patients received treatment through prior authorizations and uninsured through pharmaceutical patient assistance programs. We examined demographics, homelessness, insurance, fibrosis score, substance use, and psychiatric illness, as potential predictors to treatment initiation using univariate and multivariate logistic regression analysis.

Results. Among the 16,363 BBs screened from March 1, 2016 to December 31, 2017, 1,445 (8.8%) were HCV Ab+ and 1,038 (72%) had HCV RNA completed. Among the 724 (5%) with confirmed HCV infection, 139 (19%) received LTC within 30 days of testing; 793 (41%) received navigation, and 286 (40%) could not be contacted after three attempts. Among those who received navigation, 225 (75%) completed a follow-up visit of which 81 (36%) did not start treatment, 34 (15%) are awaiting treatment initiation, and 110 (49%) started treatment. Gender, race/ethnicity, psychiatric illness, and homelessness were not predictive of starting HCV treatment. In univariate analysis, current substance users, non/past use (OR 0.52 (0.29, 0.93)) was associated with lower likelihood of starting treatment and advanced fibrosis (OR 2.25 (1.20, 4.21)) was associated with higher likelihood of starting treatment. Compared with uninsured patients, Medicaid patients were less likely to start treatment (AOR 0.15 (0.07, 0.34)) in a multivariate analysis.

Conclusion. Insurance status was independent predictor of starting treatment among patients at our safety-net hospital. Medicaid remains a barrier to HCV treatment access in safety-net systems.

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2208. Fibrosis Surveillance by Transient Elastography in Patients with Untreated Hepatitis C Infection

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Background. Despite the widespread availability of curative HCV therapy and recommendations to consider all HCV-infected patients for treatment, many remain untreated. Illinois medical community continues to restrict HCV therapy to patients with stage F3 or F4 fibrosis. In our Hepatitis Clinic, untreated patients are counseled and scheduled for follow-up scans at 6–12 months. This keeps patients engaged in care and allows us to identify progression of liver disease. Our study aims were to describe fibrosis assessments in HCV patients and identify predictors of fibrosis progression among untreated HCV-infected patients.

Methods. HCV-infected untreated patients with ≥1 transient elastography by Fibroscan® between April 2014 and March 2018 and with a baseline scan ≤Stage 2 fibrosis were included in the study. All scans were done by certified operators; 793 (63%) done by one operator. Fibroscan criteria; Stages 0–1 fibrosis; ≤7.0 KPa and Stage 2 fibrosis; 7.1–9.4 KPa.

Results. A total of 545 patients had a total of 1,260 scans. Median age of 59 years, 63% male, 70% African American, 23% White and 14% Hispanic. 196 (36%) HCV+. 399 (73%) patients had two scans, 127 (23%) patients had three scans and 41 (7%) patients had four scans. Median interval between scans was 12.8 months (range 9.2–17.3 months) with a median duration of 12.8, 24.5 and 40 months between the baseline and second, third or fourth scans respectively. Median baseline score was 6.4 (range 5.3–7.7); 65.3% F0–F1 and 34.7% F2. At last scan, 62% remained at the same stage, 23% had moved stage 1 and 15% regressed from Stage 2 to Stage 1. In the subset who regressed scores, went from 7.6 to 8.1.

Conclusion. For the majority of HCV+ patients with mild liver fibrosis at baseline, fibrosis severity remained essentially flat. Progression to moderate/severe fibrosis occurred more often among patients with Stage 2 fibrosis at baseline. Engagement in care remains important to identify patients with fibrosis progression as advocacy to ensure access to curative treatment for all continues.

Table 1. Proportion of Patients with ≥F3 at Follow-Up Stratified by Baseline Stage

| Baseline Fibrosis | 70% | 100% | 140% | 190% |
|-------------------|-----|------|------|------|
| Follow-Up 1 Time to Scan | Follow-Up 2 Time to Scan | Follow-Up 3 Time to Scan | Follow-Up 4 Time to Scan |
| Stage 1 | 93% | 87% | 83% | 79% |
| Stage 2 | 41% | 30% | 25% | 20% |

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2209. Discordance Between FibroSure and FibroScan Results in Hepatitis C and Human Immunodeficiency Virus Co-infected Patients Prior to Treatment for Hepatitis C Virus Infection

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Background. The accurate diagnosis of hepatitis C virus (HCV)-related fibrosis is crucial for prognosis and treatment decisions. FibroSure and FibroScan are commonly performed to approximate fibrosis in HCV treatment. Both methods have been validated for their correlation to the five-level (F0–F4) META ViR scoring system. However, the correlation between these two tests in HIV/HCV co-infected patients has not been well described. Here, we evaluated the concordance between FibroSure and FibroScan-derived META ViR scores in HIV+ co-infected patients.

