

MOBILE COMMUNITY-BASED LIVER HEALTH ASSESSMENT IN UNDERSERVED POPULATIONS: THE HEP CARE PROJECT

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Background:

Underserved populations such as the homeless have high rates of both hepatitis C (HCV) and alcohol use. Difficulties in accessing specialist care services means that they have a high risk of liver disease. Screening homeless populations for liver disease is possible if services reach-out into the community.

Approach:

The HepCare project, funded by the European Commission, aims to outreach services at risk of HCV to underserved populations. The Find&Treat team's mobile health unit in London provided point-of-care tests (POCTs) for HCV and portable Fibroscan for liver fibrosis to individuals accessing homeless and drug services. Peer support workers were trained alongside the clinical team to screen individuals and improve linkage to specialist care. Chronically infected HCV individuals and those with severe fibrosis or cirrhosis were referred and supported into specialist care.

Outcome:

A total of 283 individuals were screened with a median age of 46.9 (IQR 41-54), 217 (76.7%) were male and 77.7% were UK born. Rates of current or past homelessness were high (53.7% and 79.9% respectively) as well as current injecting drug use (35.3%). Alcohol intake was high, expressed as more than UK recommended 14 units weekly (42.4%), heavy use as >50 units (37.1%) or very heavy as >100 units (23.7%). Chronic HCV infection was found in 160 (56.4%). Overall 9.2% were found to have severe fibrosis (F3) and 15.5% were cirrhotic (F4). Mean Fibroscan scores of those with no alcohol or HCV was 6.2Kpa increasing to 11.5Kpa for those with very heavy alcohol intake. Those with HCV and no alcohol had a mean score of 8.3KPa increasing to 22.2Kpa if they also had very heavy alcohol use.

Conclusion:

The combined effect of HCV and alcohol contributes to a considerable burden of liver disease however these populations can be successfully screened using community-based peer-led interventions.

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