

SUB-OPTIMAL PATTERNS OF HCV TESTING IN HOSPITALISED PEOPLE WHO INJECT DRUGS: A MISSED OPPORTUNITY?

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Background: Hospital inpatient management for injecting-related infectious diseases (IRIDs) may present an opportunity for engagement with Hepatitis C (HCV) treatment and care in people who inject drugs (PWID) who are otherwise not accessing health services. We aimed to describe the patterns of HCV testing and treatment engagement in PWID hospitalised for IRID.

Methods: We conducted a retrospective clinical note audit of patients admitted to St Vincent's hospital, Sydney with an International Classification of Diseases-10th Edition (ICD-10) code associated with specific complex IRIDs (including endocarditis and osteomyelitis) over a 2-year period (1st January 2016 – 1st January 2018). PWID were identified from the clinical notes and their HCV testing patterns reviewed.

Results: Of 162 patients admitted with an IRID, 33 (20.2%) were identified as PWID. A greater proportion of PWID were female (42.4% vs 24.0%, $p < .05$), indigenous (33.3% vs 1.6%, $p < .0001$), homeless (42.4% vs. 3.1%, $p < .0001$) and younger in age (median 45.3 years vs. 61 years, $p < .0001$). Self- or laboratory-reported positive HCV antibody status was documented on admission in 24/33 (72.7%) of PWID, however, 10/24 (41.7%) of them had no subsequent inpatient HCV RNA testing. Of the 9/33 patients (27.2%) without known HCV antibody status, 6/9 (66.6%) had incomplete subsequent antibody or RNA testing during admission. 17/33 patients (51.5%) had HCV RNA testing during admission, with 10/17 (58.8%) having a positive result. 80% of them had a viral hepatitis management plan made during admission but only 3/8 (37.5%) were subsequently treated. Overall, only 30.3% of inpatient PWID had appropriate HCV testing during the period assessed.

Conclusion: HCV diagnosis and linkage to treatment is suboptimal in PWID hospitalised for an IRID to a tertiary hospital. New models of service delivery and opportunities to engage with HCV treatment, including inpatient initiation, should be explored to overcome substantial barriers to care outside the health system.

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