

UNIVERSAL BLOOD-BORNE VIRUS SCREENING IN PATIENTS WITH SEVERE MENTAL ILLNESS MANAGED IN AN OUTPATIENT CLOZAPINE CLINIC: UPTAKE AND PREVALENCE

Williams J¹, Barclay M², Omana C², Buten S² and Post JJ^{3,4}

¹ Department of Infectious Diseases, Sexual Health and Immunology, St George Hospital

² Department of Psychiatry, Prince of Wales Hospital

³ Department of Infectious Diseases, Prince of Wales Hospital

⁴ Prince of Wales Clinical School, UNSW

Introduction: Patients with a severe mental illness have higher rates of infection with blood-borne viruses (BBVs). Despite this, such patients are less likely to access both testing and treatment for these conditions than those without mental illness, placing them at significant risk of morbidity and mortality. Enhanced testing of this population is therefore warranted.

Methods: In this single centre, prospective study, we sought to offer testing for BBVs to every patient who attended a face-to-face appointment in our hospital's clozapine clinic (CC) over a six month period. Those who consented were tested for HIV antigen/antibody combination assay, Hepatitis C virus (HCV) antibody and Hepatitis B virus (HBV) surface antigen (HBsAg). Patients who declined were not re-offered testing. Patients with positive results were referred for assessment by the local infectious diseases service.

Results: 192 patients attended an appointment at the CC during the study period, of which 164 were offered testing. Of those offered testing 134 (81.7%) accepted and 30 declined. Of those who agreed to be tested results were returned for 96 (71.6%). There were no positive results for HBsAg or HIV. Seven patients (7.2%) were positive for HCV antibody. Of those, four patients had previously been treated while three were newly identified. Of the three newly identified exposures, two patients were found to be chronically infected and were referred for treatment.

Conclusions: Most patients in the service accepted the offer of BBV testing. HCV seroprevalence was higher than the general population. A routine offer of blood borne virus testing for people with severe mental illness in the outpatient setting is feasible and may detect treatable infections in people who do not access health care outside mental health services.

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