Improving blood borne virus screening in homeless patients in a secondary care setting

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Blood borne viruses in homeless patients

- Extremely high rates of infection with BBV shown in homeless patients[1, 2]

- There are well evidenced means of testing for, monitoring, preventing and treating BBVs[3]

- Public Health England suggests

  "All services in contact with people who inject drugs, should provide testing for Hepatitis B, Hepatitis C and HIV, and vaccination for hepatitis B or have direct pathways to appropriate services"

1. Fazel et al Lancet 2015,
2. Yates et al *Thorax* 2012,
3. http://www.nta.nhs.uk/uploads/teip-bbv-2015.pdf

St Thomas' Hospital, London

4751 rough sleepers counted in England in 1 night in 2017

- 73% increase since 2013
- 24% were in London[4]

Hard to reach population – each encounter is precious[5]

St Thomas' serves very high homeless, IVDU and low socioeconomic class population

First hospital to initiate compulsory HIV screening but other BBV screening was scarce

4. UK Department for Communities and Local Government. Rough sleeping statistics Engand 2017. https://www.gov.uk/government/collections/homelessness-statistics
5. Badiaga et al Emerg Infect Dis. 2008

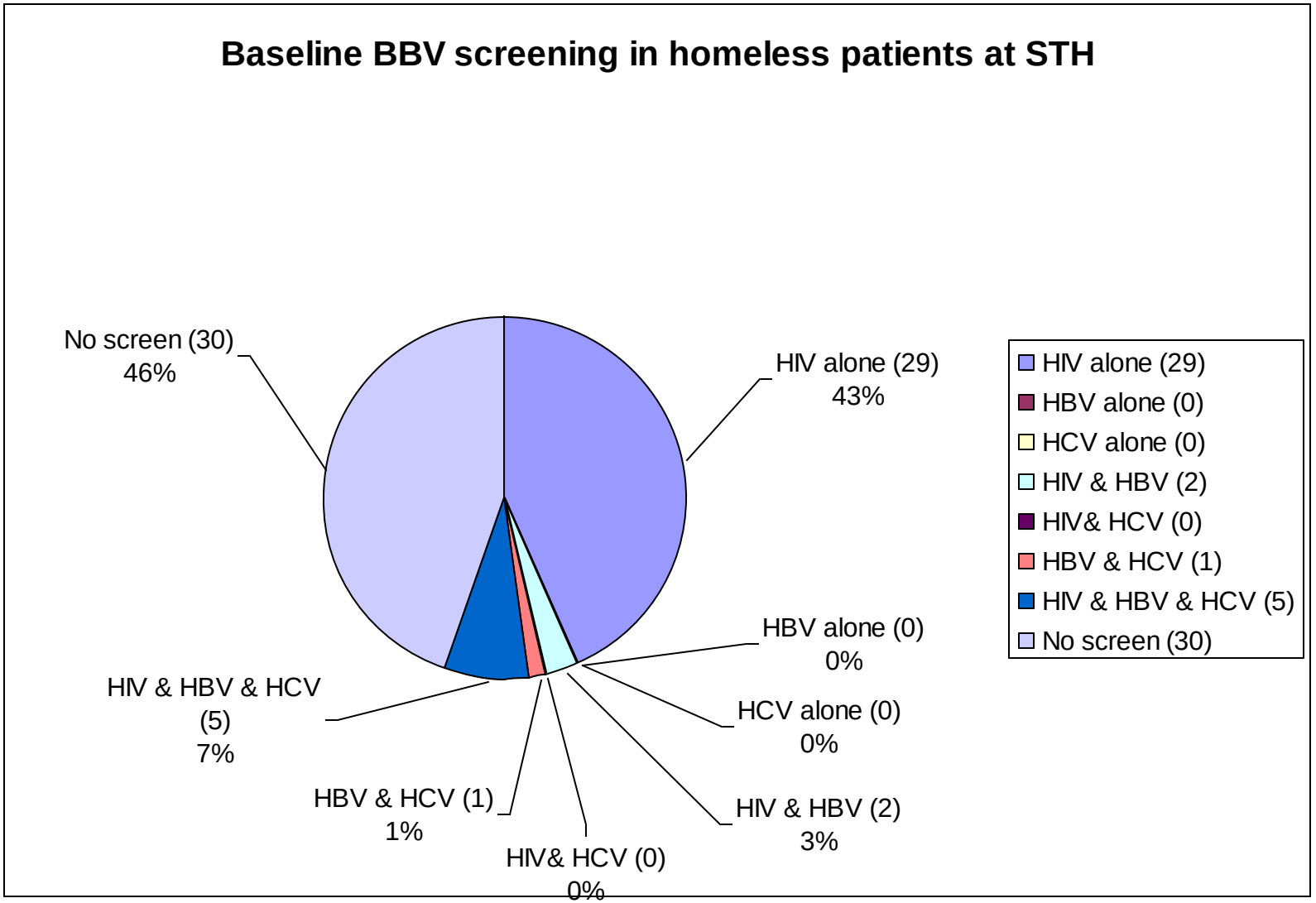
Part 1: Auditing BBV screening in the homeless

