

HCV Screening in London Borough of Waltham Forest, London

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HCV Profile in LBWF

- London Borough of Waltham Forest (LBWF) is one of 33 London Boroughs of Greater London.
- HCV a home-grown phenomenon of people who inject drugs. This UK generalisation may not apply in LBWF.
- Estimated 60,162 infected people with hepatitis C (HCV) in London (i)
- 1,791 people are affected in the London Borough of Waltham Forest (LBWF) (i)
- Profile of Residents in LBWF(ii)
 - **LBWF estimated 271,200 residents and 104,000 households**
 - **48 per cent of residents are from a minority ethnic background.**
 - **Migrants, top 5: Pakistan; Poland; Romania; Jamaica; & India.**

(i) Hepatitis C in London 2015 Report; P Crook, E Burke, S Thorn: PHE publications gateway number: 2015410.

(ii) <https://walthamforest.gov.uk/content/statistics-about-borough> (accessed 22.11.2019)

People who inject drugs (PWID)

This is the most important group with approximately 90% of all newly diagnosed infections of hepatitis C infection estimated to be in PWID.

In some areas of the UK more than 50% of PWID will have been exposed to hepatitis C virus.

HCV In Migrants

HCV IN MIGRANTS

- 30% of people with HCV waiting for a liver transplant were born in Pakistan
- 5% of people living in the UK who were born in Pakistan have viral hepatitis
- 80% of people from Pakistan living in the UK are under 50 (HCV kills people in their 50s)

CHB burden in migrants: the 10 migrant groups from intermediate and high endemic countries with the highest number of CHB cases in EU/EEA countries



Host Country	Country of origin of first generation migrants	Population	CHB prevalence % with 95% CI			Estimated number of chronic hepatitis B cases		
			%	Lower	Upper	CHB cases	Lower range	Upper range
Sweden		9,555,893	0.2	0.1	0.4	19,112	9,556	38,224
	Somalia	43,966	12.4	8.89	15.92	5,452	3,909	6,999
	China	27,422	10.23	9.35	11.11	2,805	2,564	3,047
	Former Yugoslavia (bf. 92)	69,269	3.98	1.32	6.64	2,757	914	4,599
	Afghanistan	21,484	10.46	5.85	15.07	2,247	1,257	3,238
	Eritrea	13,735	15.52	2.02	29.02	2,132	277	3,986
	Bosnia and Herzegovina	56,595	3.63	2.26	5	2,054	1,279	2,830
	Iran	65,649	3.1	2.69	3.5	2,035	1,766	2,298
	Thailand	35,554	5.54	4.64	6.43	1,970	1,650	2,286
	Vietnam	15,677	12.48	11.46	13.5	1,956	1,797	2,116
	Turkey	45,085	4.29	3.7	4.88	1,934	1,668	2,200
United Kingdom		63,182,180	0.54	0.3	0.6	341,184	189,547	379,093
	China	284,070	10.23	9.35	11.11	29,060	26,561	31,560
	Nigeria	201,185	13.31	11.57	15.06	26,778	23,277	30,298
	India	722,435	3.23	2.92	3.55	23,335	21,095	25,646
	Pakistan	502,795	4.17	3.59	4.75	20,967	18,050	23,883
	Zimbabwe	123,670	13.91	10.7	17.11	17,202	13,233	21,160
	Ghana	95,665	13.44	10.5	16.38	12,857	10,045	15,670
	Somalia	103,050	12.4	8.89	15.92	12,778	9,161	16,406
	South Africa	203,475	6.2	4.68	7.71	12,615	9,523	15,688
	Bangladesh	214,090	4.83	4.02	5.64	10,341	8,606	12,075
	Philippines	129,835	7.36	6.32	8.39	9,556	8,206	10,893


