

OPPORTUNISTIC ASSESSMENT AND TREATMENT OF PEOPLE WITH HEPATITIS C VIRUS INFECTION ADMITTED TO HOSPITAL FOR OTHER REASONS: A PROSPECTIVE COHORT STUDY

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Introduction: It will be essential to find novel ways to access, diagnose and treat people with Hepatitis C Virus (HCV) infection in Australia to achieve HCV elimination. We assessed the effectiveness of opportunistic HCV assessment and antiviral treatment in patients admitted to hospital for other reasons.

Methods: Patients with HCV infection were referred from inpatient services at a single tertiary referral hospital. Patients were assessed clinically and with transient elastography (TE) and HCV genotype. A summary letter was generated for all patients with a general practitioner (GP). Patients were offered treatment commencement at hospital discharge or after discharge with their GP, the infectious diseases clinic or with a gastroenterologist if they had cirrhosis. The primary outcome was the proportion of eligible patients who commenced treatment. We also undertook an intention to treat (ITT), modified intent to treat (mITT) analysis for virologic outcome (SVR12) and per protocol cure rates. An assessment of potential efficiency gains was undertaken.

Results: 100 patients with a positive HCV antibody test were enrolled, of whom 70 were viraemic. The cohort included a high proportion of people who currently or previously injected drugs, indigenous patients and people previously lost to follow-up from other services. Treatment was initiated in 46 (66%) patients. The ITT was 80.4% (37/46) and mITT rate was 84.1% (37/44). The per-protocol SVR12 rate was 94.9%. Two subjects with genotype 3 and cirrhosis failed treatment, two subjects died and five were lost to follow up. The key barrier to uptake of DAA was incomplete assessment. Key inefficiencies of this model of care included referral of non-viraemic subjects, limited TE access and virologic test turnaround times.

Conclusion: This model of care can complement the current efforts to increase HCV treatment in the community for those who do not access care elsewhere or are lost to follow-up.

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