

# SCREENING FOR HEPATITIS C AT A SECONDARY CARE COMMUNITY ADDICTIONS SERVICE IN LIVERPOOL

Jodi Goss<sup>1</sup>, Jayne Wilkie<sup>2</sup>, and Dr Yasir Abbasi<sup>1</sup>

<sup>1</sup> Addictions Services, Mersey Care NHS Foundation Trust, Liverpool

<sup>2</sup> Hepatology Department, Royal Liverpool University Hospital

## BACKGROUND

Despite a global death toll exceeding that of HIV, of malaria and of tuberculosis, viral hepatitis has failed to be recognised as a priority for the health and development sectors in previous years. Public Health England (PHE) in their 2014 report 'Hepatitis C in the UK', stated that around 214,000 individuals have chronic infection with hepatitis C, and not surprisingly hepatitis C-related end-stage liver disease is continuing to rise. Transmission among risk groups continues and significant numbers remain undiagnosed and untreated. Injecting drug use continues to be the most important risk factor for HCV infection in the UK.

In 2012, the North West Public Health Observatory report 'Burden of Liver Disease Inequalities in the North West of England' found that laboratory reports of hepatitis C have almost doubled in the North West between 2000 and 2010; hospital admissions for hepatitis C increased from 2,929 in 2005 to 4,841 in 2010. The report stated that the main risk factor for transmission of the hepatitis C virus is sharing contaminated drug injecting equipment (almost 75% of cases in the North West). The prevalence of hepatitis C in injecting drug users in the North West was 65% in 2010, higher than the England average.

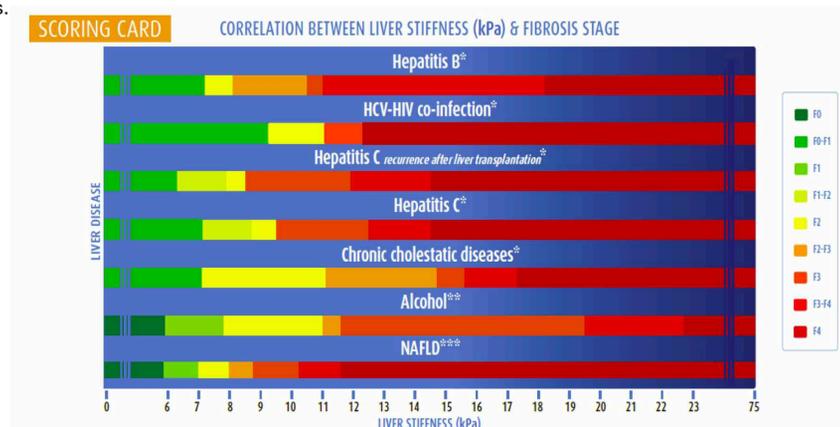
## THE HEPATITIS C SCREENING PILOT:

This project was initiated by two of the authors (JG & JW) who set this up two years ago at the secondary care community addictions services, Mersey care NHS Foundation Trust. Initially with primary care and then last year in collaboration with the Hepatology Department, Royal Liverpool University Hospital (RLUH) when JW commenced work there.

We developed a care pathway for our clients to produce a more formal Hepatitis C service, covering all our sites, namely the Drug and Alcohol Recovery Team (DART), Brook Place and DRR. The Hepatology nurse was based at these sites twice a month screening individuals referred by their keyworkers at the addictions services. New patients were also picked up from the waiting area, when they consented to be screened.

## FIBROSCANNING:

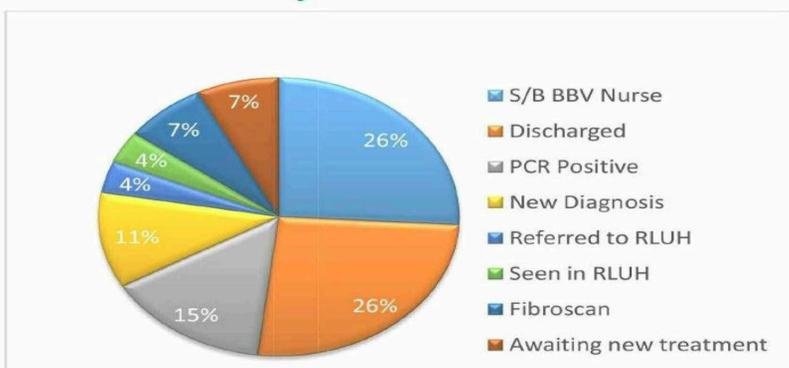
It is a scan similar to an ultrasound used during pregnancy which measures the elasticity (or how stiff) of the liver. A healthy liver should be soft and elastic, and if the liver is stiff this is a sign that some damage has occurred. One of the authors (JW) was able to fibroscan patients prior to referral to RLUH for treatment, hence ensuring the most appropriate patients were referred for treatment, reducing clinic nonattendance rates and improving outcomes.