South Asian HCV epidemic

- Prevalence of HCV in people from South Asia – particularly Pakistan – is five times that of the wider UK population
- Most are ‘non injectors’ and have had the virus since birth, and are therefore at much greater risk of premature death
- Over 10% of people who died from HCV in the UK between 1996 and 2009 were born in Pakistan or Bangladesh.
- Improving awareness, earlier testing and increasing diagnoses needed to reduce the impact of HCV among South Asian populations

HCV Screening in Shelter/LBWF

- Department of Sexual Health (DOSH) successfully expanded HIV testing from traditional settings for testing –GUM& antenatal clinics - to pilot HIV testing in an opt-out walk-in testing service in outpatients, and in three shelters.
- In 2013, LBWF with DOSH and the NELFT conducted a DBST and HCV POCT testing in Substance Misuse Services in LBWF
- The pilot was evaluated and the report highlighted that DBST or HCV POCT Test is an intervention which can be successfully delivered in substance misuse services and migrant community in LBWF. As a result general HCV/(DBST) was included in the service specification for the new substance misuse provider.

HCV Screening in Migrant Communities

- DOSH, LBWF/Public Health & Positive East in partnership with three shelters in the LBWF offered opt-out HCV, HIV and STIs testing to migrant/homeless people accessing adult homeless services, referred by the shelters.
- Test  staff from DOSH, LBWF&PE.
- HIV& HCV POCT testing Kits
- All Pts with reactive pos results were linked to DOSH for HIV& HCV care.

