Liver III

PTH-076 DRIED BLOOD SPOT TESTING FOR HEPATITIS B AND C IN THE CHINESE COMMUNITY LIVING IN NORTHERN IRELAND

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Introduction The epidemiology of hepatitis B and C in Europe is changing, with migration causing significant increases in prevalence rates. Northern Ireland still has a very low prevalence of viral hepatitis, with an average of 80–100 HBV and 100–120 HCV cases being diagnosed every year. Certain groups however are at higher risk of infection including those born in high or intermediate endemic areas.

Aim The aim was to set up a single viral hepatitis community screening event to offer testing to members of the Chinese community in Belfast and determine the prevalence of HBV and HCV in those tested.

Methods Members of the Belfast Chinese Community were invited to attend a Hepatitis BandC awareness and testing session held in the Chinese Welfare Centre. All those attending for testing were educated regarding the advantages and disadvantages of screening through a presentation (translated) and literature. Dry blood spot (DBS) testing was used as an alternative to venous sampling to try and encourage participation. All patients (and their GPs) were informed of results by letter. Those with positive HBsAg or positive HCV antibody individuals were contacted by letter and also by telephone with the assistance of an interpreter and asked to attend a hospital clinic. Those who tested HBsAg negative and HBcAb positive were advised to attend their GP surgery for follow up HBV serology and HBV DNA. HIV testing was offered to all those with a positive result.

Results 97 individuals expressed an interest in coming forward testing but 29 (30%) could not be screened as they were not registered with a GP in Northern Ireland. Of those that attended the event 55 individuals were tested (62% female, mean age 47, range 22–67). 13 (24%) individuals tested.

HBsAg negative and HBcAb positive, - suggesting previous infection. Five patients (9%) individuals tested positive for chronic viral hepatitis – 4 were HBsAg positive and 1 was HCV PCR positive. All 5 subsequently attended a hepatology clinic for follow-up.

49 (89%) of those presenting for testing reported they had never been vaccinated against HBV.

Conclusion DBS testing of a sample of the Chinese community living in a low prevalence area of the UK can detect chronic viral hepatitis in 9%. In addition, one third of those requesting screening were not registered with a GP and therefore could not be detected by current NHS services. This suggests that the NHS need to consider setting up screening services for ethnic communities even in low prevalence areas of the UK.

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REFERENCES

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PTH-077 GEOGRAPHICAL MAPPING OF HEPATITIS C INFECTION IN NORTH EAST SCOTLAND USING A GEOGRAPHICAL INFORMATION SYSTEM (GIS)

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Introduction Chronic HCV infection affects around 37,500 people in Scotland. A Geographical Information System (GIS) allows exploratory data analysis (EDA), mapping and visualisation of geographical data. GIS can be used to illustrate the geographical patterns and distribution of HCV infection to aid on the planning services for treatment of these patients

Methods Data was extracted from the NHS Grampian Hepatitis C database between the years 2002 to 2013 and input to the ESRI ArcGIS software. For confidentiality, each case was mapped utilising the first half of their postcodes. The Scottish Index of Multiple Deprivation was used to calculate the average deprivation score for each postcode sector. Exploratory data and statistical analysis were undertaken using Spearman's rank correlation coefficient.

Results A total of 2114 patients with hepatitis C were identified from the local NHS Grampian Hepatitis C database. The overall prevalence of hepatitis C in the Grampian region was 523 cases per 100,000 population. The highest rate of hepatitis C was from AB11 in Aberdeen city, with 1440/100,000 individuals. The area with the lowest occurrence was AB38 in rural Aberdeen with 21/100,000 individuals. The higher prevalence areas corresponded to Aberdeen city and the towns of Peterhead and Fraserburgh. Outreach centres for treatment of hepatitis C were adequately stationed in high prevalence areas. The most deprived post code, AB16 in Aberdeen city, had a rate of 940/100,000 populations. There was no statistical significance between the diagnosis of hepatitis C infection and deprivation scores of the post codes studied. There was a significant correlation between the percentage of untreated patients and average deprivation score with a correlation coefficient of -0.333 ($p < 0.05$).

Conclusion In this study GIS is useful to explore, visualise and present the data in a spatial context, highlighting areas with high prevalence and where individuals are being treated and where they are not. The Outreach centres were shown to be appropriately located. The higher prevalence in urban regions mirrors risk factors like drug usage in these areas. A statistically significant correlation, albeit not very high, was shown between the percentage of untreated patients and levels of deprivation. This may mean that more emphasis needs to be placed on assisting those individuals who live in the most deprived areas to gain access to the treatment programmes which are available. Aberdeen Royal Infirmary is the only referral hospital for the treatment of hepatitis C and it is likely that the study underestimates the true prevalence of the infection due to a referral bias

Disclosure of Interest None Declared.

PTH-078 FORWARD PROGRESS OR FINANCIAL EXTRAVAGANCE? COUNTING THE COST OF NICE GUIDELINES FOR CHRONIC HEPATITIS B

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