

Results 1022 prisoners were in HMP Leeds during the course of the testing weekend. 757 prisoners were tested but 47 refused to be tested and 218 could not be accessed within the prison to be tested. Only 1 prisoner with HIV and 1 prisoner with HBV were identified and these were already known to treatment services. 59 of 757 tested prisoners were HCV antibody positive (7.8%) and 36/757 (4.8%) were PCR positive. 9/36 were already on or about to start treatment and 8/36 were released or transferred to another prison in the week between testing and commencing treatment. One prisoner died during this period. 28 patients (19 new and 9 known) started treatment. 19/28 (68%) achieved SVR12, 1 non-responder, 2 yet to reach 12 weeks post treatment and 6 were lost to follow up.

Conclusion HITT is an effective approach to micro-eliminate HCV in prisons. Not all prisoners identified by this program are new diagnoses. Due to the high throughput of prisoners it is essential that treatment is commenced immediately after diagnosis or prisoners may be lost to follow up.

P75 INCREASING FEMALE STREET SEX WORKER ACCESS TO HEPATITIS C TESTING AND TREATMENT IN LEEDS

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Background and Aims Female Street Sex Workers (FSSWs) have high rates of substance misuse and sexually transmitted infections, which are a key contributors to the increased incidence of HCV infection seen in this population. If the WHO target to eliminate HCV is to be met, this group will require specific test and treat strategies. Two local charities (The Joanna Project and Basis Yorkshire) who work closely with FSSWs were identified to work with during the project. A previous survey had identified that venepuncture and travelling to healthcare facilities were significant barriers to accessing testing and treatment for HCV. The aim of the study was to improve access to treatment for FSSWs without the need for direct engagement with health services.

Method Over a 12 weeks period in 2018 FSSWs working in Leeds were approached in support facilities/charity premises and offered counselling and dry blood spot HCV antibody testing with subsequent capillary blood PCR testing in the local laboratory. Any patient testing PCR positive was offered pan genotypic HCV treatment with sofosbuvir/velpatasvir (Epclusa®) within the charity premises after checking for drug drug interactions with their prescribed and non-prescribed medication.

Results 46 FSSWs were tested during the 12 week period. 22/46 (47.8%) of those FSSWs tested were HCV antibody positive and 18/46 (39.1%) were HCV PCR positive indicating very high prevalence rates in line with their known high risk behaviour. Of those 18 PCR positive patients all commenced treatment with 12 weeks sofosbuvir/velpatasvir (Epclusa®). Fifteen completed treatment and three were lost to follow up whilst on treatment. One of those three has now recommenced treatment 6 months later. Of the fifteen completing treatment five are lost to follow up and all ten still in follow up achieved SVR12.

Conclusion FSSWs have a very high prevalence of HCV PCR positivity but are willing to be treated for HCV if this service

is provided outside of a healthcare centre and does not involve venepuncture. Following up this group post treatment to ensure cure and reduce risks of reinfection is also likely to be a challenging despite ongoing support and education in the charity sector.

P76 EFFECTIVENESS OF ADVICE BASED ON LIVER DISEASE DIAGNOSTIC TESTS ON MANAGING HIGH RISK DRINKING BEHAVIOUR IN PATIENTS WITH ALCOHOL MISUSE: A SYSTEMATIC REVIEW WITH MET ANALYSIS

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Background and Aims Alcohol dependence is cause of major public health concern and a growing global pandemic affecting over 240 million people worldwide and attributed to 3 million deaths annually. Early identification and intervention is key to prevent future harm. There is established evidence from other specialities on usefulness of biofeedback based on investigations or severity of disease in modifying patient high risk behaviour, but this practice is lacking in alcohol misuse service. We aim to systematically review published literature on effectiveness of adding advice based on liver disease diagnostic tests or marker of liver injury to decrease alcohol consumption and/or to prevent alcohol misuse.

Methods The protocol was registered on Prospero (CRD42020164185). A systematic search strategy was developed, and an electronic search was conducted across Ovid Medline, PubMed, EMBASE, Psycinfo and CINAHL from inception to end February 2020. Additionally, we searched: citations of included studies, Scopus conferences proceeding, Ethos for grey literature and Clinicaltrials.gov. Primary outcome measures included change alcohol use and gamma glutamyl transferase (GGT). A random effect metanalysis was performed in Cochrane Review manager (version 5.3). The risk of biased was assessed using Cochrane risk of bias assessment tools and quality of studies was assessed by GRADE system.

Results 20 papers of 14 randomised controlled trials (RCT) and two observational studies comprising n=3763 participants were included. The weighted mean average difference for weekly alcohol intake between intervention and comparison group was -74.4 gram/week (95%CI -126.1, -22.6) (p=0.005), and for GGT was -19.7 IU/L (95% CI -33.1, -6.4) (p=0.004). There was higher incident of alcohol attributed mortality, number days spent in hospital, physician visits and sickness absence in non-intervention group. The quality of included studies was moderate for RCT's and high for observational studies.

Conclusions The review confirmed a significant association between addition of advice based on liver disease diagnostic tests or marker of liver injury in routine care in the reduction or/and abstinence of alcohol consumption, GGT and alcohol related mortality. This supports the integration of such interventions into alcohol misuse services.