

EFFECTIVENESS AND ACCEPTANCE OF AN INTENSIVE HEPATITIS C SCREENING AND CASE FINDING INTERVENTION IN A PUBLIC OST CLINIC

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Background/Approach: Developments in hepatitis C (HCV) treatment offer very high cure rates however HCV could remain a major cause of morbidity and mortality amongst people who inject drugs unless case identification and treatment uptake is increased. This paper describes the first intervention in a partnership between liver clinics, health promotion team and Drug Health Service three services to eliminate HCV from a large opioid substitution therapy (OST) clinic which has existing HCV clinic.

Analysis/Argument: Through a range of interventions and using a partnership approach the uptake of HCV testing and treatment can be increased. Our first intervention is an intensive HCV screening and case finding.

Results: The first intervention involved an additional eight staff and two peer educators attending the morning session at an Inner West Sydney OST Clinic over a 4 day period in March 2018. The OST staff were highly engaged and supportive. The intervention involved phlebotomy, fibroscan and clinical assessment. Forty nine percent (49% n= 44) of total daily dosing clients engaged with the event. Of those who engaged, 61% (n=27) had blood tests or recent results available. 25% (n=11) had completed or were currently taking HCV treatment. 16% (n=7) had untreated HCV, including one HCV/HBV coinfection. In addition, two cases of CHB were identified. 11% (n=5) had compensated cirrhosis. There remains a large cohort of clients who still need to be engaged.

Conclusion: The first intervention was well received by staff and clients. Almost half (n=44) of the total clients engaged in this intervention. Case management plans have been developed for all clients who were identified as needing treatment. The next interventions will involve strategies to identify clients who did not engage in first intervention and to then to identify clients who dose in community pharmacies. The information collected will be used to inform service planning and barriers to treatment.