

HEPATITIS C; HOMELESSNESS AS A BARRIER TO ENGAGEMENT

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Background:

The aim of this study was to explore the lived experience of homeless individuals who are also HCV Ab positive.

Methods:

During an intensified community, HCV screening program carried out in SafetyNet Primary healthcare for Homeless individuals in Dublin, Ireland, all patients were offered a rapid oral HCV testing, and participation in the Hepcheck study. Of 547 tested, 206 (38%) were positive, 112 'new' positives and 94 'known' positives. A subset of these participants, were selected opportunistically for a qualitative interview during screening clinics. Questions asked explored health and social risk factors, including: homelessness, health status, health service usage, co-morbidities and the steps that were taken post positive HCV Ab test.

Results:

48 participants were administered the questionnaire, of which most (58%) were currently residing in a hostel, the remaining individuals were sofa surfing or rough sleeping. The average period spent in homelessness was 6.2 years, with a range between 2 months to 20 years. The most common reasons for homelessness were co-morbidities such as alcohol and/or drugs, and for some, this was combined with family/relationship conflict and mental health problems. Most (42%) saw a GP once a week,

When asked about their HCV antibody result, 58% reported previously being offered a specialist appointment. When asked about non-attendance, the most common theme was unstable accommodation: participants reported this to be a barrier to accessing the treatment pathway. The most common other reasons for non-attendance were active addiction, incarceration, fear of side effects of treatment and forgetfulness.

Conclusion:

Homelessness was a major barrier to accessing the HCV care pathway. This study showed that for this population, a myriad of health and social risk factors need to be addressed in conjunction with further care, if we are to make any difference in HCV prevalence in this group.

Disclosure of Interest Statement:

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