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Background. Approximately 730,000 Americans are estimated to have chronic hepatitis B (HBV) infection, but recent studies have identified gaps in HBV care. Our aim is to characterize the HBV care cascade at the Veterans Affairs Maryland Health Care System (VAMHCS).

Methods. We used administrative VA data sources to identify patients enrolled at VAMHCS with a positive hepatitis B surface antigen (HBsAg) result within the VA from October 1, 1999 through February 7, 2018. Non-Veteran employees, Veterans who had died, or those with confirmed resolution of HBV infection were excluded. Chronic HBV infection was defined as a second positive HBsAg result or detectable HBV DNA >6 months later, or if included in the medical record. Resolved HBV infection was defined as undetectable HBsAg in someone with previously positive HBsAg.

Results. We identified 159 patients with a history of detectable HBsAg; only 68 (43%) had confirmatory testing to verify chronic HBV infection. Most patients with confirmed HBV (90%) were male, Black (75%; 18% Caucasian, 5% Asian), with a mean age of 62 years (with standard deviation of ±12 years). Among patients with confirmed chronic HBV, 91% were seen by a provider at least once after diagnosis where HBV was addressed in the assessment and plan, 93% had e-Antigen testing, 41% had fibrosis staging (via transient elastography, liver biopsy, or FibroSure), 85% had at least one time screening for hepatocellular carcinoma (HCC), 100% had ALT testing at least once, 84% had ALT > upper limit of normal (men 30 U/L, women 19 U/L), 62% had HBV treatment at some point.

Conclusion. This analysis reveals that within the Veteran population followed at the VAMHCS, less than half of those with initial detectable HBsAg have had confirmatory testing, and while the majority of patients with confirmed chronic HBV were by providers for HBV, less than half of patients received recommended fibrosis staging. More than half (62%) received treatment and the majority (84%) have had liver imaging at least once. The cascade of HBV care highlights multiple areas for targeted improvement of the care of Veterans with chronic HBV.

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2195. Effectiveness of a Dual-Test Strategy and Software Modifications for Mitigating and Preventing Hepatitis B Virus (HBV) Exposures in a Dialysis Unit

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Background. Yearly, the number of U.S. patients needing dialysis increases by 5%. Unlike patients infected with Hepatitis C or HIV who require only standard precautions during dialysis, patients with HBV infection must be segregated. Given the prevalence of HBV, first time dialysis patients could be infected with HBV and inadvertently dialyzed in a nonsegregated setting, especially if dialysis is urgent. Following such an event, we sought to minimize subsequent exposure risk to roommates of the exposed patients if/when they seroconverted before their serology and HBV-DNA results were available. The high volume of patients needing dialysis, and limited resources, made segregating all exposed for 6 months logistically impossible. We also optimized a widely used electronic medical software program to prevent future incidents.

Methods. An exposure was defined as any non-immune patient concurrently dialyzed in the same room with the index case (horizontal; $n = 4$) or dialyzed on the same machine that was cleaned (but not bleached and heat treated) immediately after the index patient (vertical; $n = 1$). All received HBV vaccine and immunoglobulin, and all of the dialysis machines were sequestered, bleached, and heat treated after each dialysis. All patients were monitored for seroconversion (SCV) with weekly HBSAg and DNA. The dialysis position of the vertical exposure was moved to last of the day. Root causes of a patient's serologic status escaping verification included: (1) having only a single manual verification step; (2) gaps in a popular medical software (Epic Verona, WI); (3) urgent initiation of the first dialysis session; and (4) automatic importing of lab results. A highly visible "HBV" column on the dialysis census and a"hard stop' in electronic ordering were added.

Results. At 1-year follow-up, there were no questions of false-positives, no HBV DNA detections, SCVs, or further incidents.

Conclusion. We used both DNA and HBSAg for monitoring the exposed, because using only DNA would have risked missing an inter-dialysis SCV due to its 4-day turnaround time. Although HBSAg can be falsely positive from vaccination, results were available in ≤ 24 hours. As there are no specific recommendations for optimum SCV monitoring and mitigating this type of event, others may find our approach useful.

