
CONFERENCE ABSTRACT

Hepcheck Dublin: Homeless, Hep C & Competing Priorities

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Background and Aims: The Hepatitis C virus (HCV) is a leading cause of chronic liver disease worldwide. Research previously undertaken suggests the rates of HCV amongst homeless people remains largely unknown. This study aimed to establish the effectiveness of intensified screening for HCV in individuals attending homelessness services in Dublin.

Methods: The target population was homeless people accessing the Safetynet primary healthcare services in Dublin. Individuals were invited to undertake a short questionnaire and HCV antibody test. Qualitative interviews were also carried out with selected patients (n=49) exploring a broader range of health and lifestyle issues.

Results: 619 individuals were offered screening, of which 216 reported having had a previous HCV test (108 positive, 108 negative and 29 unsure of the result). 547 HCV Ab tests were carried out with 38% (206) testing positive, 57% (310) negative and 6% (31) recorded as no result/awaiting result. Of the 206 testing positive, 54% (112) were "new" positives, in that they did not report having had a previous positive HCV AB test, while the remaining were "known positives". Following a positive test, 51 patients were referred to specialist care of which 33 did not attend. The most common reasons for non-attendance were active on-going drug use, being in prison, fear of side effects of treatment and forgetfulness. Asked about barriers to treatment, participants' answers centred around on-going drug use, mental health issues and lack of stable accommodation.

Conclusions: Community based screening interventions are effective in determining the prevalence of HCV in homeless populations however, referrals to secondary care are suboptimal for this cohort. The HepCheck study was carried out during a homelessness crisis in Dublin. Sourcing accommodation on a nightly basis was an unfortunate reality for many of the participants, with many additionally experiencing addiction and mental health issues. Considering the range and magnitude of barriers faced by this cohort in accessing hospital-based services, outreach community based treatment provision alongside effective referral into onward care is the primary goal for HCV screening and treatment, in order for this hard to reach group to receive the treatment they need.

Keywords: integrated care; hepatitis c; community transient elastography (fibrosan®)
