HEPATITIS-C INFORMATION CARDS DISTRIBUTED THROUGH COMMUNITY PHARMACIES ARE INEFFECTIVE IN INCREASING HCV TESTING AMONGST PWID

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Introduction
Despite being a high risk group for hepatitis C virus (HCV) infection, People Who Inject Drugs (PWID) do not engage with health services. We present a low-cost intervention of issuing HCV information cards through community pharmacies without additional resource support to raise awareness of HCV testing, the new direct acting antivirals (DAA) and to increase self-referral of PWID to Substance Misuse Services (SMS).

Methods
Brighton has a well developed and integrated community HCV clinic based at SMS. The pharmacies are willing to engage in strategies to increase HCV testing. Resulted in not a single PWID referred. The need for dedicated individuals to manage at one site and the need for dedicated individuals to deliver such a service.

Results
1. 21 Pharmacies were recruited and participated in the project
2. 1415 cards were given to the pharmacies of which 950 were issued to clients
3. 17 pharmacies provided feedback
   - All pharmacists supported this initiative though due to lack of resources were unable to allocate additional time to reinforce the message to clients
   - A considerable number of long-term OST clients had already been tested as they were in contact with SMS. Some raised concerns about testing as they linked testing to monitoring of their OST
   - Transient and newly started OST clients were more difficult to engage as the relationship with the pharmacy had not sufficiently evolved
   - The needle exchange clients were difficult to engage and often refused the card
   - One pharmacy was able to provide the intervention as part of their counselling sessions to some of the clients and found increased engagement in this environment
4. No client contacted the community hepatitis nurse within the month monitored.

Conclusions
Our low cost intervention in community pharmacies to increase HCV testing Resulted in not a single PWID referring themselves. While in principle community pharmacies are willing to engage in strategies to increase HCV testing amongst PWID, this was hindered by lack of time and resources.

PROVISION OF TIPS FOR VARICEAL HAEMORRHAGE IN NORTH EAST OF ENGLAND

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Introduction
The North East encompasses a wide geographical area, the farthest hospital being 160 km from the specialist centre providing transjugular intrahepatic portosystemic shunt therapy. Our data suggests that opportunistic testing for PWID in pharmacies is likely to fail unless additional resources are allocated, specifically provision of education, testing, and treatment at one site and the need for dedicated individuals to deliver such a service.
Impact of Hospitalisation Rate for HCV Related Liver Diseases in North of Italy

Background and aims Hepatitis C virus (HCV) epidemiological data in Italy is changing due to the decline of iatrogenic aetiology and the persistence of infection in populations at risk. The incidence and the prevalence of HCV disease have dropped following also the massive commitment of physicians to treat all the infected patients. However, all over the world HCV liver-related disease is the first cause of hospital admission in patients with liver diseases. We analysed the trend of hospitalisation for liver HCV-related disease in Veneto Region, North East Italy, from 2000 to 2016, in order to report the impact of HCV treatment with different therapeutic schedules.

Method This is a retrospective cohort study based on Veneto Region anonymous computerised database of hospital discharges between 2000 and 2016. All Veneto residents discharge records with principal diagnosis of hepatitis (cod. ICD-9-CM: 070.41, 070.44, 070.51, 070.54, 070.70, 070.71, 571.5, 571.9) were included in the study. We chose the principal diagnosis because it is considered the primary reason for hospital admission. The Standardised Hospitalisation Ratio (SHR) per five-year age group (ref. pop. Veneto 2008) was calculated and expressed per 100,000 population.

Results In the period considered 36,102 hospital admissions diagnosed with HCV have been recorded. Approximately half of patients were males (56%). Despite their lower age (56.1 ± 7.2 Vs. 65.1±8.3), they had the greatest hospitalisation rate (51.4 Vs. 37.9; OR:1.36;CI95%:1.33–1.39;p<0.05). The analysis of the hospitalisation trend shows a 14% increase in the average age of patients from 57.3±9.5 to 65.1±9.9 and a substantial decrease in hospital admissions (X² trend: 9210,736; p<0.05). Between 2000 and 2016, there has been a 81% decline in hospital admissions (i.e. from 78.9 to 14.8) with a comparable decrease in both genders/sexes (ratio M:F 1.5). In 2012–2014 period we observed a plateau in the curve while in 2015–2016 the decline starts again (figure 1).

Conclusion HCV liver-related disease as cause of hospital admission is in progressive and constant decline related to the different treatment schedules available in each period. Moreover this downward trend reflects the improvement in management of advanced liver disease in outpatient settings. In the last two yrs of observation the decline starts again because of the availability of DAAs with high efficacy also in patients with advanced stage of liver disease.

Abstract PTH-083 Figure 1