PWE-094 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.

1. Pharmacies in Brighton and Hove providing opioid substitution therapy (OST) and needle exchange were recruited
2. Cards explaining need for HCV testing, availability of DAA and contact information for community HCV nurse were provided during issue of all OST and needle exchange. A leaflet for pharmacy staff to support training needs was supplied to each pharmacy
3. Pharmacies were contacted via telephone after 1 month to obtain feedback
4. Record of self-referral was collected during 1 month

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 feed back
 - o All pharmacists supported this initiative though due to lack of resources were unable to allocate additional time to reinforce the message to clients
 - o A considerable number of longterm 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
 - o Transient and newly started OST clients were more difficult to engage as the relationship with the pharmacy had not sufficiently evolved
 - o The needle exchange clients were difficult to engage and often refused the card
 - o 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.

PWID, especially those who are actively injecting and those newly referred remain highly vulnerable and disenfranchised. This makes it unlikely that they will engage with healthcare professionals in an environment that they are not comfortable with. Our data suggests that opportunist 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.

PTH-081 HEPATITIS E IN NORTHEAST OF ENGLAND: 5 YEAR REVIEW OF CASES AT A TERTIARY CENTRE

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Introduction The incidence of Hepatitis E virus (HEV) infection has risen sharply in Europe in last decade, largely due to a rise in indigenous genotype 3 infections. Few studies have determined the clinical outcomes of HEV infection in the UK. Our aim was to review all cases of hepatitis E admitted to our unit in 5 years to determine the clinical consequences of these infections.

Methods All confirmed serological cases of HEV (IgG, IgM and RNA) between Jan 2012 and Sept 2017 were identified from our virology laboratory. Medical notes of all acute or chronic cases were reviewed retrospectively to determine epidemiological characteristics, clinical features and outcomes of the infections.

Results From a total of 206 cases had serological evidence of HEV infection, 104 were confirmed acute HEV (IgM and/or HEV RNA positive). The number of cases/year ranged from 12–27. The median age at presentation was 54 (21–94) years and 70% were >50 years. 68% of cases were male. 24% of acute HEV cases occurred in immunocompromised individuals. 60% of the patients developed jaundice and the median bilirubin levels was 70 (4 – 558) $\mu\text{mol/L}$. 2 patients had bilirubin >500 $\mu\text{mol/L}$. The median ALT level was 1084 (range 22–6026) U/L. Serum ALT levels>500 in 57% and >5000 in 3%. No cases of fulminant liver failure were seen. 8 cases became chronic (HEV viraemia >3 months), all in immunocompromised individuals (50% haematological malignancies 50% solid organ transplants). All 8 patients were treated with ribavirin with 5 (63%) achieving sustained virological response. One patient with a delayed diagnosis of HEV developed progressive liver failure and required Liver transplantation despite ribavirin. One relapsed following 3 months ribavirin and then was a non-responder to 6 months ribavirin and 6 months PEG-interferon +ribavirin. One was non-responder to 18 months ribavirin.

Conclusion Symptomatic HEV is relatively common in the North East of England leading to jaundice and significant transaminitis in the majority. Chronic infection developed in a quarter of immunosuppressed individuals and can progress to clinically significant disease.

PTH-082 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

(TIPS). We aim to evaluate factors influencing provision of the TIPS service and outcome in the region.

Method All cases undergoing TIPS at Freeman Hospital from December 2015 to December 2017 were identified from the interventional radiology register. Electronic records and medical notes of all patients who had TIPS performed for variceal haemorrhage were reviewed retrospectively to collect data regarding clinical demographics, length of hospital stay and outcomes.

Results A total of 46 procedures were performed; 29 for variceal haemorrhage. Two were excluded from further analysis due to non-availability of medical notes. The median age at the time of intervention was 51 (range 21–71) years and 13 (48%) were male. Cases were referred from nine regional hospitals. The majority had alcohol related liver disease (63% alcohol, 26% Non-alcohol), 77% with Child B or C cirrhosis and 85% had MELD score >11. A third of patients had undergone one attempt at haemostatic control with another third having had ≥ 3 interventions prior to referral. 96% and 92% had received antibiotics and terlipressin, respectively. 56% were ITU to ITU transfers with airway protection and 52% had a Sengstaken tube *in-situ* [average duration of placement 17 (4–48) hours]. Average time to transfer from referral was 18.3 hours. 57% had TIPS performed within 24 hours of arrival at the specialist centre. Although the average time to TIPS varied between weekends and weekdays, 46 and 35 hours respectively, there was no significant difference in outcome or survival ($p=0.221$). 22% required inotropic support following TIPS. Average time taken for discharge from ITU after being assessed as fit for stepping down care to the ward or repatriation was 4.45 (0–51) days. The duration of Sengstaken insertion >24 hours did not influence outcome or survival. 67% of patients were alive at 90 days post TIPS.

Conclusion The majority of patients received antibiotics and terlipressin during the bleeding episode consistent with good clinical practice. Time to TIPS was longer in patients admitted at weekends but with no significant difference in survival outcome. The duration of Sengstaken tube placement did not significantly influence outcome. Delays and decisions to repatriation were multifactorial, including non-availability of beds at the referring hospital, family preference to remain in centre and post TIPS complications.

PTH-083 IMPACT OF HOSPITALISATION RATE FOR HCV RELATED LIVER DISEASES IN NORTH OF ITALY

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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. ICD9-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

PTH-084 THE EFFICACY OF TACROLIMUS AS AN ALTERNATIVE AGENT IN THE TREATMENT OF AUTOIMMUNE HEPATITIS

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Introduction Autoimmune hepatitis (AIH) is a chronic, inflammatory liver condition which, if untreated, can Result in liver cirrhosis. Current BSG guidelines recommend corticosteroids and azathioprine as first line therapy, with the option of switching to mycophenolate if azathioprine is not tolerated. Tacrolimus has been identified as a potential third line treatment strategy. Our aim was to review the outcomes of