- Retrospective data collection using electronic patient records and GStT homeless team referral database

- Inclusion criteria:
  - All referrals made to homeless team 17th December 2015– 17th January 2016

- Exclusion criteria:
  - Referrals that were screened on a previous attendance within the audit period

Only 7% had HIV & HBV & HCV screens



Any acceptable reasons?

- Option to select not screened
  - Declined
  - Positive
  - ~~Screened recently~~

Part II: How to improve?

A. Educate

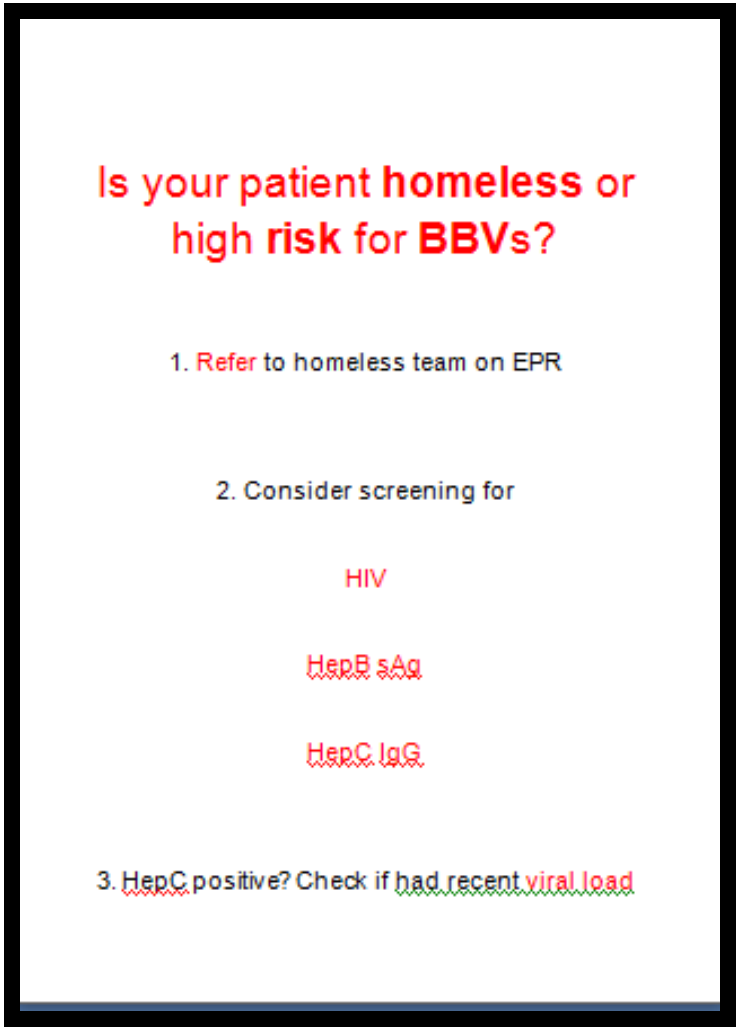
B. Encourage

C. Enforce

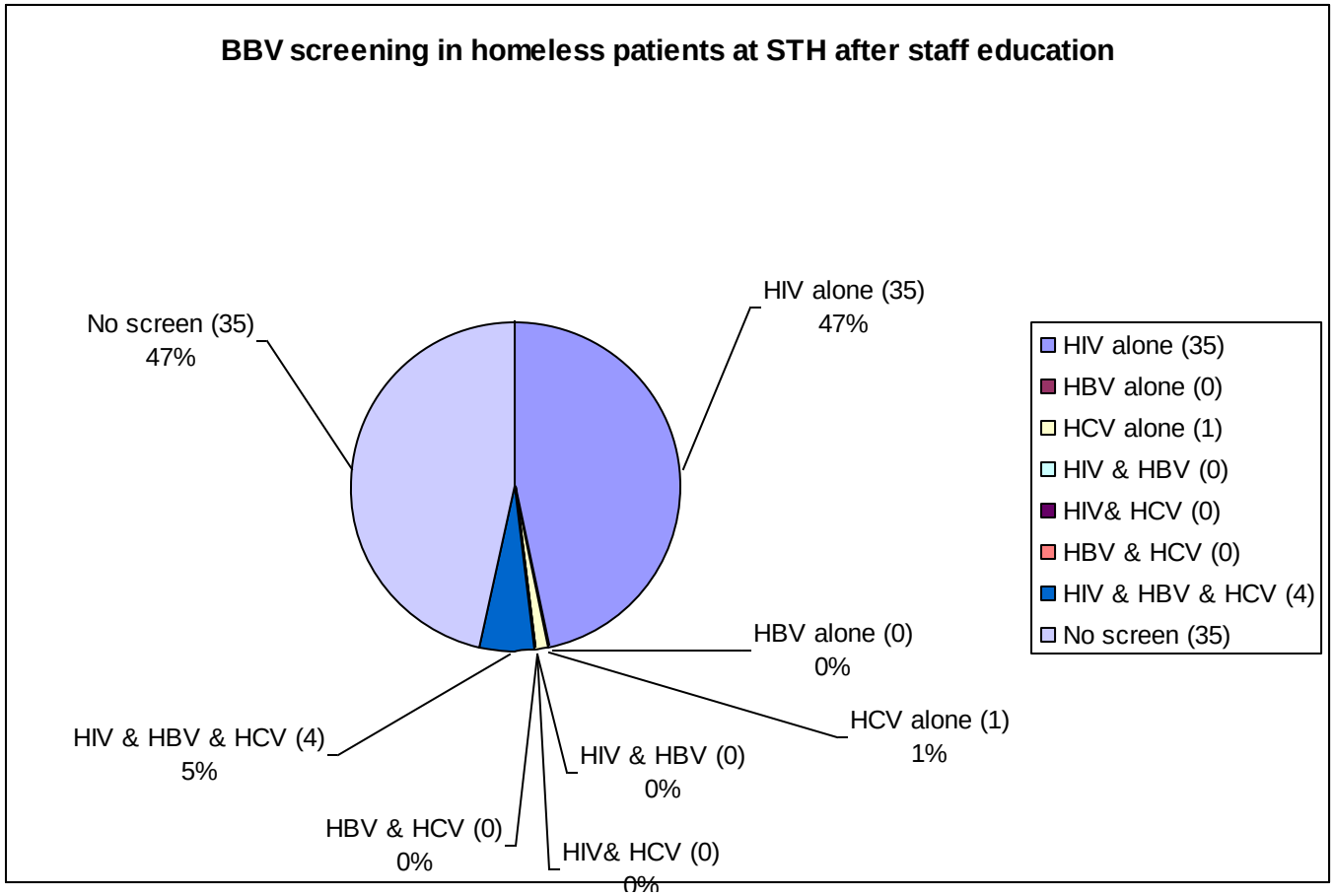
A. Educate

- Best staff to target
  - Homeless team
  - Clerking doctors
  - Referring doctors
  - Nurses caring for the patients
- Best areas to target
  - St Thomas' homeless team –*Dr Zana Khan*
  - A&E
  - Urgent care
  - Acute Medical Units/Wards
- Best means of educating
  - Email
  - Staff briefings

