

Hepatitis C Screening in the Homeless Population upon Admission to University College London Hospital (UCLH)

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Background

This audit is an investigation of the prevalence of hepatitis C (HCV) screening of homeless patients on admission to UCLH. HCV is more common amongst this population than the average, as recognised by NICE in 'Hepatitis B and C testing: people at risk of infection'.¹

The homeless are less likely to access services due to their chaotic lifestyles, so opportunistic screening is vital. HCV is known as a silent infection, with few or only vague symptoms to prompt those infected to seek medical help, however it is now treatable.

Aims and Objectives

- To assess the prevalence of screening for HCV in patients admitted to UCLH who had been referred to the Pathway Homeless Healthcare Team.
- To demonstrate if the opportunity to screen for HCV is taken as frequently as it should be. All homeless patients should be screened for HCV on admission to hospital.
- To investigate if being a known IVDU, as well as homeless increases the likelihood of being screened for HCV.

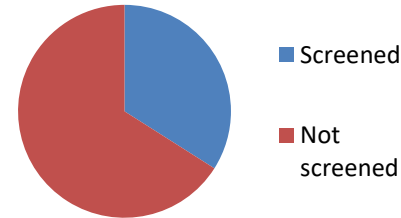
Methods

I recorded the last 100 patients seen by the Homeless Healthcare Team (from 27/10/17 - 04/01/18). Then, using hospital numbers to access investigations done during admission, I checked if screening for HCV had been included. I recorded:

- The type of screening (anti-HCV/Hepatitis C RNA) and result, if done, and whether the HCV was active.
- References to HCV in the 'diagnosis' section of records, and references to IV drug use or previously diagnosed HCV in the discharge summary.

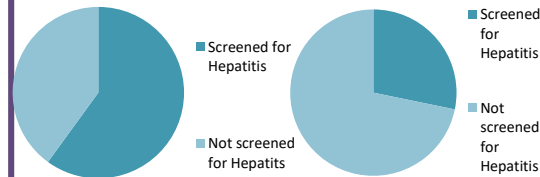
Results

Figure 1: A graph showing the proportion of patients screened for HCV



100 patients were included in the audit, and of those 34 were screened for HCV.

Figure 2: comparison of screening in known IVDU patients(left) in comparison to those not noted to be IVDU (right)



60% of known IVDU's were screened for Hepatitis C on admission, in comparison to 28% of those not formally noted to be IVDU's.

References

1. <https://www.nice.org.uk/guidance/ph43/chapter/1-Recommendations#recommendation-2-awareness-raising-for-people-at-increased-risk-of-hepatitis-b-or-c-infection>
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/632465/HCV_in_the_uk_report_2017.pdf
3. <http://hepatitiscnewdrugs.blogspot.co.uk/2018/01/england-could-become-first-country-to.html>

Acknowledgements

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Discussion

The audit shows many opportunities for HCV screening in the homeless population are being missed, when ideally all should be screened on admission. Known IVDU's were over twice as likely to be screened on admission - but it is not good enough that 40% were not screened, as this group are the most likely to carry the infection.²

There are several reasons the ideal screening target of 100% has not come close to being met. These may include:

- lack of patient consent for the test
- presenting problem taking precedence, so screening for other conditions neglected.
- Doctors not associating homelessness with becoming infected with HCV

Conclusion

- **Not enough HCV screening of the homeless population is being done**
- **Homeless people with HCV consequently remain undiagnosed**
- **Treatment is now far more affordable and available due to a new agreement between the NHS and Pharma³,**
- **It is vital to maximise the proportion of homeless patients being opportunistically screened on admission to hospital, whether IVDU's or not.**