Patient Pathway

 **Individuals Tested in Shelters**


% % HCV Antibody Positive


% HCV RNA Positive

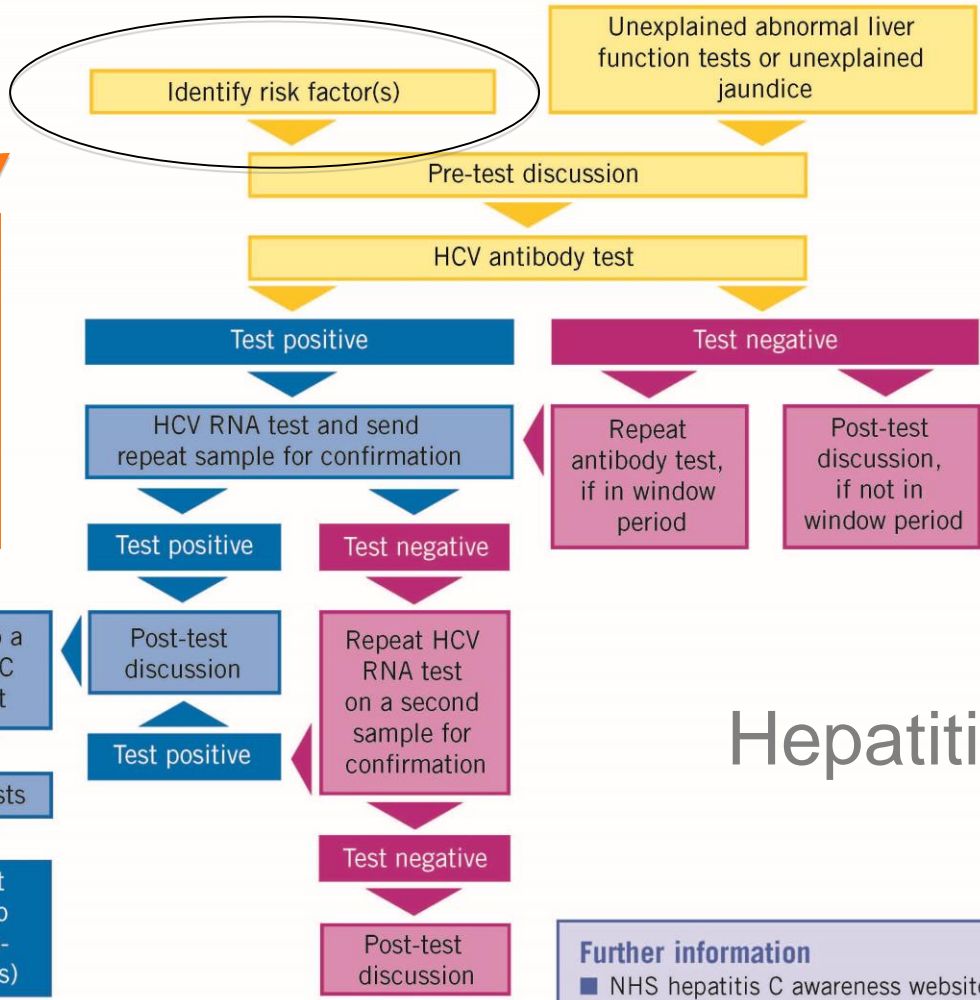
 **Initial Assessment Due**

- **All referred to Hepatology clinic at Whipps Cross**
- **MDT Meeting Discuss about plan for care**

- **Number % Individuals treated**

From diagnosis to treatment – flow chart

Outreach Assessment form: this is clearly crucial, and we will consider these first



Hepatitis C

Further information
 ■ NHS hepatitis C awareness website:
www.nhs.uk/hepc

Risk Assessment Form: Outreach Rapid HIV and Hep

Visit Date _____

Name: _____ Country of Birth _____ Dob: _____ Gender: _____

Are you currently IDUser? Yes/No: _____

If no, have you injected drugs use in the past months?

Yes/No: _____

Are you currently on IDUs related treatment? Yes/No: _____

Do you drink alcohol? Yes/No: _____

If yes, how many pints a day (average)? _____

Are you registered with a GP? Yes/No: _____

Other risk factors (Prison, tattooing; etc)

Any other additioal information: _____

Test Taken:

Rapid HIV test

Rapid HCV test

Other considerations

Explained HIV and HCV window periods.

Lost to Follow-Up

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- Patient complete DOSH registration form.
- If patient does not have their own mobile number.
- Patient signs consent form to be contact by Homeless Shelter Coordinator (HSC) to arrange follow-up to DOSH.
- **For patient with +results** and has not attended DOSH appointment: HA/HTF will liaise with HSC to ensure that the patient attends DOSH appointment.
- **Patient without personal mobile phones:** text message with results are sent to the HSC, who will inform patient's result and arrange follow-up.
- **Patient with personal mobile phones:** text message with results are sent to the patient mobile phone.
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- **For patient with +results:** HSC will liaise with HA/HTF to ensure that the patient attends DOSH appointment.
- **HSC, HTF and DOSH HIV Coordinator** will support the HA with PN and other health care plans for homeless patients, if the support is needed.
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Results

- 6xMonths Project: 2017
- 640 tested
- 4x HCV pos (1 known HCV- was linked into care
- 4x HIV pos

Challenges

- Poor Knowledge of HCV amongst community Leaders e.g. Pakistani
- HCV Stigma amongst some Allied Workers and migrant communities themselves
- Healthcare Workers: Stigma attached to migrants (foreigners, etc.)
- Lack of knowledge of how to access HCV services e.g. screening
- Complex HCV Referral Patient Pathway e.g. lack of HCV screening in GPs surgeries
- Mobile Community
- Health is not a priority

Lessons Learnt: HCV in Migrant communities

- Taking HCV screening to the community
- HCV POCT or DBSD may effective for migrants
- Working with partners, who have access to migrant communities
- Involve Community Leaders
- 'Migrant' HCV testing Champions
- Peer support to encourage HCV screening uptake
- Tailored HCV screening strategies- migrants are not homogenous group
- Translation of promotion resources in migrants languages
- Robust Referral Pathway Way

Conclusions:

- Partnership working: hospitals, local authorities and migrant shelters is effective in improving timely linkage to HCV care for migrants.
- Integrated HCV screening in migrant shelters may be effective in improving timely linkage to HCV care (linked to other services: immigration advice, housing, etc.)
- Shelter Staff are key partners in managing lost to follow-up patients.
- Provision of Incentives to migrants/homeless communities may increase HCV screening uptake.

Thank you

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