**GEOGRAPHIC DETERMINANTS OF HEPATITIS C SCREENING IN A MIXED URBAN/RURAL EPIDEMIC**Hochstatter K1, Westergaard R1, Hess T1, Peng M1, Hull S3

1University of Wisconsin School of Medicine & Public Health, Department of Medicine, Madison, United States, 2Public Health Communication and Marketing Program, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC, DC, United States **Background:** Research has shown that syringe exchange programs are effective at increasing hepatitis C virus (HCV) testing rates among people who inject drugs (PWID). Although we do know that these highly effective programs are located much more in urban areas than rural, little is known about how access to such programs affects HCV testing. The goal of this study was to determine how travel distance to syringe exchange programs affects HCV testing among PWID. **Methods:** A social-network based strategy was used in a large multi-site syringe exchange program to recruit PWID. All participants completed a computerized questionnaire to gather information about previous HCV testing and place of residence. We used geocoded addresses and Google Maps to estimate driving distances between home addresses and the nearest syringe exchange program. Logistic regression was used to determine whether an association existed between travel distance and the odds of being tested for HCV, and whether this association differed between urban and rural-dwelling participants. **Results:** A total of 235 PWID were enrolled. The sample was 77% male, 36% non-white, 86% reported predominantly injecting heroin, and 70% reported previously being tested for HCV. Overall, no relationship was seen between travel distance and previous HCV testing. However, we found that the relationship between travel distance and being tested differed significantly between urban and rural participants. Among participants residing outside of the state’s major urban center, we observed a strong association; the odds of being tested for HCV decreased by 32% for every 10-mile increase in travel distance to a syringe exchange program (OR: 0.683, 95% CI: 0.536-0.870, p=0.002).
 **Conclusion:** Geographic inaccessibility of syringe exchange programs appears to pose a significant barrier to HCV screening for rural-dwelling PWID. Additional research is needed to develop HCV screening strategies that are responsive to unique challenges in rural communities.

**Disclosure of Interest Statement:** We have nothing to disclose.