Methods. We performed a retrospective cross-sectional study of HIV/HCV co-infected patients that were treated between 2014 and 2017 at Drexel University, Philadelphia, PA. We described patient demographics and overall META ViR scores of treated patients. Further, we compared the concordance between FibroSure and FibroScan results among patients who had both tests before the start of HCV treatment.

Results. One hundred and thirty-eight HIV/HCV co-infected patients were treated. Most of them (N = 134, 97%) achieved sustained virologic response after 12 weeks of treatment. One hundred and thirty-three patients underwent FibroSure testing before starting HCV treatment. Of those, 62 (47%) fell in the F0–F2 range and 71 (53%) in the F3–F4 range. Of those 133 patients, 21 also underwent FibroScan. Seventeen (67%) fell in the F0–F2 range, while seven (33%) fell in the F3–F4 range. Of the 21 patients who both had FibroSure and FibroScan testing, 12 (57%) had concordant and 9 (43%) discordant results. Of the patients with discordant results, 8 had higher fibrosis scores (F3–F4) with FibroSure, while only one had a higher fibrosis score (F3–F4) with FibroScan.

Conclusion. In our study, more than half of HIV/HCV co-infected patients had advanced fibrosis score at the time of HCV treatment. When FibroSure and FibroScan results were compared, close to half of co-infected patients had discordant results, the preponderance of which had higher FibroSure scores. As early initiation of HCV treatment is crucial to co-infected patients, further studies will need to evaluate the clinical significance of the discrepancy between different non-invasive fibrosis testing systems in co-infected patients.

Disclosures. All authors: No reported disclosures.

2210. An Online Survey of Hepatitis C Testing Attitudes and Practice Habits Among Residents at an Urban Medical Center

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Background. The hepatitis C virus (HCV) is the most common blood-borne infection; treatments are well tolerated, highly effective, and improve health outcomes. A recent blinded seroprevalence study of ED patients identified an undiagnosed HCV prevalence of 6.8%. New York State recently highlighted a strategic plan to reduce the incidence and prevalence of HCV through aggressive testing, linkage, and treatment. To evaluate HCV screening practices, we conducted a survey of resident attitudes and practice habits surrounding HCV screening.

Methods. From August 1, 2017 to April 30, 2018 we conducted an anonymous online survey to examine attitudes about sexual health screening among residents at an upper Manhattan academic medical center. Response rates were 22% (33) for internal medicine (IM), 45% (35) for pediatrics (Peds), and 21% (10) for emergency medicine (EM).

Results. A majority of IM residents (61%) agreed that HCV screening was one of their responsibilities as compared with Peds (23%, P = 0.002) and EM residents (20%). This differed from HIV testing where the majority of residents across disciplines (73, 71, 60%) considered HIV screening to be their responsibility. IM residents were more likely to agree that it is important to screen for HCV in all care settings. However, less than half of them considered HCV screening (42%) or successfully screened (45%) the majority of their eligible patients. Barriers to HCV screening were diverse across specialty groups with the majority of EM residents concerned about inadequate resources (90%) and issues surrounding minority (47%) fell in the F0–F2 range and 71 (53%) in the F3–F4 range. Of those 133 patients, 21 also underwent FibroScan. Seventeen (67%) fell in the F0–F2 range, while seven (33%) fell in the F3–F4 range. Of the 21 patients who both had FibroSure and FibroScan testing, 12 (57%) had concordant and 9 (43%) discordant results. Of the patients with discordant results, 8 had higher fibrosis scores (F3–F4) with FibroSure, while only one had a higher fibrosis score (F3–F4) with FibroScan.

Conclusion. In our study, more than half of HIV/HCV co-infected patients had advanced fibrosis score at the time of HCV treatment. When FibroSure and FibroScan results were compared, close to half of co-infected patients had discordant results, the preponderance of which had higher FibroSure scores. As early initiation of HCV treatment is crucial to co-infected patients, further studies will need to evaluate the clinical significance of the discrepancy between different non-invasive fibrosis testing systems in co-infected patients.

Disclosures. All authors: No reported disclosures.
Barriers to HCV screening differed between IM, Peds, and EM residents highlighting opportunities for individualized targeted interventions.

2211. Hepatitis C Testing and Linkage to Care in a Public Health Setting in North Carolina: Addressing Gaps Along the Care Continuum

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Session: 228. Hepatitis A, B, and C
Saturday, October 6, 2018: 12:30 PM

Background. Despite national recommendations in the United States to conduct hepatitis C virus (HCV) screening among the birth cohort and high-risk populations, persons seeking public health services have limited access to care. We developed a HCV screening and linkage-to-care program at a public health facility in North Carolina (NC), and evaluated the HCV prevalence and care continuum.

