Conclusion. The HCV care continuum illustrates the stages at which barriers to accessing HCV care may exist. The continuum is segmented by age: neonatal, infant, toddler, and young adult, to identify when and how to screen for HCV infection. For comprehensive identification, continuous efforts toward improving testing adoption are needed. Addressing barriers in each segment is crucial to achieving HCV elimination.

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2214. Chronic Hepatitis C: Closing the Gap Towards Eradication—Screening Young Adults vs. Baby Boomers

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Session: 238. Hepatitis A, B, and C
Saturday, October 6, 2018: 12:30 PM

Background. Increasing rates of hepatitis C virus (HCV) infection are directly linked to the opioid and intravenous drug (IVD) epidemic. White and rural young adults have been affected disproportionately and most are unaware of their status. However, the CDC recommends HCV screening in persons born between 1945 and 1965 (baby boomers) and with past history of IVD use. Screening with others only based on exposures, behaviors, or comorbid conditions. Increased identification of affected individuals is the first step toward eradication of HCV infection.

Methods. A prospective, observational study design was employed. We evaluated data collected between May 2016 to December 2017 from adults seen in the primary care, hospital, and emergency department settings at a large urban-based healthcare organization, located in an area with a high prevalence of IV drug use.

Descriptive analyses followed by multivariable logistic regression to identify risk factors associated amongst age groups (1. general adult population, ages 18–52 years; 2. baby boomers ages 53–73 years; and 3. elderly age ≥74 years) were performed.

Results. A total of 59,563 patients were evaluated with a screening antibody. Unadjusted, the general adult population was more likely to have an AB positive screen (7.2% vs. 3.5% and 3.6%, respectively, P < 0.001), while less likely to be a male (16.2% vs. 43.2% and 47.4%, respectively, P < 0.001). Adjusted (for pregnancy, gender, race and ethnicity) the general adult population is at lower positive Ab results at 18 months. In both cases, repeat PCR and repeat Ab after age 24 months were negative, suggesting waning maternal Ab rather than true infection. Using the composite gold standard there were 22 true positive, 0 false-positive, 144 had undergone Ab testing. Ab tests were negative in 142, while two children had low positive Ab results at 18 months. In both cases, repeat PCR and repeat Ab after age 24 months were negative, suggesting waning maternal Ab rather than true infection. Increase rates of hepatitis C virus (HCV) infection are directly linked to the opioid and intravenous drug (IVD) epidemic. White and rural young adults have been affected disproportionately and most are unaware of their status. However, the CDC recommends HCV screening in persons born between 1945 and 1965 (baby boomers) and with past history of IVD use. Screening with others only based on exposures, behaviors, or comorbid conditions. Increased identification of affected individuals is the first step toward eradication of HCV infection.

Conclusion. These findings demonstrate that modern blood HCV-RNA PCR assays have excellent sensitivity for detecting vertically infected infants as early as 2–6 months of age and may improve HCV surveillance given the substantial number of children lost to follow-up prior to 18 months Ab screening.

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2216. Hepatitis C Treatment Among People Who Inject Drugs
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Background. To expand hepatitis C (HCV) treatment for people who inject drugs (PWID), programs need to overcome barriers to initiating treatment. We asked HCV-infected PWID about past experiences with HCV care.

Methods. These data are collected from the first 44 participants enrolled in an ongoing study of HCV care for PWID delivered at a syringe services program in New York City. Eligible participants were HCV RNA positive and had injected drugs in the past 90 days. We used a structured interview to ask about prior linkage to HCV treatment and the reasons for not obtaining treatment.
2217. Demographic Trends and Health Care Utilization Among Children With Hepatitis C Virus Infection
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Session: 238. Hepatitis A, B, and C; Saturday, October 6, 2018; 12:30 PM

Background. Hepatitis C virus (HCV) infection has received significant attention in recent years due to the availability of direct acting agents (DAA). The number of new cases of HCV has been increasing. In the era of DAA, we have a chance of eradicating the disease. However, we should investigate the trends of new HCV infection and its impact on health care utilization in children.

Methods. We identified pediatric HCV cases using validated ICD-9/ICD-10 diagnosis codes using a national administrative database.

Results. Since 1998, there were 2,175 unique pediatric patients identified with HCV infection. Case rates were highest in patients 15-17 years with a peak of 24 cases/10,000 in 2015. Among all cases, the peak in the early 1990s, where we had a peak of 329 cases/10,000 in 1992, was followed by an immediate decline. The proportion of cases with HCV co-infection, with rates highest prior to 1998 (range of 6.5–18%), but since 2002 had been <2% until 2017 (2.5%). For impatient cases, 43% of HCV infected children accounted for 75% of the total cost of care. In 2004–2006, total charges for 329 HCV-infected children were just over $23 million, compared with 2015–2017 when total charges for 247 HCV-infected children were $21.8 million. Comparing these two eras and adjusting for inflation, there was a 3% decline in charges per patient.

Conclusion. While the burden of HCV infection in children has declined since the peak in the early 1990s, there are worrisome increases detected in the last few years. A small minority of our patients represent a disproportional amount of the total care provided. Early treatment of children would still likely prove cost-effective.

2218. Low Hepatitis C Treatment Rates Among Patients Screened as Inpatients at a Rural Academic Medical Center
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Session: 238. Hepatitis A, B, and C; Saturday, October 6, 2018; 12:30 PM

Background. The rise in injection drug use in the rural United States has led to an increase in admissions for injection-related conditions. Hepatitis C (HCV) infection is prevalent amongst people who inject drugs and might be diagnosed during such episodes of acute care. Linkage to care and treatment of hepatitis C in this group has been difficult, especially in rural settings lacking comprehensive care for people with substance use disorder (SUD).

Methods. We reviewed the charts of patients admitted to an inpatient service at Dartmouth-Hitchcock Medical Center (DHMC) who had positive HCV serology in 2016. We determined the proportion of patients who had follow-up testing for HCV RNA, were referred, followed up and initiated treatment for HCV by the end of 2017.

Results. In 2016, 504 inpatients at DHMC were screened with an HCV antibody test, of which 65 (13%) were positive. Of these, 50 (77%) had follow-up HCV RNA testing, resulting in 38 (76%) patients with detectable viremia. Of the 53 patients with detected (38) or unknown viremia (15), five died on the index admission, one was discharged to a hospice, 16 were referred to the DHMC hepatology (GI) clinic and 11 to the DHMC infectious disease (ID) clinic, but 20 received no referral. Thirty-two (60%) patients had an active SUD, and 7 (13%) were in remission.

Through December 31, 2017, 15 (31%) of the surviving 48 patients had no further follow-up in the Dartmouth-Hitchcock Health System. Fourteen (29%) patients followed up in the GI clinic, 11 (23%) followed up in the ID clinic and 8 (17%) had subsequent encounters in clinics for conditions other than HCV. Only 5 (10%) patients were treated for HCV and achieved sustained virologic response (SVR), all of which had followed up in the GI clinic. The odds of follow-up or treatment were independent of a history of SUD. Providers frequently deferred treatment due to ongoing substance use or a focus on more urgent medical issues. Insurance coverage for direct-acting antivirals was evolving during the study period, preventing treatment in some patients.

Conclusion. Only 10% of patients screened positive for HCV during an inpatient admission to a rural academic medical center received treatment for HCV in the year following their diagnosis. Linkage to care, patient engagement and provider perceptions have to improve to achieve elimination of HCV.

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