Conclusion Polymorphisms reducing response rates to DAAs may alter both antiviral and cellular responses that may have implications on malignant transformation.

05 HIGH RATES OF MORTALITY AND ACUTE-ON-CHRONIC LIVER FAILURE WITH SARS-COV-2 INFECTION IN PATIENTS WITH CIRRHOSIS: INTERNATIONAL REGISTRY DATA

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Background Chronic liver disease (CLD) and cirrhosis are associated with immune dysregulation leading to concerns that these patients may be at risk of adverse outcomes following SARS-CoV-2 infection. However, the impact of COVID-19 among patients with pre-existing liver disease remains poorly defined.

Methods Data were collected through two international reporting registries (COVID-Hep.net and SECURE-Cirrhosis) on the clinical course of laboratory-confirmed SARS-CoV-2 infection in patients with CLD.

Results Between 25th March and 30th June 2020, 354 patients with cirrhosis and 325 with non-cirrhotic CLD were reported from 31 countries (63% male; median age 58 years; non-alcoholic fatty liver disease (38%), alcohol (17%), hepatitis B (10%), hepatitis C (9%)). Overall mortality in patients with cirrhosis was 32% and correlated with baseline Child-Turcotte-Pugh (CTP) class (figure 1A). Causes of death were respiratory (71%), liver-related (16%), and cardiac-related (5%). After adjusting for baseline characteristics, factors associated with death included age (OR 1.32/10 years; 95%CI 1.11–1.58), CTP-A (OR 2.27; 1.27–4.09), CTP-B (OR 4.88; 2.72–8.77), and CTP-C (OR 12.04; 6.50–22.30). In patients with cirrhosis, hepatic decompensation occurred in 47%, of which 22% had no respiratory symptoms; Acute-on-chronic liver failure (ACLF) occurred in 56% and ACLF score strongly correlated with mortality (figure 1B).

Discussion This is the largest reported cohort of CLD patients with SARS-CoV-2 infection. We show that baseline liver disease severity is strongly associated with COVID-19 related morbidity and mortality, which has important prognostic implications. In addition, we demonstrate an association between SARS-CoV-2 and new hepatic decompensation.

06 HEPATITIS C TEST AND TREAT ROADSHOW – REACHING HOMELESS COMMUNITIES ACROSS THE WEST MIDLANDS, UK

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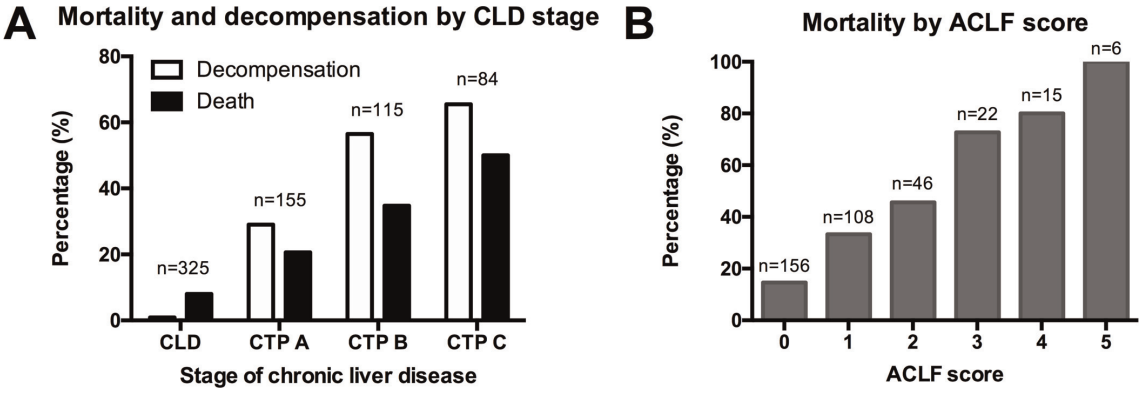
Background Significant numbers of people who inject drugs (PWID) are poorly engaged with drug treatment services, identify as being socially excluded and unable to navigate complex and lengthy hepatitis C (HCV) testing and treatment pathways. Many are street homeless or residing in temporary accommodation where safe injecting behaviors are compromised by insecure settings, leading to elevated injecting harms and increased rates of HCV infection.

Led by the Hepatitis C Trust Peer Support Lead, The Hepatitis C Test & Treat Roadshow was developed to provide testing and treatment for PWID, in homeless settings across a number of deprived urban areas in the West Midlands, UK. An adapted MDT referral form was created and approved by Birmingham and West Midlands Operational Delivery Network who also supplied HCV antibody tests as well approving pan genotypic regimens for all patients identified as as part of the project.

Description of model of care/intervention The model provided point of care testing and treatment for PWID in 14 hostels and other settings used by street homeless, delivered by the Peer Support Lead. Those identified at risk were offered HCV rapid antibody screening and subsequently tested for HCV RNA with Cepheid GeneXpert. All RNA+ve individuals were referred to the respective hospital Hepatology MDT and approved pan-genotypic treatments, delivered by the peer and Hepatology Clinical Nurse Specialist (CNS) at the testing venue, or other setting requested by the patient, usually within 2 weeks but with some local variation.

Effectiveness The project was attractive to the target communities who reported ease of access and engagement in contrast to previously experienced barriers to treatment. 141 were screened for HCV antibodies. 42 were subsequently tested HCV RNA+ve. To date 39 have commenced treatment with treatment arranged for a further 2 patients. One person declined treatment. Seven were additionally referred for drug and alcohol treatment.



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