## RESULTS

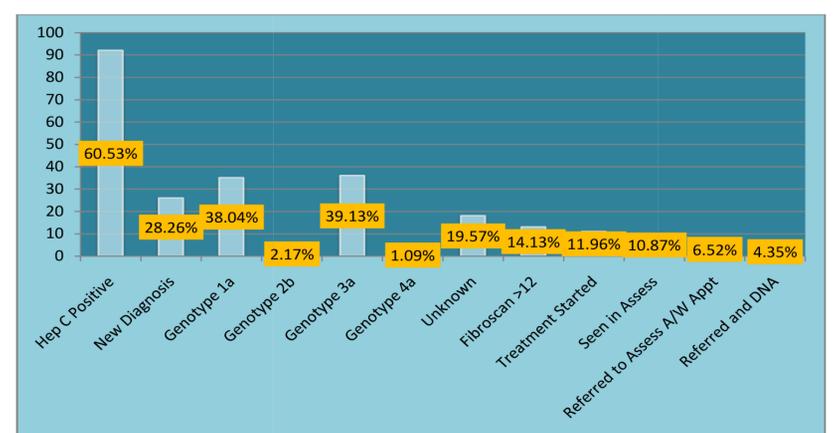
Outcomes from last year (2014/15) when in collaboration with Primary care

### Outcome of Antibody Positive Tests



RLUH= Royal Liverpool University Hospital  
PCR= Polymerase Chain Reaction

Outcomes from this year (2015/16) when in collaboration with Royal Liverpool University Hospital



(n= 152, male= 77%, Female= 23%, declined test= 4%)

## CONCLUSION

The PHE Hepatitis Report (2014) stated that UK Commissioners of BBV prevention services for people who inject drugs (PWID) need to sustain or expand the current broad range of provision (including opioid substitution treatment and needle and syringe programmes) to minimise transmission of hepatitis C. The Global Health Sector Strategy (GHSS) on viral hepatitis calls for a major global increase in the diagnosis of chronic HCV infection, with 30% of people infected knowing their status by 2020. We have almost achieved this target through this pilot (28%). Also all hepatitis C-infected individuals have the right to access treatment, but despite national progress tackling the infection, just 28,000 people received treatment between 2006 and 2011, meaning only 3% of the chronically infected population access treatment each year in England. We achieved a treatment outcome of approximately 12% with another 11% having had the assessment and awaiting treatment. Much higher than the national average.

Our pilot demonstrates that an integrated service for Hepatitis C screening and investigation based in the addictions services not only improves outcomes but is cost effective, as most of the baseline investigations are completed at the addictions services prior to referral for treatment as patients attended the addictions services more regularly. This reduced the need for multiple attendances at the acute hospital and also reducing the Hepatitis C clinic non-attendance rates as the most motivated patients were the ones who engaged with the investigation process. We are currently seeking funds to extend the pilot.

## REFERENCES

- Hepatitis C in the UK, working towards its elimination as a major public health threat, 2016 Report. Public Health England
- New study reveals the costs of low uptake of hepatitis C treatment, Public Health England, 10 June 2014. Press release <https://www.gov.uk/government/news/new-study-reveals-the-costs-of-low-uptake-of-hepatitis-c-treatment> (accessed 29th October 2016)
- <http://www.nice.org.uk/guidance/qs23/chapter/quality-statement-4-blood-borneviruses> (accessed 29th October 2016)

## Declaration of interest:

YA attended advisory board meetings, delivered or chaired Continuing Professional Development events and received honorarium, travel or accommodation reimbursement from Indivior & Britannia