**Liver III**

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

A Mccurley*, N McDougall. 1NI Regional Hepatitis BandC MC Network, Belfast Health and Social Care Trust, Belfast, UK; 2The Liver Office, Royal Victoria Hospital, Belfast, UK

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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.

Method 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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