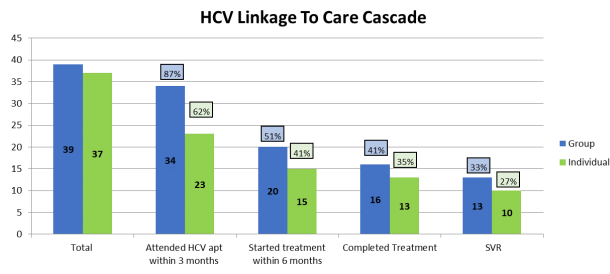


to poor HCV-related health outcomes, poor self-efficacy, high levels of perceived stigma, and mistrust of healthcare providers. We therefore evaluated an primary care based HCV Group Evaluation and Treatment Uptake (HCV GET-UP) intervention to improve HCV medical evaluation and treatment uptake for HCV+ 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 toxicologies 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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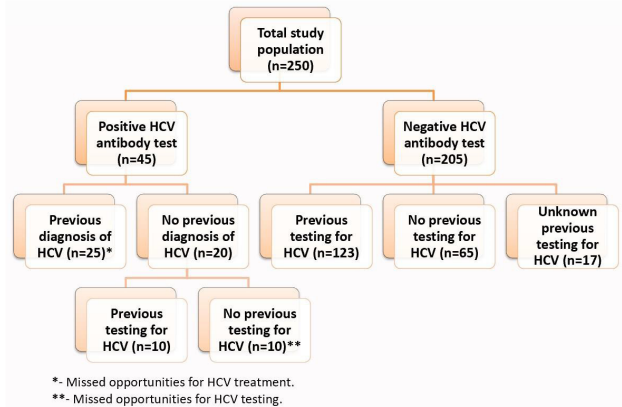
Session: P-48. Hepatitis

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.

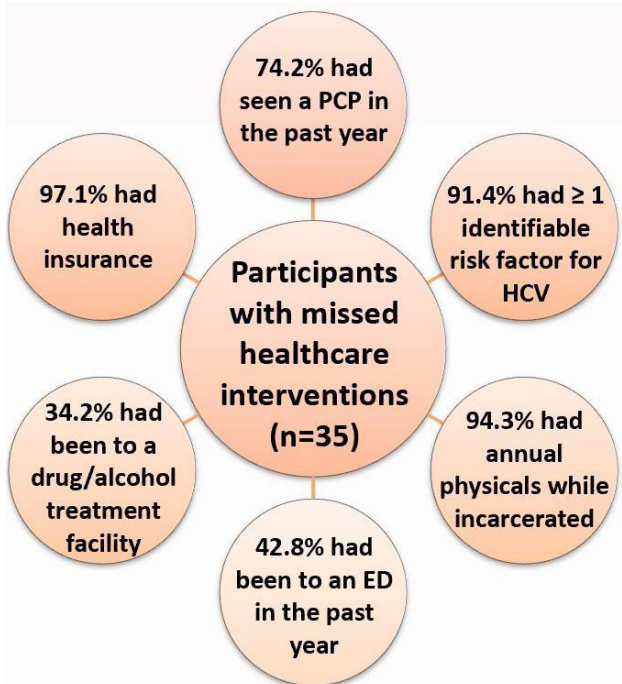
Results. Forty-five participants (18%) had reactive antibody tests. Of those 45, twenty-five (55%) reported previously being diagnosed with HCV, including thirteen who reported an HCV diagnosis over 10 years ago; none had received HCV treatment. In addition, 135 participants (61.1%) reported previously 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



*- Missed opportunities for HCV treatment.
**- Missed opportunities for 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