Opportunistic assessment and treatment of people with HCV infection admitted to hospital for other reasons: a prospective cohort study

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Background

- It will be essential to find novel ways to access, diagnose and treat people with HCV infection in Australia to achieve HCV elimination
- People with HCV may not present for community care
- People at risk for HCV present to hospital for non-HCV related care and hospitalisation may be an access point for HCV care

Hypothesis

- Active case finding and treatment of patients at risk of, or diagnosed with, HCV infection during hospital admission may be suitable for assessment in hospital and treatment at time of hospital discharge

Aims

- To assess the effectiveness of a registrar led HCV assessment and treatment service for patients admitted to hospital for other reasons

Methods

- Patients were referred to a single Infectious Diseases registrar after word-of-mouth promotion of the project
- The protocol included standard laboratory HCV genotyping and hepatic transient elastography (Fibroscan) for all subjects. Non-invasive markers of fibrosis were not standard of care at the time of the study
- Patients were offered treatment commencement at hospital discharge or after discharge with their GP if they had one or with the Infectious Diseases clinic or Gastroenterology clinic if they had cirrhosis
- A summary treatment recommendation letter was generated for all patients with a GP
- Per protocol, intent to treat (ITT) and modified ITT (mITT) analyses were undertaken for SVR12
- An assessment of potential efficiency gains was undertaken

Results

- SVR12 response rates:
  - Per protocol 94.8% (37/39)
  - ITT 80.4% (37/46)
  - mITT 84.1% (37/44)*

  * 2 subjects LTFU after completion of treatment

Table 1. Characteristics of 100 patients referred for assessment and treatment of HCV infection.

Table 2. Assessment of viraemic inpatients referred for assessment and treatment of HCV infection.

Table 3. Outcome after assessment of 70 viraemic inpatients.

Summary

- Detecting and treating people with HCV infection when admitted to hospital for other reasons is reasonably effective
- The model may be more efficient:
  - if we only accept viraemic referrals
  - if we use non-invasive markers of fibrosis
  - if we could prescribe without HCV genotyping
  - if we could treat as inpatients

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