

IMPLEMENTATION OF BLOOD BORNE VIRUS TESTING IN A FORENSIC PSYCHIATRIC UNIT

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Background:

Forensic units are secure inpatient settings housing patients with complex mental health needs who are high risk or may have criminal convictions. This cohort may have similar risk factors for blood borne viruses (BBVs) to those in the prison population, but not have been offered testing. We explore the feasibility of offering BBV testing to patients in a medium secure forensic unit in Kent, UK, as well as implementation of BBV testing into the admission pathway.

Description of model of care/intervention:

Dry blood spot testing (DBST) training and testing kits were provided to the forensic unit with the aim of offering all patients a BBV test. The DBST panel included hepatitis C virus (HCV), hepatitis B virus (HBV), human immunodeficiency virus (HIV) and syphilis. Staff training was delivered by medical scientists from Gilead Sciences and a pathway to allow rapid access to HCV treatment was developed with King's College Hospital.

Effectiveness:

Uptake of testing by patients was 96.8% (92/95). 3 HCV Ab+ cases were identified, of whom none were RNA positive. 1 HIV case was identified and referred for treatment. 1 HBsAg+ case was identified but found to be negative on confirmatory testing. Following on from the testing of the inpatient population, opt-out BBV testing has been implemented as part of the admission process.

Conclusion and next steps:

Uptake of testing was generally high and implementation of DBST testing within the admission process was feasible. HCV antibody prevalence appears higher than in the general population and further work in wider forensic populations would be valuable to explore this.

Disclosure of Interest Statement:

Gilead plays an active role in the design and execution of the activities with Oxleas NHS Foundation Trust as part of the NHS England HCV Elimination Program.