

HEPATITIS C TREATMENT IN OST SETTING DURING COVID 19 PANDEMIC

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Background

During the COVID pandemic 641 persons applied to enter Primary Care Opioid Substitution treatment (OST), a large number were homeless in temporary transient accommodation or on the streets. To maximise clinic safety PPE and other measure were introduced.

All were tested for Hepatitis C antibodies, PCR to treat as soon as possible.

Model of Care

Admit to OST, Test for Hepatitis C antibody, PCR

If PCR Positive, Fibro scan/ FIB 4, LFTS, Platelets, AFP and Coagulation Screen

Treat with pan genotypic and psychosocial supports for 8 weeks

Effectiveness

During the initial surge with 'lock down' March 27th 2020 to easing of restrictions June 8th no new treatments were initiated. With reopening: All were tested for Hepatitis C antibodies and PCR to treat as soon as possible.

39 new patients were identified for treatment.

Fibro scan and Fib 4 identified four with advanced cirrhosis, referred to Hepatology.

Four were reinfections previously treated, three have completed re-treatment and one has failed to engage.

34 patients were treated with pan genotypic regimens for 8 weeks regardless of continuing drug or alcohol use. This reduced or ceased as confirmed by urinalysis. Treatment was dispensed on site at OST Clinics. Psychosocial supports provided

SVR was achieved in all.

Incidence of COVID 19 in local Addiction Service was <1%, with zero in this cohort.

Delivery of medication by outreach service if restricted as close contact of a positive COVID case.

Conclusion and Next Steps

This model of care is a patient centred approach providing DAA with OST, treating by a general practitioner, specialist nurse and on site dispensing by pharmacists is achievable, ensures good adherence and achieves high SVR rates. Psychosocial supports were an integral element of care. Safe injecting advice and referral to NSE is provided for those who continue to inject.

Disclosure of Interest: None