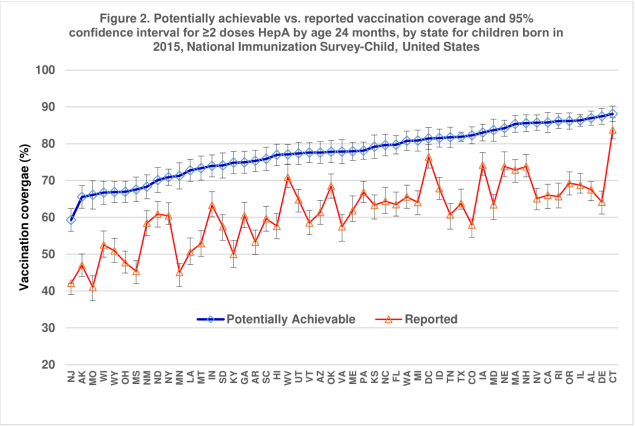


**Table 1. Potentially achievable vs. reported vaccination coverage and 95% confidence intervals for ≥2 doses HepA by age 24 months, by selected socio-demographic factors, for children born in 2015, National Immunization Survey-Child, United States**

| Factors | Categories | Reported Coverage % (95%CI) | Potentially Achievable Coverage % (95% CI) |
|---|---|---|---|
| National | | 61.7(59.1-64.2) | 85.1(83.5-86.6) |
| Children health insurance status | Private Only | 68.2(64.7-71.7) | 88.3(86.3-90.1) |
| | Any Medicaid | 57.3(53.2-61.4) | 83.3(80.6-85.9) |
| | Other Insurance | 56.9(46.0-68.4) | 83.1(73.7-90.5) |
| | Uninsured | 32.5(21.5-47.2) | 61.5(48.3-74.9) |
| Children race/ethnicity | Non-Hispanic White | 61.9(58.6-65.1) | 84.0(81.7-86.1) |
| | Non-Hispanic Black | 46.8(39.9-54.2) | 78.5(72.5-84.1) |
| | Hispanic | 64.6(58.7-70.3) | 87.5(84.1-90.5) |
| | Other | 67.6(60.9-74.0) | 90.0(86.3-93.0) |
| Family poverty level | At/Above Poverty | 63.9(61.0-66.9) | 87.3(85.6-88.9) |
| | Below Poverty | 56.6(51.2-62.1) | 81.1(77.2-84.6) |
| Residence in a metropolitan statistical area | MSA, Principal City | 64.3(60.5-68.0) | 86.8(84.6-88.9) |
| | MSA, Non-Principal City | 60.3(56.2-64.5) | 83.7(80.9-86.3) |
| | Non-MSA | 56.2(50.8-61.7) | 83.1(78.8-87.0) |
| Mother's education level | <=12 years | 55.3(51.1-59.7) | 81.3(78.0-84.3) |
| | >=13 years | 65.3(62.2-68.4) | 87.3(85.5-89.0) |
| Mother's marital status | Married | 65.5(62.4-68.5) | 86.8(85.0-88.5) |
| | Not married | 53.6(47.8-59.6) | 80.7(76.4-84.6) |
| Mother's age | Age <= 29 years | 57.4(53.1-61.8) | 83.7(80.7-86.5) |
| | >= 30 years | 64.2(61.1-67.4) | 85.9(83.9-87.7) |
| Family's mobility since birth from different state | Moved | 57.3(49.8-65.1) | 79.6(73.5-85.0) |
| | Not moved | 62.2(59.5-65.0) | 85.9(84.2-87.4) |
| Child's birth order status | Not First Born | 59.0(55.7-62.3) | 84.0(81.9-86.1) |
| | First Born | 65.7(61.7-69.7) | 86.6(84.1-88.9) |
| Vaccination provider type | Public | 54.1(47.4-61.0) | 81.7(76.8-86.0) |
| | Other Type | 61.6(57.2-65.9) | 85.8(83.0-88.3) |
| | Private | 64.9(61.3-68.4) | 86.4(84.2-88.5) |
| Number of vaccination providers for child | 1 provider | 63.5(60.5-66.5) | 85.6(83.7-87.4) |
| | >=2 providers | 59.2(54.4-64.1) | 85.0(81.9-87.9) |
| Number of children in household | 1 child | 67.8(62.9-72.6) | 88.3(85.5-90.7) |
| | >=2 child | 59.0(56.1-62.0) | 83.7(81.7-85.7) |

Note: All comparisons between potentially achievable vs. reported vaccination coverage are significant at P < 0.0001.

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

### 284. Using Epidemiologic Investigation and Viral Sequencing to Describe and Provide Public Health Response to an Outbreak (OB) of Acute Hepatitis A Virus Infection (HAV) in the San Fernando Valley (SFV), California

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**Session:** 41. Hepatitis

*Thursday, October 3, 2019: 12:15 PM*

***Background.*** California (CA) experienced a large hepatitis A OB in 2017–2018 associated with genotype IB strains, primarily among persons experiencing homelessness and/or using drugs. In October and November 2018, we identified a cluster of three HAV cases among persons linked by drug use and homelessness in the San Fernando Valley (SFV), CA. We describe how molecular epidemiologic methods linked an additional four OB cases that lived or were associated with a senior housing facility (SHF) and guided hepatitis A vaccine outreach.