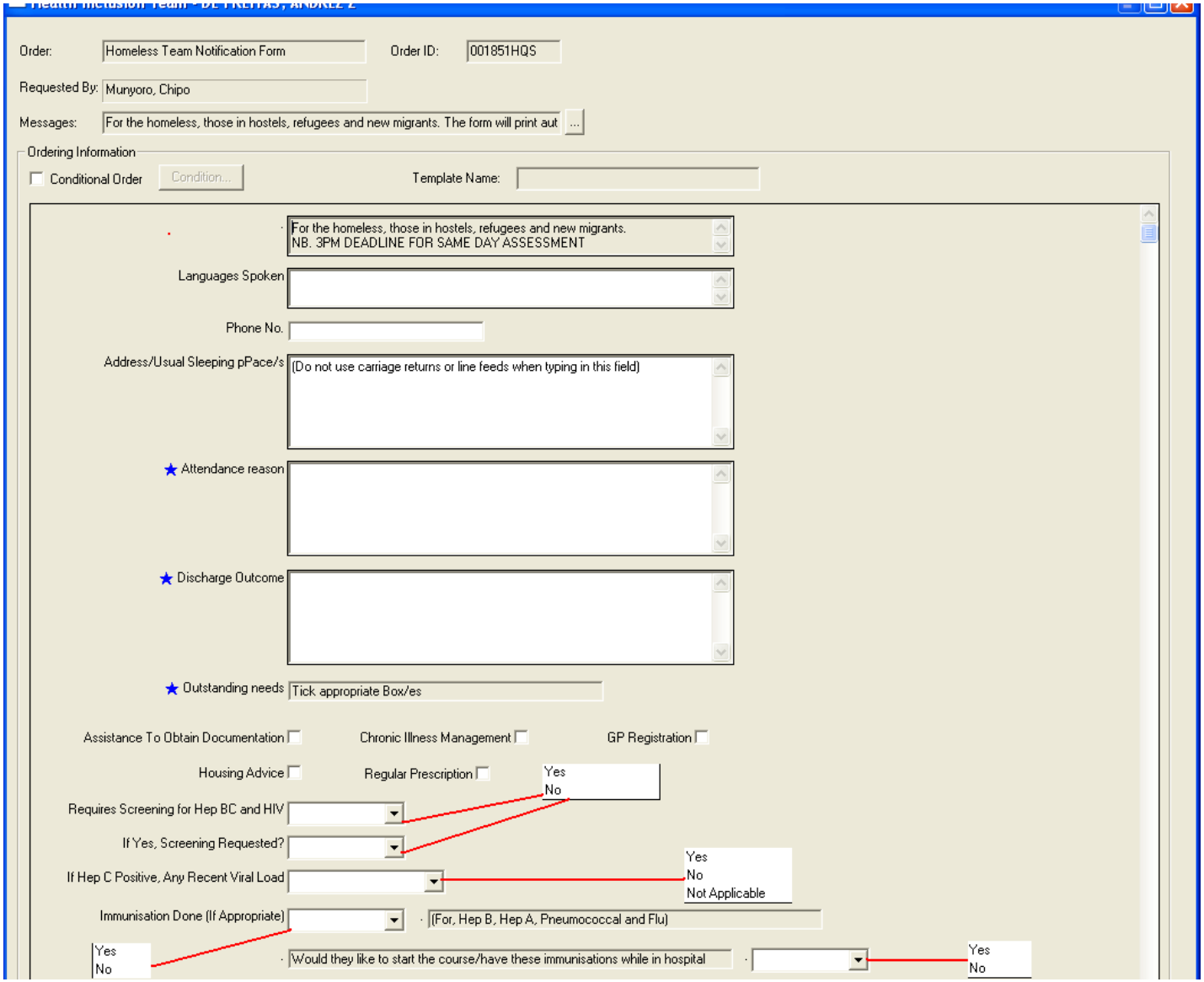
B. Encourage


Is your patient homeless or high risk for BBVs?
1. Refer to homeless team on EPR
2. Consider screening for
HIV
HepB sAg
HepC IgG
3. HepC positive? Check if had recent viral load

