



# Exploring how commonly diagnosing services refer newly diagnosed chronic hepatitis B and C patients to specialist secondary care: the views of hepatologists, gastroenterologists and infectious diseases specialists in six EU countries

**HepHIV Conference**  
**Barcelona, 6 October 2014**

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Co-funded by  
the Health Programme  
of the European Union



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# Background and aims

- Case detection should be followed by referral to appropriate specialist care for all newly diagnosed chronic hepatitis B and C patients
- The present study was conducted to explore how common is referral of newly diagnosed hepatitis B/C patients to secondary care from health services most involved in screening in Germany, Hungary, Italy, the Netherlands, Spain and the UK
- To identify possible problems, weaknesses and barriers across this step of the patient pathway

# Materials and Methods 1 – The SP survey

- A semi-qualitative online survey was sent to specialists (gastroenterology, hepatology or infectious diseases)
- A sample of 235 recipients was identified
- Using a four-point ordinal scale (“**very common**”, “**variable or not routinely**”, “**rarely or never**”, “**unsure**”), it was measured how frequently specialists receive patients from
  - GPs
  - IDU clinics
  - Antenatal care (ANC)
  - Sexual health services (SHS)

# Materials and Methods 2 - Comparison with responses from GP, ANC and SHS surveys

- **Which patients are referred for treatment?**
  - All patients
  - A selection based on clinical indicators (viral load / HBe antigen status / ALT, “unsure” or “other”)
  - Unsure
- **Is referral directly to secondary care or via the GP or other service? (ANC and SHS surveys)**

In

Descriptive analyses performed with IBM SPSS Statistics 21

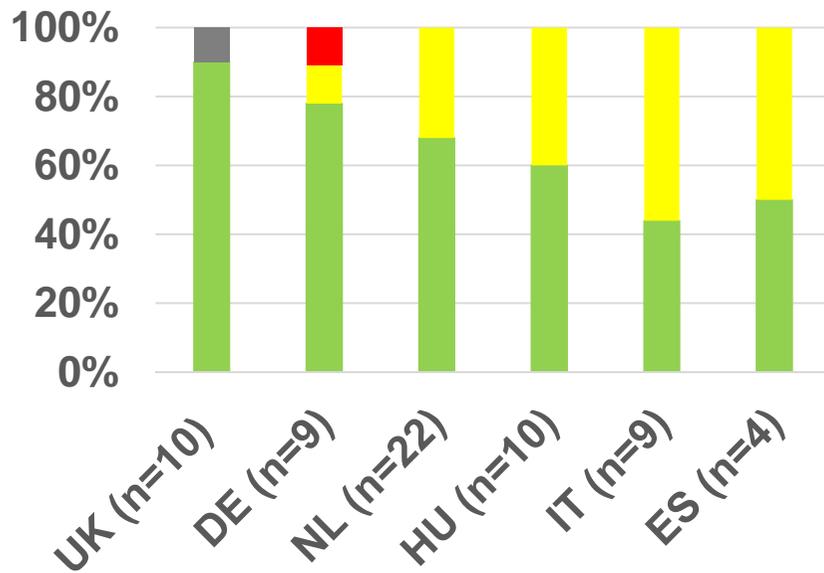
## Results: invites and responses received

	UK (n=10)	DE (n=9)	NL (n=22)	HU (n=10)	IT (n=9)	ES (n=4)	TOT (n=64)
Infectious Diseases Specialists	20%	0%	14%	30%	44%	25%	20%
Gastroent./ Hepatologists	60%	78%	86%	70%	56%	75%	73%
Community/ practice nurses	10%	0%	0%	0%	0%	0%	2%
Other	10%	22%	0%	0%	0%	0%	5%

- >90% see chronic hepatitis patients on a weekly basis
- Most were based in academic teaching hospitals (61%) or general hospitals (31%)

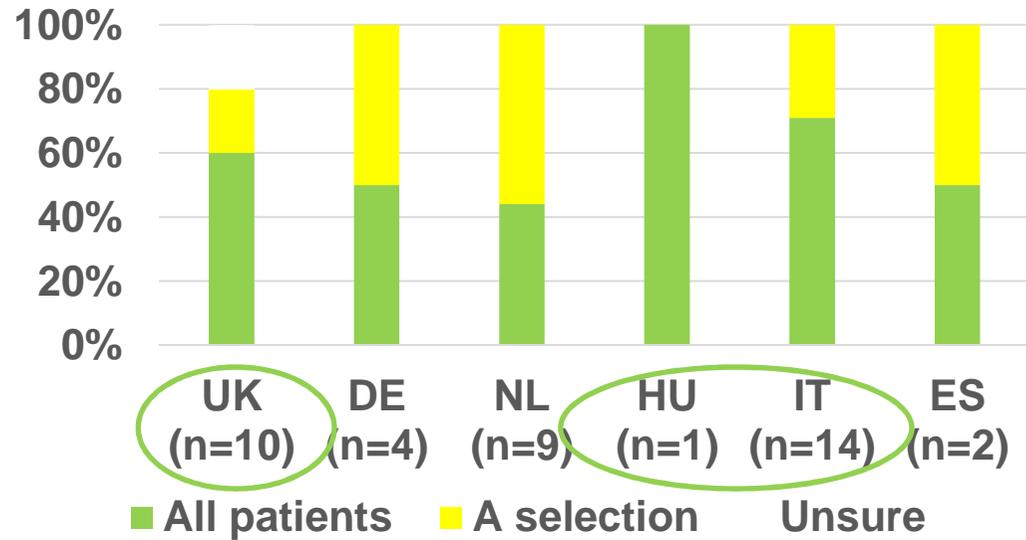
# Results: Referral from General Practice