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2196. Effect of Depression, Anxiety, Stigma, and Disclosure on Quality of Life Among People Living with Hepatitis B Infection in Dalian, China

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Background. In China, chronic hepatitis B virus (HBV) infection is a major public health problem with ~6% of the population chronically infected. We investigated the effect of depression, anxiety, stigma, and disclosure on health-related quality of life (HRQoL) among people living with chronic HBV infection (CHB) in Dalian city, Liaoning, China.

Methods. Using a cross-sectional study design, 401 subjects with CHB were studied from January 2017 to September 2017. Study measures included Beck depression and anxiety inventory, WHOQOL-BREF, Toronto Chinese HBV Stigma Scale, and a questionnaire, which collected sociodemographic characteristic and disclosure of positive HIV status to sexual partners. The primary outcome was HRQoL score. A linear regression model examined the association between HRQoL and the potential risk factors including stigma, disclosure, depression, anxiety, and socio-demographic factors. Stigma, disclosure, depression, and anxiety are the covariates of interest. Age, sex, education, medical insurance, cirrhosis, other chronic diseases, and years of diagnose were adjusted in the model.

Results. Majority of participants were males (251, 62.59%). married (37.41%), and completed high and middle school (67%). Four factors of Depression, anxiety, stigma and disclosure had negative associated with QOL physical, psychological, social and environmental domains ($P < 0.05$) among CHB patients. Depression was the independent factor significant negative associated with HRQoL ($P < 0.0001$). Patients' age had a significantly negative association with HRQOL in the psychological domain ($P = 0.0083$). Patients"education level had a significantly positive association with HRQOL for all four domains.

Conclusion. Our study is the first time to evaluate psychosocial factors affecting the HRQOL among people living with CHB in Dalian. Depression significantly affects the HRQOL among people living with CHB in Dalian, China warranting the urgent need for screening, early diagnosis, and implementation and integration of psychological interventions as part of routine care.

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2197. Hepatitis B Reactivation in Patients with Malignancies Undergoing Treatment for Hepatitis C Infection with Direct-Acting Antivirals

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Background. Reactivation of hepatitis B virus (HBV) can occur in patients after cancer therapies. Direct-acting antivirals (DAAs) are the effective therapies for hepatitis C virus (HCV) infection, and HBV reactivation in HCV/HBV co-infected patients treated with DAAs has been reported. We analyzed the risk of HBV reactivation among HCV/HBV co-infected cancer patients being treated with DAAs.

Methods. We prospectively followed patients with any type of cancer and HCV treated with DAAs between January 2014 and January 2018 at MD Anderson Cancer Center. Information on demographics, use of radiation, chemotherapy, immunotherapy, or anti-CD20 antibodies, and anti-HBV therapy were collected. All patients had the following tests at baseline, 2 and 4 weeks after initiation of DAAs, at end of treatment (EOT), and 12 weeks after completion of DAAs: alanine aminotransferase, total bilirubin, HBV surface antigen (HBsAg), hepatitis B core antibody (anti-HBc), and HBV DNA and HCV RNA levels. We defined the following outcomes by AASLD-recommended parameters: HBV reactivation (HBsAg reverse seroconversion, HBV DNA >2 log compared with baseline, HBV DNA >3 log if HBV DNA was undetectable, or >4 log if baseline was unavailable), hepatitis flare (ALT increase ≥3 times baseline and >100 U/L), and HBV-associated hepatitis (HBV reactivation and hepatitis flare). Patients were followed for 12 weeks after completion of DAAs.

Results. Of 169 cancer patients treated for HCV infection, 2.4% ($n = 4$) had chronic HBV infection (HBsAg+/anti-HBc+), and most (3/4) of these were on anti-HBV therapy. Past HBV infection (HBsAg-/HBcAb+) was noted in 30% (51/166), and none received anti-HBV therapy. Of these, 37% (19/51) had cancer therapy within 6 months prior to DAA treatment. HBV reactivation did not occur in any co-infected patients. Two patients had hepatitis flare, but none developed HBV-associated hepatitis.

Conclusion. This is the first prospective study evaluating HBV reactivation in HCV/HBV co-infected cancer patients receiving DAAs. The risk of HBV reactivation in these patients seems to be low. Future studies with a larger cohort of co-infected cancer patients allowing personalized risk stratification are needed.

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