INCIDENCE, PATIENT-DIRECTED DISCHARGE, READMISSION, AND MORTALITY AMONG PEOPLE HOSPITALIZED WITH INJECTING-RELATED INFECTION: A POPULATION-BASED LINKAGE STUDY

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Background:
Despite international reports of increasing hospitalization for injecting-related infection, there has beenis limited large-scale limited evaluation of in-hospital and post-discharge outcomes. This study aimed to characterise population-level injecting-related infection hospitalization and correlates associated with patient-directed discharge, readmission, and all-cause mortality among persons who inject drugs with hepatitis C in New South Wales, Australia between 2001–2022.

Methods:
Hepatitis C notifications in NSW (1993-2022) were linked to hospital (2001-2021), opioid agonist treatment (1985-2022), incarceration (1994-2021), and death registration (1993-2022) data. Hospitalizations among people who inject drugs with injecting-related infections were identified using validated ICD-10 code algorithms. Incidence of patient-directed discharge, readmission, and mortality were calculated, and correlates associated with each outcome assessed using extension of Cox proportional hazards model for recurrent events.

Results:
In total, 18,074 injecting-related infection hospitalizations were included among 9,045 individuals, predominantly males (64%) with average age 41 years. Incidence was 47.2 per 100 person-years and increased over time. The proportion of hospitalizations ending in patient-directed discharge was 18%, associated with stimulant use and incarceration, and less likely in those with severe disease and on opiate agonist therapy. The proportion of hospitalizations that were followed by a 30-day and 1-year readmission was 25% and 61%, respectively and had a strong association with patient-directed discharge. Mortality was 2% and 15% at 30-days and 1-year post discharge.

Conclusion:
Patient-directed discharge was common among people admitted with injecting-related infections, and post-discharge readmission and mortality was high. Person-centred models of care are necessary to address health inequity experienced by people who inject drugs.

Disclosure of Interest Statement: ***See example below:***
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