

**Conclusion.** The new hepatitis C treatment subscription model with resultant removal of previous barriers has dramatically expanded treatment for people with Medicaid in Louisiana. More than five times the number of Medicaid patients received treatment in 2020 in our academic medical clinic.

**Disclosures.** Yusef Bennani, MD, MPH, Gilead Sciences (Scientific Research Study Investigator) ViiV Healthcare (Scientific Research Study Investigator)

**913. Re-engagement using Historical Hepatitis C Antibody Results: Is it Worth the Effort?**

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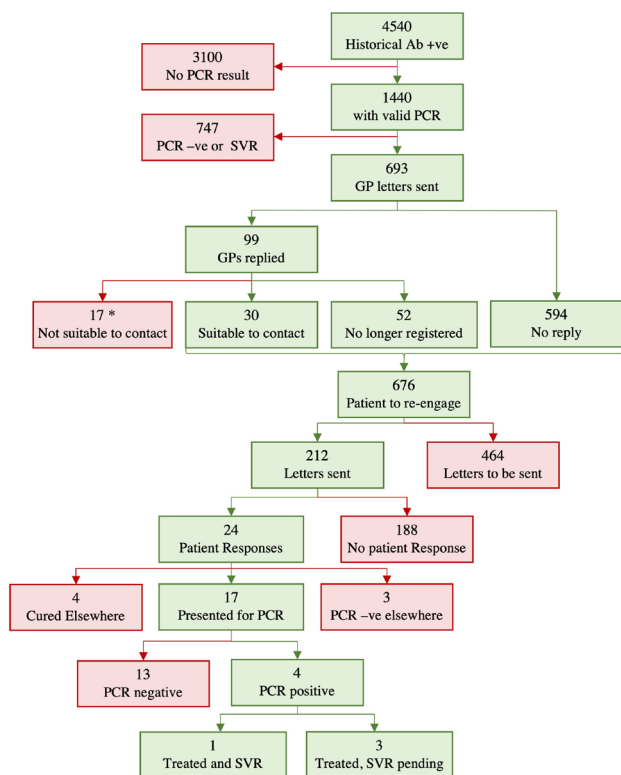
Session: P-52. Hepatitis

**Background.** The World Health Organisation aim to eliminate hepatitis C (HCV) as a public health concern by 2030. One aspect of Public Health England's (PHE) strategy to meet this target is to use historical surveillance data of anti-HCV positive patients identified by PHE to re-engage with offers of PCR testing and treatment if RNA-positive. Operational Delivery Networks (ODN) are responsible for enacting this initiative across 22 regions in England. We present an interim analysis and evaluation of the effectiveness of using this data to re-engage HCV-infected persons in the West Midlands ODN of England.

**Methods.** A dataset of historical anti-HCV positive antibody patients provided to the West Midlands ODN by PHE was cross-referenced with HCV RNA data from 01/01/1996 to 01/01/2019 from 5 regional laboratories and regional treatment databases. If HCV RNA positive, letters were sent to the general practitioner and to the patient to invite them for further testing and, if necessary, treatment to achieve SVR. This received no additional funding or support and occurred in addition to the routine clinical workload.

**Results.** From a dataset of 4,540 anti-HCV antibody results, 31.7% (n=1,440) had a PCR result: 48.1% (n=693) were PCR positive for HCV RNA with no evidence of cure. 693 letters were sent to GPs from Oct 2019 to Feb 2020 with responses from 14.2% (n=99). From July to Oct 2020 only 212 patient letters were sent (due to significant interruption due to the COVID-19 pandemic) and 11.3% (n=24) replied by May 2021. 17 presented for PCR testing and 4 were found to be viraemic. To date, one patient has achieved SVR and three have completed treatment awaiting SVR.

Re-Engagement Process



Flow diagram of re-engagement of patients with historical antibody-positive results for hepatitis C virus. \* Of the 17 deemed not suitable to contact by the GP: 4 treated

elsewhere, 3 had negative PCR elsewhere, 1 was unknown reason, 2 were under care of another hospital, 7 had died

**Conclusion.** The use of historical anti-HCV antibody results to re-engage people into testing and treatment for hepatitis C in this format is low yield. Rollout was limited by ongoing clinical work and the COVID-19 pandemic. Dedicated time and resources with a less restrictive cohort might improve yields.

