in recent years. However, limited data exist addressing the mortality associated with HCV infection since the advent of DAAs. This study examines multiple cause-of-death (MCOD) data from 2014 to 2017 to describe changes in HCV-associated mortality in the United States.

Methods. We examined death certificate information from public use MCOD data obtained from the National Center for Health Statistics. All-cause mortality associated with HCV, as defined by ICD-10 codes (B17.1 and B18.2), was evaluated. The age-adjusted crude mortality rate was calculated. Overall HCV-associated mortality, stratified by race and gender, was analyzed.

Results. From 2014 to 2017, the number of deaths associated with HCV, as listed in death certificates decreased from 19,613 to 17,253. This represents an average of 4% decrease in mortality each year. Crude age-adjusted mortality decreased from 5.01 (95% CI 4.93–5.08) deaths per 100,000 people in 2014 to 4.13 (95% CI 4.07–4.20) deaths per 100,000 people in 2017. Males had age-adjusted mortality of 6.82 (95% CI 6.76–6.88) and females had age-adjusted mortality of 2.59 (95% CI 2.55–2.63). African Americans had age-adjusted mortality of 7.50 (95% CI 7.37–7.63), and whites had age-adjusted mortality of 4.39 (95% CI 4.35–4.42) during the three-year period.

Conclusion. After the introduction of DAs in 2014, mortality associated with HCV significantly decreased in the United States. There were differences in mortality rates by gender and race, which may reflect differences in HCV seroprevalence. With the availability of effective, well-tolerated HCV treatment, aggressive HCV screening and treatment, it is highly acceptable among PWID, and results in high rates of needlelessness.

Disclosures. All Authors: No reported Disclosures.

2900. High Rates of Experienced and Witnessed Opioid Overdose in PWID Receiving HCV Treatment: Data From the ANCHOR Study

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Session: 310. Hepatitis C: Progress on Elimination and Treatment

Saturday, October 5, 2019: 4:15 PM

Background. People who inject drugs (PWID) have significant morbidity and mortality associated with hepatitis C (HCV); however, harms associated with ongoing injecting drug use (IDU)—such as opioid overdose—may pose a more imminent risk, and often are not addressed as part of HCV treatment. Naloxone distribution is a simple, evidenced-based strategy to reduce mortality associated with opioid overdose.

Methods. ANCHOR is a single-center study embedded in an urban harm reduction program evaluating treatment of HCV in PWID with chronic HCV, opioid use disorder (OUD), and IDU. Participants received HCV treatment and were offered collocated buprenorphine. At each study visit, patients self-reported experienced and witnessed overdose and were offered naloxone.

Results. The 100 enrolled participants are predominantly male (75%), median 57 years, black (93%) and inject opioids at least daily (58%). At baseline, 65% had ever experienced overdose; 91% had ever witnessed an overdose, and 35% had ever administered naloxone to a peer. Among the 37 overdose events in the first year and week 4 of treatment, 72% (6/8) were witnessed, of which, 4 (4%) were fatal. The rate of experienced overdose was 15 overdoses per 100 person-years in 2014 to 4.13 (95% CI 3.70–4.59) deaths per 100,000 people in 2017. Males had age-adjusted mortality of 6.82 (95% CI 6.76–6.88) and females had age-adjusted mortality of 2.59 (95% CI 2.55–2.63). African Americans had age-adjusted mortality of 7.50 (95% CI 7.37–7.63), and whites had age-adjusted mortality of 4.39 (95% CI 4.35–4.42) during the three-year period.

Conclusion. After the introduction of DAs in 2014, mortality associated with HCV significantly decreased in the United States. There were differences in mortality rates by gender and race, which may reflect differences in HCV seroprevalence. With the availability of effective, well-tolerated HCV treatment, aggressive HCV screening and treatment, it is highly acceptable among PWID, and results in high rates of needlelessness.

Disclosures. All Authors: No reported Disclosures.

2902. Pertussis Antibody Levels in Preterm Infants After Maternal Tdap Immunization During Pregnancy

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Session: 311. Vaccination II - Other

Saturday, October 5, 2019: 3:30 PM

Background. Maternal immunization with tetanus, diphtheria, acellular pertussis vaccine (Tdap) in the third trimester reduces infant pertussis, but data are lacking on how this strategy impacts pertussis antibody levels in large cohorts of preterm infants.

Methods. We collected paired maternal delivery-cord sera from infants of women who received Tdap ≥ 27 days before birth. IgG to pertussis toxin (PT), filamentous hemagglutinin (FHA), fimbrial proteins (FIM) and pertactin (PRN) was quantified by Luminex assay (RU/mL). Genetic mean concentrations (GMC) with 95% confidence intervals (CI) for pertussis antibodies were calculated. Four infant groups were compared by weeks of gestation: very (<32), moderate (32–33) and late preterm (34–36), and term (≥37).

Results. 344 preterm and 688 term mother-infant pairs were included. Among preterm infants, mean gestational age was 31.2 weeks (range 15.1–39.3); 37% were white, 37% Hispanic, 17% Black, 8% Asian and 1% other. Fifty-six were very preterm infants (16%, mean gestation 30.5 weeks), 82 moderate (24%, 31.1 weeks), and 206 late (60%, 35.4 weeks; 17% were born ≤30 weeks. For preterm infants, Tdap was administered at a mean gestation of 29.9 weeks (very 27.9; moderate 29.7; late 30.0; [P < 0.001]), and at a mean interval of 29.3 days before delivery (very 17.9; moderate 24; late 34.5; [P < 0.001]). Eleven (3%) women received Tdap during the second trimester (very 8, very 1 moderate, 1 late), GMCs (95% CI) of pertussis-specific IgG at birth varied by gestation (table). Infant antibody levels as a proportion of maternal antibodies increased from 24 to 323% from very 117 to 132 cases in those <37 weeks (P < 0.001).

Conclusion. Although levels are lower than in term infants, maternal immunization with Tdap results in substantial pertussis-specific antibody levels in most preterm infants, especially late preterm infants.

Disclosures. All Authors: No reported Disclosures.

2903. Post PCV13 Dynamics of NonVaccine Serotype (NVT): Disproportionate Increase of the Additional PCV20 Candidate Serotypes in Respiratory and Invasive Disease in Young Children

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