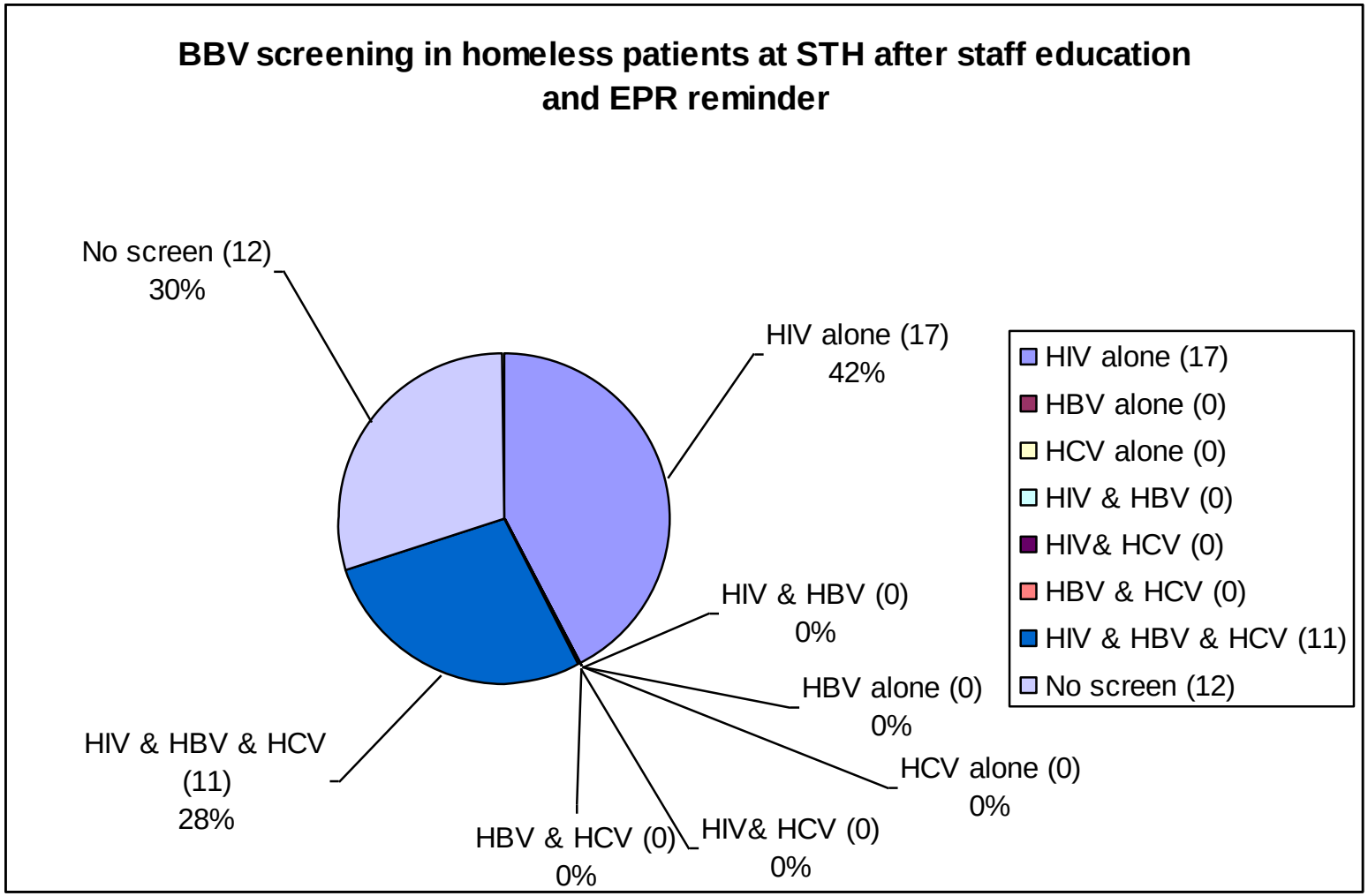
No difference



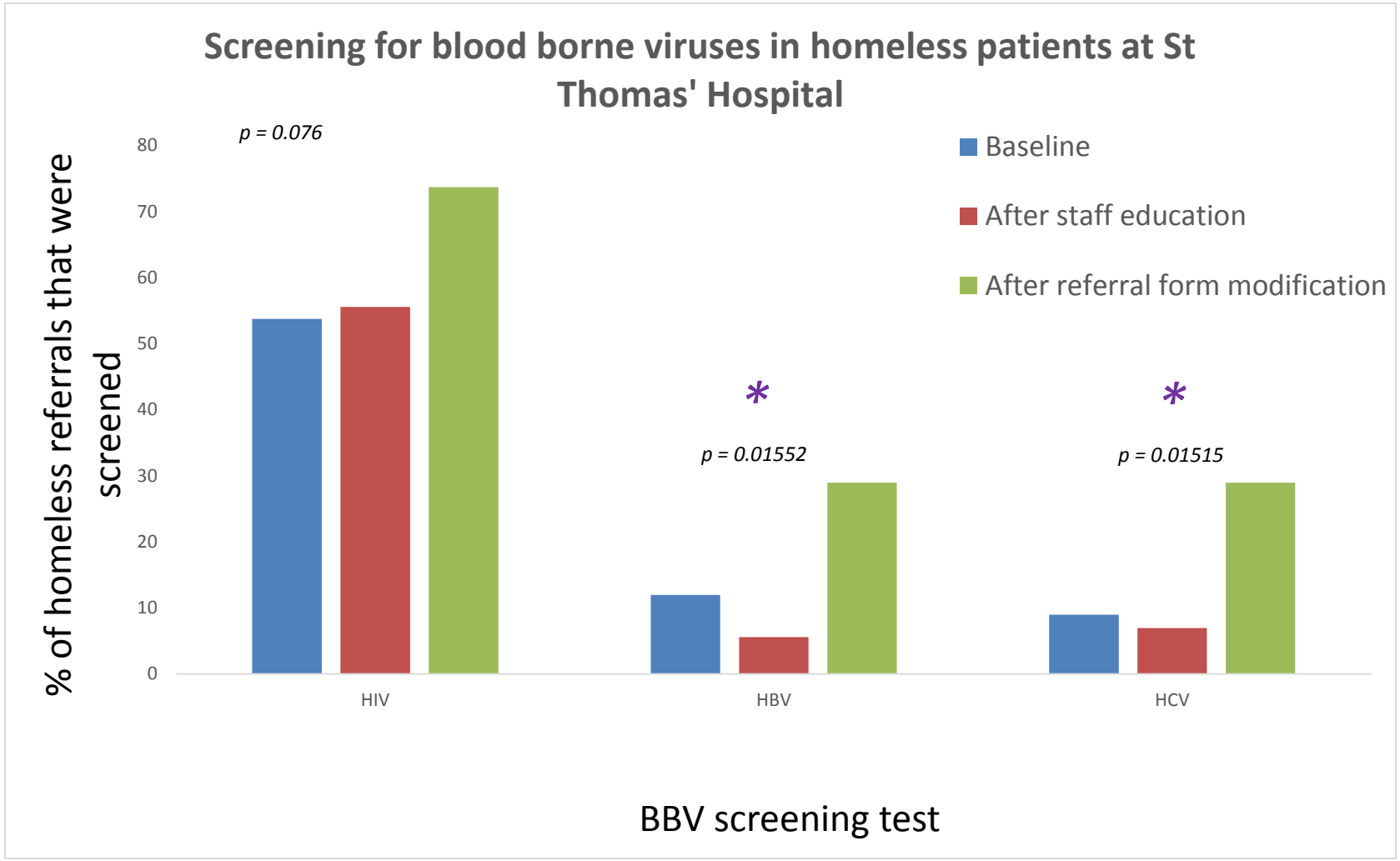
C. Enforce


Order: Homeless Team Notification Form
Order ID: 001851HQS
Requested By: Munyoro, Chipo
Messages: For the homeless, those in hostels, refugees and new migrants. The form will print aut
Ordering Information
Conditional Order
Condition...
Template Name:
For the homeless, those in hostels, refugees and new migrants.
NB. 3PM DEADLINE FOR SAME DAY ASSESSMENT
Languages Spoken
Phone No.
Address/Usual Sleeping pPace/s
(Do not use carriage returns or line feeds when typing in this field)
Attendance reason
Discharge Outcome
Outstanding needs
Tick appropriate Box/es
Assistance To Obtain Documentation
Chronic Illness Management
GP Registration
Housing Advice
Regular Prescription
Yes
No
Requires Screening for Hep BC and HIV
If Yes, Screening Requested?
If Hep C Positive, Any Recent Viral Load
Yes
No
Not Applicable
Immunisation Done (If Appropriate)
(For, Hep B, Hep A, Pneumococcal and Flu)
Yes
No
Would they like to start the course/have these immunisations while in hospital
Yes
No

28% had HIV & HBV & HCV screens



Highly significant



One way ANOVA statistical tests performed

Part III: Next step

- Contact tracing for treatment
  - Protocols
  - Outreach teams / Nurse coordinators
  - Easy access clinics
  - Contact phones
- Immunisation
  - Accellerated HBV immunisation[6]
- Funding
  - Minimal relative to gain as supported by PHE

6. Badiaga et al Emerg Infect Dis. 2008

Thank you!!