

TARGETED TESTING PATHWAYS IMPROVE HEPATITIS C DIAGNOSIS RATES

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Background: NHS Tayside is committed to eradicating the Hepatitis C virus (HCV) by 2030. With an estimated prevalence of 0.55% we anticipate that 2200 people are living with chronic HCV in Tayside. 1800 are diagnosed leaving 400 un-diagnosed.

We have instituted a number of specialised pathways for testing and treatment of HCV amongst the most at-risk populations, including people who inject drugs (PWID), those on opiate substitution therapy (OST) and prison inmates. Widespread testing occurs in injecting equipment provision sites (IEPS), community pharmacies and the prison service.

Our aim was to analyse the efficacy of these directed diagnosis pathways compared with standard testing.

Methods: Data was collected retrospectively for every HCV antibody and PCR test ever done in NHS Tayside. Each test was attributed to a diagnosis pathway according to the testing source. Data was cross referenced with clinical records including testing source and clinical outcome for every individual with positive antibody results.

Results: Testing in primary and secondary care has tripled (2364 to 7486 antibody tests/year) from 1999 to 2017. Despite this, PCR positivity rate has fallen from 2.3% to 0.7%. In contrast testing in prisons yields a rate of 4%, IEPs a rate of 15% and community pharmacies 13.5%.

Additionally 103/135 PWIDs in IEPs and 21/22 in community pharmacy have been treated in their respective community settings.

Conclusions: Diagnostic pathways targeting populations most at risk of HCV are more effective at yielding new HCV diagnoses than standard pathways. These tailored diagnostic pathways will also resolve some of the health inequalities around drug use and provide methods of ensuring entry to treatment. We believe using targeted testing will find the majority of our undiagnosed population. This will help us to direct resources and achieve our aim of elimination by 2030.

Disclosure of Interest: JFD has honoraria for lectures and research grants from Janssen-Cilag, Roche, Merck Sharp & Dohme, AbbVie, Bristol-Myers Squibb, & Gilead.

EMR, PB, MHM declare no conflict of interest.

The EVERYONES HCV project was funded by Gilead