Hepatitis B and C screening and linkage to treatment for persons hospitalised with substance abuse or mental health problems in a metropolitan tertiary health service: a descriptive observational study.

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Background: Hepatitis B and C are significantly prevalent in people who inject drugs (PWID) and who have mental illness. Admission for substance abuse and mental health-associated conditions occur frequently. Therefore, the hospitalisation of these patient cohorts provides opportunities for screening for and treatment of hepatitis B and C. Routine, targeted screening is demonstrably cost-effective, enables early detection and treatment, with consequent positive impact upon disease burden, and is recommended by Australian guidelines. There is a paucity of data on the uptake of screening and referral for antiviral therapy in substance abuse and psychiatric inpatients.

Methods: A retrospective, descriptive observational study was conducted in a tertiary health service to describe the seroprevalence of hepatitis B and C in hospitalised PWID and psychiatric inpatients and to determine the frequency of linkage of diagnosed persons to hepatitis treatment services. Patients hospitalised from 27 May 2023 to 30 June 2024 with substance abuse-related and mental health problems were identified from the hospital electronic medical records using Diagnosis-Related Groups (DRGs). These were screened for hepatitis B and C serologic / molecular testing results and presence / absence of referrals to viral hepatitis clinics.

Results: During a 13-month period, 269 patients were admitted with substance misuse and mental health diagnoses. Screening for hepatitis B and C was conducted for 245 (91.08%) and 250 (92.94%) persons respectively. Among those diagnosed with hepatitis B and C, 165 (61.34%) patients were referred to the local Viral Hepatitis Clinic.

Conclusion: Whilst the compliance with screening was high, the rate of referral for treatment has been less robust. In the context of declining engagement with hepatitis B and C care in recent years, it would be imperative to establish multidisciplinary collaboration to improve treatment uptake amongst these inpatient cohorts, which may subsequently facilitate the realisation of Australia’s 2030 elimination targets.

Disclosure of Interest Statement: All the authors named above declare that they have no conflicts of interest pertaining to this study and to the preparation of the poster and its abstract. No funding was received for the study.