***Methods.*** Suspect HAV cases were reported to DPH through provider and electronic lab reports with positive serum HAV IgM and resided in a 2 mile$^2$ area in SFV. A case report and extended interview were completed on suspects to assess risk factors associated with HAV transmission and contacts. HAV IgM positive serum specimens were sent to the CA DPH Viral and Rickettsial Disease Laboratory for HAV RNA detection and molecular sequencing. Extracted nucleic acids were amplified using nested, RT-PCR targeting the VP1-P2B region, and a 315 nt fragment was sequenced using Sanger sequencing. Contacts to cases received HAV prophylaxis and HAV vaccine outreaches occurred in at-risk settings.

***Results.*** We identified 7 HAV cases with symptom onsets from October 2018 to January 2019. All 7 cases had positive serum HAV IgM, ≥ALT 3 X normal or had a specimen matching the OB strain and were epi- linked to a case previously identified. Of 3 homeless cases, 2 had genotype 1B, CA cluster A; one specimen was unavailable. Four additional SHF cases were 2 residents, one staff, and one visitor. Among the 4 cases associated with the SHF, three had genotype 1B, CA cluster A; one specimen was unavailable. Two elderly residents reported severe fatigue, without nausea, diarrhea and vomiting. Among the 3 homeless individuals, no direct link to the SHF was established. In total, 948 HAV vaccines were provided at the SHF, homeless shelters and other settings. HAV vaccine coverage for SHF residents and food handlers was 70% and 62%,, respectively.

***Conclusion.*** Two clusters of HAV cases were identified among homeless persons and individuals associated with an SHF were linked through a common HAV genotype. Two elderly cases had atypical symptoms that may not have been confirmed as HAV without viral sequencing and prompted vaccine campaign to prevent additional HAV cases.

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

### 285. Fibrosis Progression and Clinical Outcomes in HCV/HBV Coinfected Persons in the ERCHIVES Cohort

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**Session:** 41. Hepatitis

*Thursday, October 3, 2019: 12:15 PM*

***Background.*** Progression of liver disease and clinical outcomes in HCV/HBV coinfected persons and how they differ from HCV monoinfected persons and HCV infected persons with resolved HBV infection are not well characterized. We compared incidence of cirrhosis, hepatic decompensation and overall mortality in these three groups.

***Methods.*** Using the Electronically Retrieved Cohort of HCV-infected Veterans (ERCHIVES), we identified those with HCV infection only, HCV/HBV coinfection (HbsAg or HBV DNA or both positive) or HCV with resolved HBV (HbcAb+ in absence of HbsAg or HBV DNA positivity). We excluded those with HIV coinfection or hepatocellular carcinoma at or before baseline, and those who received any HCV or HBV treatment. Incident rates (95% CI) were determined for cirrhosis, first hepatic decompensation event and overall mortality in the three groups.

***Results.*** We identified 60,368 HCV monoinfected (Gp A), 151 HCV/HBV coinfected (Gp B) and 19,802 HCV infected with resolved HBV infection (Gp C). Mean age was 61.0, 60.9, and 63.0 years in the three groups and 96.5%, 96.0%, and 97.9% were males. Median baseline FIB-4 index was 2.0, 2.2, and 2.1, respectively. Incident cirrhosis (among those without cirrhosis at baseline) was increased 2- to 2.5-fold in HCV/HBV coinfected persons with baseline FIB-4 of 1.46–3.25. Hepatic decompensation and mortality were also increased several-fold in the HCV/HBV coinfected who had minimal or mild/moderate fibrosis at baseline. However, among those with cirrhosis at baseline, the difference was small among HCV/HBV coinfected and the other groups.

***Conclusion.*** HCV/HBV coinfected persons with minimal or mild/moderate fibrosis at baseline have a much higher risk of developing cirrhosis, hepatic decompensation and mortality. However, once cirrhosis has is established, the difference is diminished. This underscores the need to intervene early when HCV/HBV coinfected persons still have minimal or mild/moderate fibrosis.

Table. Incidence rates (per 1,000 patient years of follow-up) for cirrhosis, hepatic decompensation and overall mortality.

| | HCV monoinfection | HCV/HBV coinfection | HCV with resolved HBV |
|---|---|---|---|
| | | | |
| Cirrhosis[1] | | | |
| Baseline FIB-4 <1.45 | 3.55 [2.76,4.35] | 0[2] | 4.19 [2.47,5.9] |
| Baseline FIB-4 1.46-3.25 | 18.9 [17.6,20.2] | 49.3 [6.08,92.4] | 20.3 [18,22.6] |
| | | | |
| Hepatic decompensation[3] | | | |
| Baseline FIB-4 <1.45 | 1.71 [1.16,2.26] | 0[2] | 2.55 [1.22,3.89] |
| Baseline FIB-4 1.46-3.25 | 6.81 [6.03,7.59] | 29.5 [-3.9,62.8] | 6.57 [5.26,7.89] |
| Baseline FIB-4 >3.25 | 79.2 [75.4,83] | 66.5 [8.21,125] | 72.1 [66,78.2] |
| | | | |
| Mortality[3] | | | |
| Baseline FIB-4 <1.45 | 14.8 [13.2,16.5] | 23 [-22,68.2] | 19.6 [15.9,23.3] |
| Baseline FIB-4 1.46-3.25 | 16.6 [15.4,17.8] | 38.3 [0.77,75.8] | 16.2 [14.2,18.3] |
| Baseline FIB-4 >3.25 | 38.7 [36.2,41.2] | 49.5 [0.99,98.1] | 39.1 [34.8,43.4] |

1 Among those with baseline FIB-4<3.25
2 There were no events in this group
3 Among all subjects

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