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**914. The Relationship Between Buprenorphine Maintenance Therapy and Hepatitis C Virus Infection, Testing, and Treatment in Southern Appalachian Ohio**

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**Background.** The hepatitis C virus (HCV) epidemic in the United States is primarily among young people who use drugs (PWUD), especially in rural and Appalachian regions. Buprenorphine maintenance therapy (BMT) may indirectly prevent HCV infection by reducing injection drug use. We aim to assess the relationship between BMT and HCV infection, testing, and treatment among rural PWUD.

**Methods.** We conducted a cross-sectional respondent driven sampling survey of 243 PWUD adults in southern Appalachian Ohio from May to November 2019. Participants completed audio computer-assisted self-interview and were tested for HCV antibodies. We defined recent BMT use as self-reported BMT in the past 30 days and prior BMT use as self-reported BMT any time prior to the past 30 days. HCV antibody positive participants were incentivized to receive confirmatory HCV RNA testing. We fit log-binomial regression models to assess the relationship between BMT and HCV infection, testing, and treatment.

**Results.** 72% of participants were HCV antibody positive (n=175). 31% (n=54) of antibody positive participants received an RNA test; of those, 96% (n=52) were HCV RNA positive. Compared to participants with no history of BMT, those with prior BMT were more likely to be HCV antibody positive (PR=1.3, 95% CI: 1.1-1.6) and to have been tested for HCV (PR=1.3 95% CI: 1.1-1.5); they were somewhat more likely to have been treated for HCV (PR=1.3 95% CI: 0.5-3.4). Compared to participants with no history of BMT, those reporting recent BMT had similar HCV antibody positivity (PR=1.1 95% CI: 0.9-1.5) but were more likely to have been tested (PR=1.3 95% CI: 1.1-1.6) and possibly more likely to have been treated for HCV (PR=2.0 95% CI: 0.6-5.9). Compared to those with a prior BMT, people with recent BMT use had slightly lower HCV antibody positivity (PR=0.8 95% CI: 0.7-1.1) and possibly higher prevalence of HCV treatment (PR=1.5 95% CI: 0.6-3.8) but had similar prevalence of HCV testing (PR=1.0 95% CI: 0.9-1.2).

Table 1. Respondent Driven Sampling Survey Summary Statistics from 243 People Who Use Drugs in Southern Appalachian Ohio in 2019.

Variable	HCV Antibody Positive N (%)	HCV Antibody Negative N (%)	History of HCV testing N (%)	No history of HCV testing N (%)	History of HCV treatment N (%)	No history of HCV Treatment N (%)
<b>Gender</b>						
Male	83 (69.8)	36 (30.3)	98 (79.0)	26 (21.0)	8 (12.7)	55 (87.3)
Female	90 (74.4)	31 (25.6)	103 (83.7)	20 (16.3)	14 (22.6)	48 (77.4)
<b>Age</b>						
18-35	72 (74.2)	25 (25.8)	87 (82.9)	18 (17.1)	13 (22.8)	44 (77.2)
35+	102 (70.8)	42 (29.2)	115 (80.4)	28 (19.6)	9 (13.2)	59 (86.8)
<b>Race</b>						
White	158 (74.2)	55 (25.8)	184 (82.9)	38 (17.1)	20 (17.7)	93 (82.3)
Black	7 (53.9)	6 (46.2)	9 (69.2)	4 (30.8)	1 (16.7)	5 (83.3)
Other	9 (60.0)	6 (40.0)	9 (69.2)	4 (30.8)	1 (16.7)	5 (83.3)
<b>Education</b>						
High school diploma or less	135 (75.4)	44 (24.6)	149 (81.0)	35 (19.0)	17 (17.4)	81 (82.7)
More than high school	39 (62.9)	23 (37.1)	53 (82.8)	11 (17.2)	5 (18.5)	22 (81.5)
<b>History of buprenorphine maintenance therapy</b>						
Ever, but not past 30 days	90 (82.6)	19 (17.4)	67 (69.1)	30 (30.9)	12 (17.4)	57 (82.6)
Past 30 days	23 (69.7)	10 (30.3)	29 (90.6)	3 (9.4)	5 (26.3)	14 (73.7)
Never	60 (61.9)	37 (38.1)	67 (69.1)	30 (30.9)	5 (13.5)	32 (86.5)
<b>Total*</b>	175 (72.0)	68 (28.0)	201 (81.4)	46 (18.6)	22 (17.6)	103 (82.4)

\*Columns do not add up to the total N due to missingness.

**Conclusion.** Participants with a recent history of BMT were more likely to have been tested for HCV and possibly to have received prior treatment. Participants with prior BMT were more likely to be antibody positive and to have tested for HCV. Improved