

13% Midlands/East Anglia. Table 1 shows factors associated with HBsAg positive status in the whole population. After adjusting for age, gender, ethnicity, and NHS region, the odds of HBsAg positivity were highest among people of non-white ethnicity, cohabitants of HBsAg-positive people, men who have sex with men, injecting drug users, commercial sex workers and people with HIV or HCV. The odds were overall higher in people with a record of STI testing, and a strong independent association was detected between HBsAg positive status and a diagnosis of syphilis.

Discussion The data provide a map of HBsAg-positive primary care populations across England. Among other recognised risk factors for HBV infection, we identified a strong association with a diagnosis of syphilis.

P7 THE IMPACT OF COVID 19 ON LOCAL NURSE LED LIVER SERVICES (NLLS)

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625 patients in the local areas have cirrhosis. Prior to Covid-19 the NLLS performed on average 8.5 day-case ascitic drains per month. In addition to 5 discharge clinic reviews, 20 cirrhosis surveillance reviews were conducted weekly. The NLLS is also a source of telephone advice and support for patients, carers and health professionals.

The advent of Covid-19 resulted in major changes to the NLLS. Routine cirrhosis surveillance clinics and scans were postponed. All surveillance patients were informed in writing of the changes, advising telephone contact if experiencing liver related problems. Essential face to face reviews continued in the liver discharge clinic with additional telephone slots to increase capacity. Day-case drainage of ascites continued with extra capacity due to the reduction in other day unit activity. Relaxation of clinical criteria for day-cases assisted in preventing inpatient admissions.

In the 4 month period March - June 2020, 23 patients received day-case ascitic drains (maximum of 8 drains per patient). A monthly average of 17 drains (total 68) demonstrates a 100% increase in pre Covid activity. Only 1 day-case patient required admission to the ward as a consequence of NLLS leave.

2 patients (8.6%) previously unable to commit to day-case services with chaotic lifestyles now engage on a fortnightly basis, also receiving support from the alcohol care team at the same visit. Since mid-May all day-cases are Covid screened in advance, track and trace is facilitated with dedicated bed spaces, and to date no day-case related covid infections identified.

230 Cirrhosis surveillance scans were due during this time, all cases were reviewed and 16 priority scans (6.9%) ordered for those at high risk of developing a Hepatoma, of which 5 patients (31.25%) declined to attend due to Covid-19 fears.

Liver discharge clinic weekly reviews have doubled from 5 to 10 with the introduction of additional telephone reviews.

Telephone contact to the NLLS has increased substantially, unfortunately no pre Covid figures are available. 147 individuals, predominantly patients but also carers and health care professionals made contact between March - June 2020. The purpose for contact included treatment interventions (diuretic tapering, arranging admission), general liver advice, emotional support and reassurance.

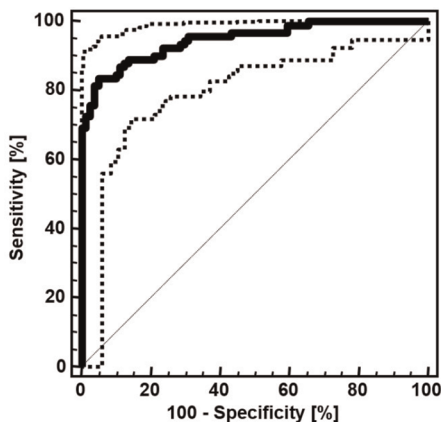
The NLLS is an essential component of local liver services. New ways of working has enabled continuation of outpatient and day-case care for the most vulnerable liver patients, thus preventing inpatient admissions during lockdown.

P8 INVESTIGATION OF THE URINARY PROTEOME IN PATIENTS OF ADVANCED LIVER FIBROSIS. A MULTICENTRE STUDY

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Background Liver fibrosis is a consequence of chronic inflammation and is associated with protein changes within the hepatocytes structure. From 2014 to 2019 we investigated urinary peptides in patients with liver fibrosis from University Hospital Coventry and Warwickshire, UK and Hannover Medical School, Germany.



LivFib-50 marker model	
Sample size case / control	79 / 81
Area under the ROC curve (AUC)	0.95
Standard error	0.02
95% Confidence interval	0.90 - 0.98
Significance level P (Area=0.5)	<0.0001
% Sensitivity / specificity	83.5 / 95.1

Abstract P8 Figure 1