## THE VIEWS OF SPECIALISTS



- Unsure
- Rarely or never
- Variable or not routinely
- Very common

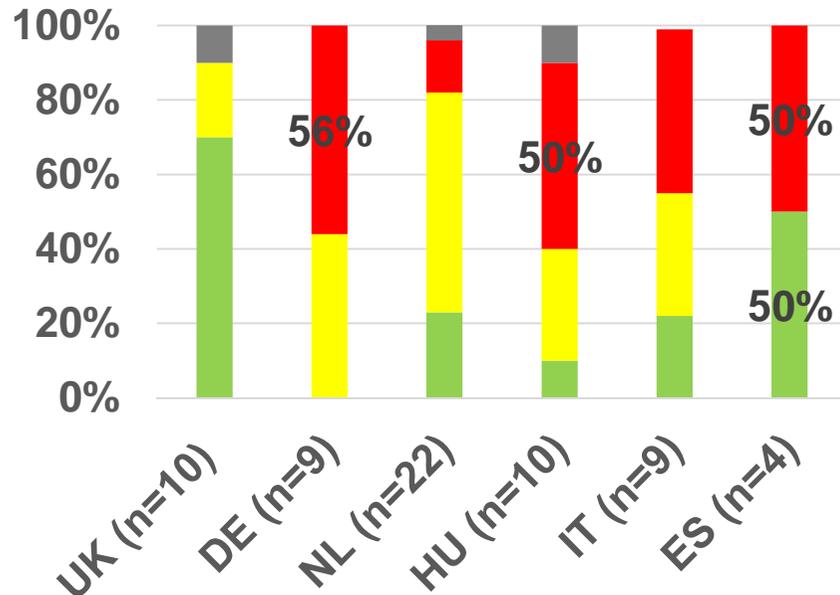
## THE VIEWS OF GPS



	UK (n=2)	DE (n=2)	NL (n=5)	IT (n=4)	ES (n=1)
Viral Load	100%	100%	20%	75%	100%
HBe antigen status	50%	100%	80%	50%	100%
ALT	100%	50%	80%	50%	100%
Other	50%	0%	20%	25%	0%

