventing patients from receiving appropriate care.

Methods. This was a retrospective, single center, descriptive study conducted at UNMH, a level 1 trauma, tertiary care academic medical center with 527 beds. All patients with a positive HCV Ab, RNA, or genotype obtained in 2018 were included in this study. There were no exclusions.

Results. In 2018, over 11,000 unique patients received HCV testing in any form resulting in a total of 14,566 HCV tests being performed.

2018 UNMH Connect-to-Care Cascade



Conclusion. Of the patients who screened positive, only 61.7% were referred for treatment, representing the largest gap in the cascade. However, once patients were seen in the clinic, 88.5% completed treatment with 100% having sustained virologic response (SVR). With the pan-genotypic HCV treatments having fewer side effects and high clinical success rates, it's feasible that HCV treatment may no longer require a specialist. Similar to the rapid initiation of antiretrovirals in newly diagnosed HIV patients, where immediate access to treatment within days of diagnosis resulted in improved retention in care, decreased time to viral suppression, and decreased viral transmission, rapid initiation of HCV treatment may be the wave of the future.

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

1074. Understanding Screening Practices for Hepatitis B Prior to Starting Biologics at an Academic Medical Center.

Tulip A. Jhaveri, MBBS[1]; James B. Higgs, MD[2]; Mary J. Hopkins, MD[1]; [1]Tufts Medical Center, Boston, MA 02111, Boston, Massachusetts; [2]Kent Hospital, Warwick, RI 02886, Warwick, Rhode Island

Session: P-48. Hepatitis

Background: It is estimated that 0.3% of the US population has chronic hepatitis B (HBV) infection, most of whom are asymptomatic. When a patient receives a biologic medication, chronic HBV can reactivate with mortality rates as high as 40%. We aim to understand HBV screening practices prior to starting biologics at a single tertiary academic medical center.

Methods: We retrospectively reviewed over 500 patient charts. These patients aged ≥ 18 years were prescribed a biologic medication at one of the three clinics (Dermatology, Rheumatology, or Gastroenterology) at Tufts Medical Center from January 2016 to April 2019. To determine the rate of HBV screening compliance, we reported the proportion of patients who had appropriate HBV serologies (HBV surface antigen and HBV core antibody) drawn prior to initiation of the biologic therapy. A survey was sent to providers from these departments to understand their current practices of HBV screening.