

## Poster Abstract – P135

# Adherence with screening guidelines for hepatitis C testing among HIV-infected patients

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## Purpose of the study

Co-infection with HIV / hepatitis C virus (HCV) occurs commonly due to similar routes of transmission, mainly in MSM and IVDU patients. In 2009, EACS guidelines introduced the notion of systematic annual HCV screening among HIV-infected patients. This study evaluated staff knowledge, adherence to HCV screening recommendations and seroconversion rates for HCV in our HIV Reference Centre.

## Methods

Eight physicians (HIV specialists) were interviewed on recommendations and perceived adherence to EACS clinical guidelines on HCV screening [1]. We then reviewed medical records of our cohort of HIV-infected patients on regular follow-up in our centre each year, from 2008 to 2011. We considered a patient to be on regular follow-up when records showed at least two clinical reviews and one HIV viral load testing during the year. Demographic features and HCV serology tests were collected from the operating software of our institution (Medical Explorer v3r9, 2008). Diagnosis of HCV was retained when serology became positive and HCV RNA was detected.

## Summary of results

Though knowledge of current guidelines was excellent (100%), staff claimed a 87.5% adherence rate to these recommendations. Rate of screening rose gradually between 2008 and 2011, especially after introduction of EACS guidelines in 2009 (Table 1 and Fig. 1). The maximal screening rate was in 2011, with 44% of patients tested among the general HIV population and 57% among MSM bisexual patients. This trend was statistically significant in both populations ( $p < 0.01$ ). The year 2011 displayed a marked increase in diagnosis of HCV infection, with 8 new patients diagnosed in a 963-patient-large cohort (all were MSM).

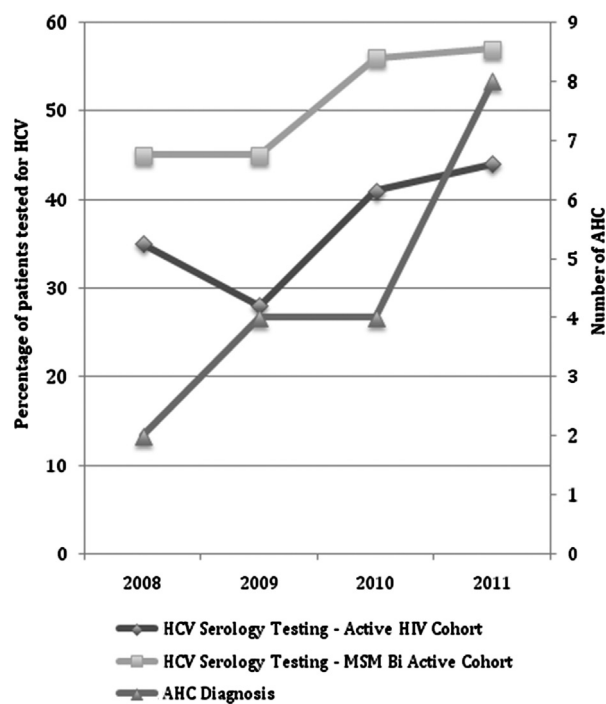
| Year | Patients on regular f/un | MSM-Bisexual patients on regular f/un (%) | HCV serology tests n (%) | HCV tests among MSM-Bisexual patients n (%) |
|------|--------------------------|-------------------------------------------|--------------------------|---------------------------------------------|
| 2008 | 818                      | 258 (31)                                  | 292 (35)                 | 118 (45)                                    |
| 2009 | 869                      | 290 (33)                                  | 314 (28)                 | 132 (45)                                    |
| 2010 | 938                      | 308 (33)                                  | 389 (41)                 | 198 (56)                                    |
| 2011 | 963                      | 335 (35)                                  | 425 (44)                 | 193 (57)                                    |

## Conclusion

In our centre, knowledge of EACS guidelines on screening for HCV was good but adherence to these recommendations is poor, though it improves over time. It is consistent with published rates of compliance to clinical guidelines on screening policies for HCV among STD/HIV specialists (47–54%) [2]. However, it remains low compared to expected rates of 70–100%. Education of clinicians is warranted to increase awareness and further improve adherence to guidelines. Peer review and computer-based algorithms / reminders could be used in order to increase systematic screening.

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**Figure 1. Evolution of HCV Screening & Acute HCV Hepatitis Diagnosis (2008–2011).**

#### References

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