Introduction The World Health Organization aims to eliminate the threat of hepatitis C (HCV) by 2030. Fortunately, there are now highly effective direct acting antiviral (DAA) drugs that can be used to treat the virus. Despite this, patients with untreated or incomplete treatment of HCV persist. We aim to identify patients within a local authority who have active HCV infection in order re-engage them into our services.

Methods A retrospective review of patients diagnosed with hepatitis C between 1996 and 2017 was conducted in a single local authority. The patients were identified from a Public Health England database. The data was originally collected in July 2019 and reviewed in November 2020. Those identified as having active HCV infection were called to arrange confirmatory RNA testing with a view to starting treatment if found positive. All other patients were reviewed for changes to their infection status. Patients who had moved out of area or were deceased were excluded from analysis.

Results A total of 111 patients were included in November 2020. The patients were classified into three groups. Group A represented patients with ongoing HCV infection and accounted for 27 (24.3%) patients. Within Group A, 12 were being actively managed, 10 were uncontactable, 4 moved out of area and one was unwilling to engage. Group B included those who required further investigation to determine their infection status, accounting for 28 (25.2%) patients. Amongst these: 4 patients had a positive HCV antibody test without any record of RNA PCR testing (Group B1); 12 had no record of ever having HCV infection (Group B2); and 12 required further RNA PCR testing to confirm HCV clearance post-treatment (Group B3). Group C patients were clear of HCV infection and accounted for 56 (50.5%) patients. This data is compared to data from July 2019 in Table 1. There were 7 cases of re-infection and 10 patients were deceased.

Conclusions The majority of patients are managed appropriately. However, the proportion of patients requiring further management has remained static over the past year. Non-attendance and difficulty contacting patients remain predominant barriers to management. Different methods such as improved co-ordination with community services, flexible appointments and opportunistic testing are needed in this local authority to achieve the WHO target of eliminating HCV by 2030. The feasibility and efficacy of this will be evaluated in 6 months’ time.