

Improving access to Hepatitis C treatment in HIV positive patients

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Introduction

- WHO 2016-2021 targets are to reduce the number of hepatitis C (HCV) related morbidity and mortality by 65% and reduce new infections by 95% by 2030¹
- HIV patients are disproportionately affected with HCV and there continues to be poor uptake of treatment and high fall out rates in this group.
- Public Health England (PHE) and NHS England both suggest the need for new innovative services to meet this challenge²⁻⁴. HIV patients who are co-infected with HIV have traditionally been referred to hepatology services for treatment.

Methods

A literature and retrospective case note review was undertaken to identify gaps in the cascade of Hepatitis C treatment. An educational session was provided to HIV nurse specialists and a new protocol was developed in collaboration with Hepatology services. The aim was to incorporate the treatment of Hepatitis C into routine HIV care.

Results

10 patients were included pre-intervention and 23 patients were included post intervention who met inclusion criteria for data collection. Demographics and risk factors are shown in Table 1.

Table 1 Demographics and risk factors

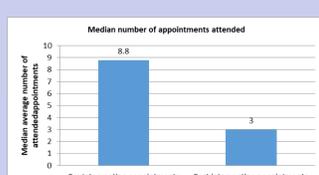
	Pre-intervention (01/01/2018 – 30/09/2019)	Post-intervention (01/10/2019 – 01/03/2022)
Sex	Male: 10 (100%)	Male: 19 (82.6%) Female: 4 (17.4%)
Age	median 38 years (range 24 – 52)	median 41 years (range 20 – 50)
Stage of HCV infection	Acute: 8 (80%) Chronic: 2 (20%)	Acute: 16 (69.6%) Chronic: 7 (30.4%)
Risk factors	MSM: 2 (20%) IDU: 3 (30%) MSM & IDU: 5 (50%)	MSM: 8 (34.8%) IDU: 4 (17.4%) MSM & IDU: 10 (43.5%) Medical treatment abroad: 1 (4.3%)

MSM = men who have sex with men, IDU: intravenous drug user

Following protocol implementation, there was a reduction in the median number of appointments required to treat patients with acute infections from 8.8 to 3 (Graph 1).

The median number of missed appointments in this group was also reduced from 2.1 to 1.2 per patient (Graph 2).

Graph 1

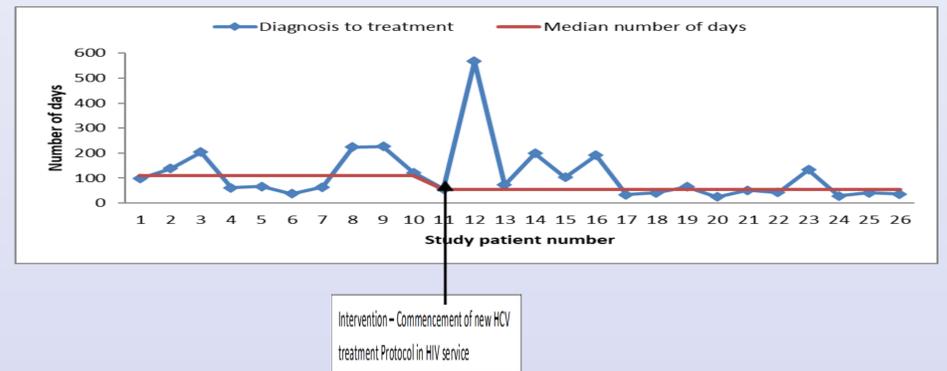


Graph 2

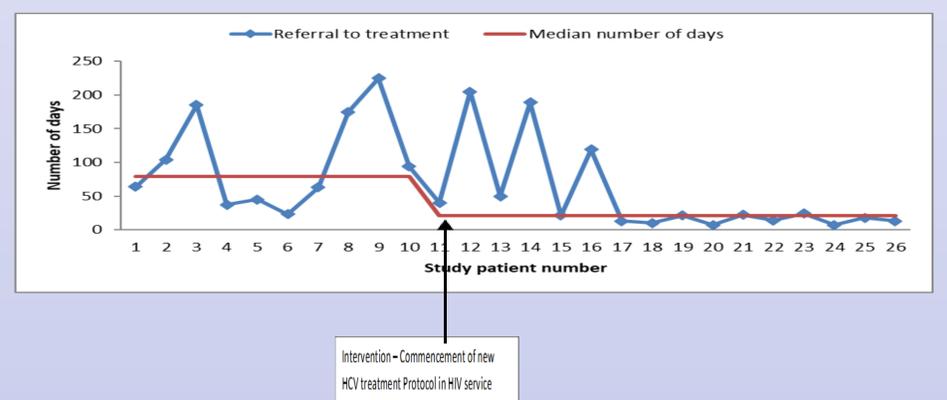


The median number of days from referral to treatment was reduced from 110 days to 54 days. In addition, the number of days from diagnosis to treatment was also reduced from 79 days to 21 days (Graph 3 - 4).

Graph 3 Number of days from diagnosis to treatment in patients with acute Hepatitis C



Graph 4 Number of days from referral to treatment



Out of the 7 patients with chronic infection, 4 (57.1%) have completed treatment. 1 patient left the country, 1 patient transferred to another service and 1 patient is currently being followed up for reengagement in care.

Discussion

The results indicate where Hepatitis C treatment is incorporated into routine HIV care there was a less appointments required to treat both infections and fewer missed appointments. HIV nurses have the required specialist skills to engage patients into treatment services at their local HIV service and provide holistic follow up for both HIV and Hepatitis C infections.

Conclusions

The project demonstrates that the incorporation of Hepatitis C into routine HIV care is both feasible and acceptable to patients and staff resulting in patients being seen in a more timely fashion enhancing patient experience and reducing the risk of onward transmission resulting in public health benefits.

References

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