

HEPATITIS C MICRO-ELIMINATION IN MENTAL HEALTH SETTINGS USING A NURSE LED MODEL OF CARE

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Background/Approach: People with mental illness are disproportionately affected by chronic hepatitis C (CHC). The prevalence of CHC in Western Sydney is 0.81%, ~50% report a history of substance misuse, 14% having injected drugs and half admitting to sharing injecting equipment. We introduced a nurse-led, CHC micro-elimination program in Western Sydney, Australia.

Method: Across 9 community mental health teams and 1 inpatient facility the team introduced systematic screening for CHC. Testing was partnered with harm reduction and education delivered by study-specific and mental health nurses. Patients with viremia progressed to assessment and treatment.

Outcome/Results: 909 patients received request forms for testing and 640 completed screening; 46% (n=294) were inpatients while 54% (n=346) were in community mental health. The availability of a pathology collector at clinics reduced the time to initial blood collection and increased the likelihood of consent to testing.

Of the 294 inpatients and 346 community patients, 7.4% (n=22) and 3.1% (n=11) respectively, were found to be viremic. Ten inpatients commenced treatment; 3 achieved a cure, 6 are awaiting week 12 results and there was 1 treatment failure. Five others are awaiting treatment, 3 were discharged and require further follow up, and 4 refused treatment. Of the 11 patients assessed in the community setting, 3 commenced treatment; 2 completed and await SVR and 1 continues on treatment. Of the remaining 8, 6 refused treatment, 1 spontaneously cleared, and 1 patient was diagnosed with hepatocellular carcinoma and their treatment was deferred.

Conclusion/Applications: CHC prevalence rates are higher in mental health settings compared to the overall population. This nurse-led initiative resulted in a significant number of patients being screened for CHC. Screening likelihood increased when venipuncture was offered at initial contact. While treatment uptake remains a challenge, with appropriate support, progress toward treatment initiation is achievable.

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