297. Accessible Care Intervention for Engaging People Who Inject Illicit Drugs in Hepatitis C Virus Care: Preliminary Results from a Randomized Clinical Trial

Benjamin Eckhardt, MD, MS; Yesenia Aponte-Meledez, MS; Chunki Fung, MS; Shashi Kapadia, MD; LA Davis; Melinda Smith, MA; Pedro Mateu-Gelabert, PhD; Jordan Wilson, MPH; Christopher Smith, MA

Methods. We present preliminary data from the first 65 participants in the Accessible Care intervention for engaging people who inject illicit drugs (PWID) in hepatitis C (HCV) care. The randomized control trial compares the effectiveness of Accessible Care (low-threshold care in a syringe service program located in New York City) with Usual Care (referral to existing services) in facilitating linkage, engagement, and retention in HCV care. Eligible participants were HCV RNA positive and had injections in the past 90 days. We compared the percentage of participants in each arm linked to HCV care (defined as one visit with HCV treatment provider), and initiated direct-acting antiviral (DAA) treatment within 6 months of enrollment.

Results. Among the 65 participants, the mean age is 41.2 years; 28% are females; 73% homeless; 6% black; 51% Latina/o and 39% white. 82% of participants had injected drugs in the last 30 days, with an average of 13.2 injections/month (median 10). Nearly all participants had health insurance, 88% public insurance, 6% uninsured. Thirty-two participants were randomized to the Accessible Care arm. Within 6 months of enrollment 79% of the Accessible Care arm and 25% of the Usual Care arm had linked to HCV care, and 69% and 13% had been started on DAA therapy, respectively. Of the 26 participants in the Accessible Care arm started on DAA therapy, the median time from enrollment to treatment initiation was 87.2 days (range 22–180).

Conclusion. Among HCV-infected PWID enrolled at a syringe service program, higher rates of linkage to care and treatment initiation were seen in the Accessible Care arm where stigma- and shame-free treatment was located within a community-based location.

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298. Collocation of Hepatitis C Care Continuum with MAT for High-Prevalence, High-Risk Population

Shivakumar Narayanad, MD; Ameer Abutaleb, MD; Jennifer Hoffmann, MPH, CRNP; Aaron Greenblatt, MD; Shyam Kotttil, MD PhD; Aaron D’Amore, BS; Christopher Brokus, BS; Sarah Kattakuzhy, MD; University of Maryland Medical Center, Midtown Campus, Ellicott City, Maryland; University of Maryland School of Medicine, Baltimore, Maryland; University of Maryland School of Medicine, DC Partnership for HIV/AIDS Progress, Bethesda, Maryland; NIH, Bethesda, Maryland; University of Maryland School of Medicine; DC Partnership for HIV/AIDS Progress, Washington, DC

Methods. The hepatitis C virus (HCV) epidemic in the United States disproportionately impacts people who inject drugs (PWID) who account for 80% of new infections and have a high prevalence of chronic infection. Baltimore City has the highest case rate of HCV in the state of Maryland with over 25% of new cases statewide occurring in the city. Only 10% of PWID have access to directly acting antiviral (DAA) therapy and are cured of HCV. Medication-assisted treatment (MAT) is currently offered in isolated facilities with limited access to other specialty care. In this study, we collocated HCV care continuum in a MAT facility offering opioid agonist therapy and psychosocial interventions.

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299. “Where the Rubber Meets the Road”: Stakeholders’ Perspectives about the Current State of HCV Care Delivery in Massachusetts Jails

Alyse G. Wurzel, MD MS; Jessica Reyes, MPH; Julia Zubiaga, MPH; Deirdre Burke, MPH; Tom Concannon, PhD; Karen Freund, MD MPH; John Wong, MD; Curt Beckwith, MD and Amy LeClair, PhD; Tufts Medical Center, Boston, Massachusetts; RAND, Boston, Massachusetts; Brown University School of Medicine, Providence, Rhode Island

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