

Mobile Community-based Liver Health Assessment In Underserved Populations: The Hepcare Project

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Background and aims:

- The four EU HepCare sites (Ireland, UK, Spain, Romania) aim to improve identification and treatment of HCV, especially focusing on vulnerable populations and community interventions.
- 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.

Method:

- 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.
- Those with risk factors for HCV were tested and offered a Fibroscan by outreach nurses or peer support workers
- Chronically infected HCV individuals and those with severe fibrosis or cirrhosis were referred and supported into specialist care.
- All were offered peer support to help engagement with treatment services

Population Characteristics	n	%
Total screened	295	-
Chronic HCV infection	175	59.3
Gender - male	232	78.6
Homeless	167	56.6
Current injecting drug use	101	34.2
Alcohol use > 50 Units/week	111	37.6
Alcohol use > 100 Units/week	74	25.1

Fibrosis score & Chronic HCV	n	%
F1	89	50.9
F2	31	17.7
F3	17	9.7
F4	38	21.7

Fibrosis score by population characteristic	n	Mean (kPa)
Mean Total population	295	10.3
no HCV / alcohol	68	5.8
Chronic HCV / no alcohol	101	8.3
High alcohol (>50U) / no HCV	52	8.7
Very high alcohol (>100) / no HCV	47	8.9
Chronic HCV / high alcohol	65	18.5
Chronic HCV / very high alcohol	39	21.6

Results:

- A total of 295 individuals were screened with a median age of 46.1 (IQR 40-52.9), most (76.7%) were male and UK born (77.7%).
- Rates of current homelessness were high (56.6%) as well as current injecting drug use (34.2%).
- Alcohol intake was also high with heavy use (>50 units/week = 37.6% or very heavy (>100 units/week = 25.1%).
- Chronic HCV infection was found in 175 (59.3%) individuals.
- Cirrhosis was highest (21.7%) in those with chronic HCV infection
- The combined effect of chronic HCV and high alcohol intake was associated with a mean score of 21.6 kPa

Conclusion and further work:

- 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.
- Outreach liver assessment should be expanded to assess alcohol & NAFLD in at risk homeless populations with clear referral and care pathways