## Evaluation of Universal Hepatitis C Screening and Treatment among Psychiatry Inpatients

Mandel E<sup>1</sup>, Maheandiran M<sup>2</sup>, Hollingdrake E<sup>2</sup>, Vanderhoff A<sup>3</sup>, Wolfson-Stofko B<sup>3</sup>, Capraru C<sup>3</sup>, Biondi MJ<sup>3,4</sup>, Feld JJ<sup>1,3,5</sup>, Logan R<sup>2</sup>

<sup>1</sup>Toronto Centre for Liver Disease, University Health Network, Toronto, Canada, <sup>2</sup>Centre for Addiction and Mental Health, Toronto, Canada, <sup>3</sup>VIRCAN Study Group, University Health Network, Toronto, Canada, <sup>4</sup>Arthur Labatt Faculty of Nursing, Western University, London, Canada, <sup>5</sup>Institute of Medical Science, University of Toronto, Toronto, Canada

## **Background:**

Inpatients at mental health facilities have been shown to have higher HCV antibody (Ab) prevalence than the general population (3-38% in North American studies). Although studies have shown that non-specialists like on-site hospitalists can effectively manage HCV to avoid logistically challenging referrals to other centres, awareness and training among hospitalists is low. We evaluated inpatient HCV testing and treatment in Toronto at Canada's largest mental health institution.

#### Method:

We reviewed charts for all forensic and severe and persistent mental health inpatients from January 2017 to May 2021 to examine HCV testing (Ab and RNA), treatment, and follow-up rates.

#### **Results:**

Of 1031 patients, 63% received HCV Ab screening while admitted. Only 49% of forensic inpatients and 28% of mental health inpatients were screened within three months of admission. HCV Ab positivity was 4.9%, and 84% of HCV Ab positive individuals were tested for HCV RNA. Average time between HCV Ab positive result receipt and HCV RNA testing was 12 months (range: 0-46 months). RNA positivity was 47% (n=15). Of 15 eligible individuals, 7 initiated treatment on-site (67%), while 8 were referred to off-site hepatology where 3 initiated treatment. SVR was confirmed in 7/10 treated individuals. 3 were lost to follow-up, 2 of whom were treated at the off-site hepatology clinic. Average time between RNA positive result receipt and treatment initiation was 12 months (range: 1-36 months). Subsequent chart review showed that 11% of those never screened for HCV Ab remain admitted and will be approached for follow up.

# **Conclusion:**

HCV screening rates were relatively high, but opt-out universal screening at admission would increase screening uptake and shorten intervals to treatment initiation. Since on-site treatment was more successful than referral to external hepatology, training hospitalists could hasten progression from diagnosis to cure and help to eliminate HCV from this population.

# **Disclosure of Interest:**

No funding was received for the completion of this work.