Methods. We collaborated with the Durham County Department of Public Health in Durham, NC to integrate routine HCV testing at the human services facility. Targeted screening with HCV antibody and reflex RNA was conducted based on U.S. guidelines (e.g., birth cohort, intravenous drug use [IVDU]) in clinical areas and the department of social services. To support linkage to care, a “bridge counselor” or social worker assisted chronic HCV-infected persons with transportation, initial appointments with HCV specialists, and access to other services. We analyzed the HCV prevalence, risk factors, and the care continuum among this population.

Results. From March 2016 to February 2018, targeted HCV screening was conducted among 2,775 persons, of which 84 (3.3%) were HCV antibody positive and RNA positive. Among persons identified with chronic HCV infection, the median age was 48.5 (interquartile range [IQR]: 23–76), 48 (57%) were male, and 53 (63%) were African-American. HCV-infected persons had multiple risk factors including past or current IVDU use (n = 38, 45%), history of unlicensed tattoo/ear piercings (n = 35, 42%), and prior incarceration (n = 31, 38%); no HIV co-infections were identified. An assessment of the care continuum demonstrated that the majority with chronic HCV infection received post-test counseling (96%), met with the bridge counselor (70%) and attended their first medical appointment (74%). However, only 49% were prescribed HCV treatment and 24% achieved sustained virologic response.

Conclusion. Implementation of targeted screening with HCV antibody and reflex RNA in a public health setting, coupled with bridge counseling, can identify persons with chronic HCV infections and link them to care. However, only half received HCV treatment and a fourth achieved HCV cure, highlighting the gaps in the care continuum where future interventions should be directed.

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2212. Preliminary Screening Results Outside the 1945–1965 Birth Cohort: A Forgotten Population for HCV?

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Background. Historically, hepatitis C virus (HCV) infection was most prevalent among those born between 1945 and 1965. Current CDC guidelines recommend screening for HCV only among this birth cohort or in patients with known risk factors for HCV infection. However, recent epidemiologic data shows increasing HCV incidence among younger patients. Universal screening may facilitate earlier recognition of infected individuals.

Methods. At our center, the admission order set previously included a required prompt to order HCV screening for patients born between 1945 and 1965. In December 2017, we expanded the default order to include all patients above the age of 18. We compared rates of HCV screening and positivity during the first three months of this policy to similar months in the preceding year. We also reviewed the charts of HCV-positive patients to identify documented risk factors.

Results. From December 2017 to February 2018, a total of 11,118 patients were screened with 389 (3.5%) positive results, compared with 8,423 patients and 388 (4.6%) positives during the same months in 2016–2017. Outside the birth cohorts, 179 (3.1%) patients were HCV positive in 2017–2018 compared with 117 (2.3%) in 2016–2017. Thirty-five HCV-positive patients were born outside the birth cohort. Twenty-one (60%) had no documented risk factors. Among the cohort born after 1965, only three out of 17 (17%) patients had no known risk factors, compared with all 18 (100%) patients born before 1945.

Conclusion. Documented substance use disorders and social vulnerability were highly prevalent in HCV-positive patients born after 1965 and rare in those born before 1945.

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2213. Hepatitis C Virus (HCV) Care Continuum Post-implementation of Electronic Clinical Decision Support (eCDS) Tool to Increase HCV Screening Among Baby Boomers in Large Urban Health System

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Session: 238. Hepatitis A, B, and C
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Background. An estimated 3–4 million Americans are living with Hepatitis C virus (HCV) infection and more than half of these individuals are unaware of their HCV status. Baby Boomers (born between 1945 and 1965) are significantly more likely to have HCV infection and should be universally screened. In September 2016, Cook County Health and Hospital System (CCHHS) implemented an electronic clinical decision support (eCDS) tool to increase HCV screening and treatment among Baby Boomers (BB) in primary care sites.

Methods. To assess the impact of the eCDS tool on screening and the successive stages of the HCV care continuum, we analyzed the proportion of patients who completed (1) HCV antibody screening, (2) RNA confirmatory testing, (3) HCV RNA detectable result, (4) liver staging, (5) treatment initiation, and (6) treatment completion.

Results. Between August 2015 and September 2017, the number of BB patients tested for HCV increased by 325% post-implementation of the eCDS tool. During this period, 17,585 BB patients were screened for HCV (3,349 pre-eCDS and 14,236 post-eCDS) and 822 unique patients were HCV antibody reactive (4.7% positivity). Of 822 HCV antibody reactive patients, 583 (70.9%) completed HCV RNA confirmatory testing (70.0% pre-RNA reflex and 92.0% post-RNA reflex). Of 583 patients with HCV RNA confirmatory testing, 338 (58.0%) had detectable HCV RNA. Of 338 patients with detectable HCV RNA, 190 (56.2%) completed Fibroscan liver staging. Of 190 patients who completed liver staging, 65 (34.2%) patients completed treatment (Illinois Medicaid plans only cover HCV treatment for patients with F-3 and F-4 results). Of 65 patients who initiated treatment, 65 (100%) completed treatment. SVR data were not available for all patients.