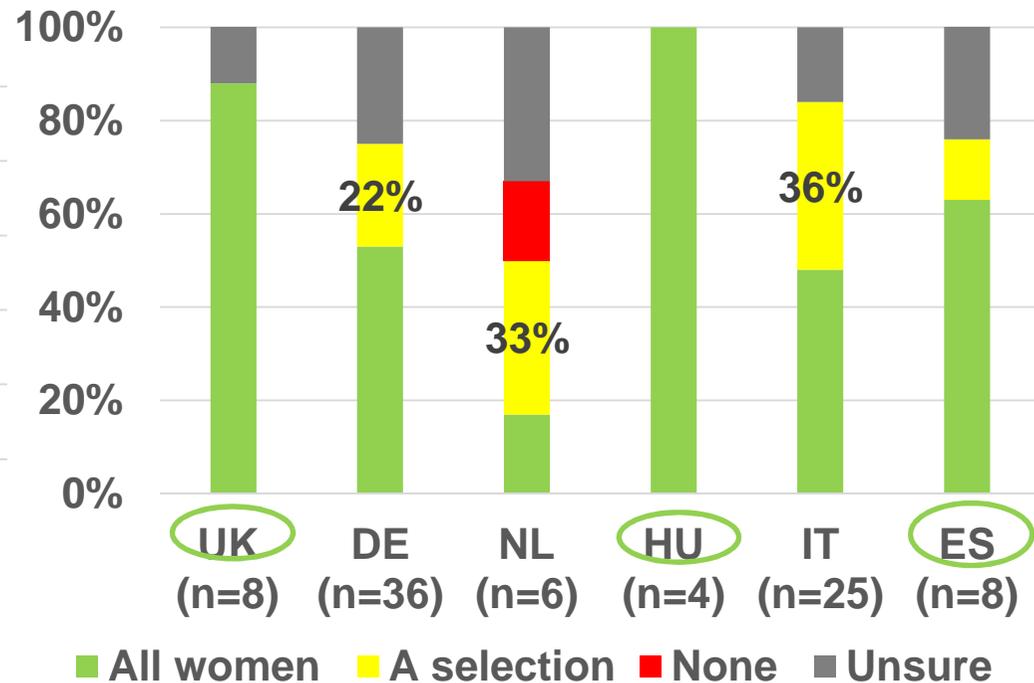
# Referral from Antenatal Care

## THE VIEWS OF SPECIALISTS



- Unsure
- Rarely or never
- Variable or not routinely
- Very common

## THE VIEWS OF ANC PROVIDERS

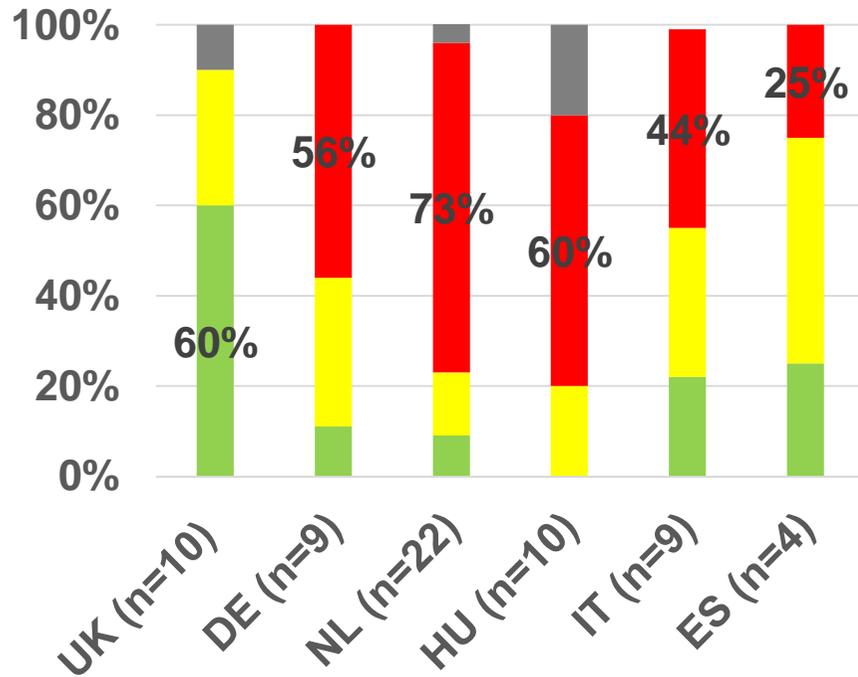


- All women
- A selection
- None
- Unsure

ANC survey	DE (n=8)	NL (n=2)	IT (n=9)	ES (n=1)
Viral Load	38%	50%	56%	100%
HBe antigen status	63%	100%	67%	100%
ALT	0%	0%	67%	0%
Unsure	38%	0%	11%	0%

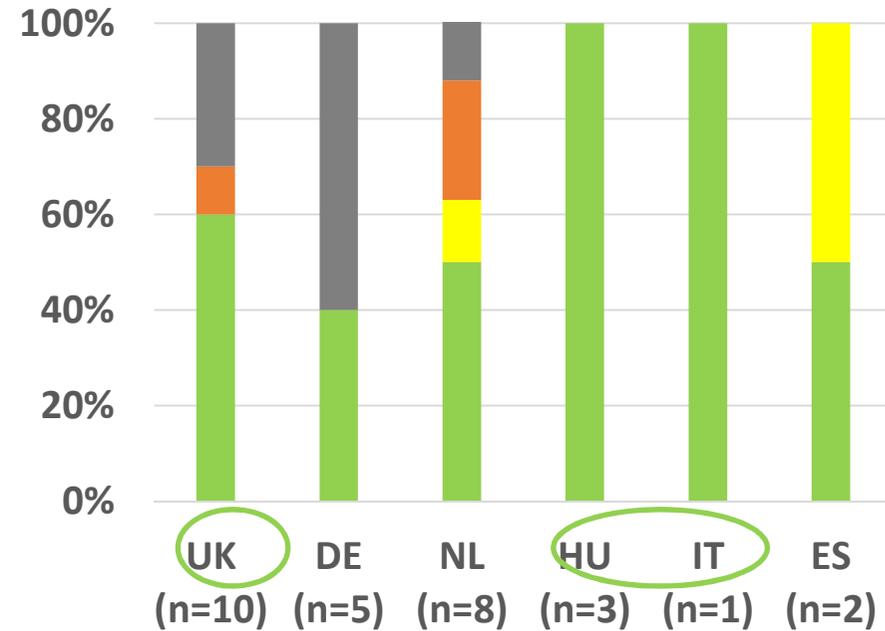
# Referral from Sexual Health Services

## THE VIEWS OF SPECIALISTS



- Unsure
- Rarely or never
- Variable or not routinely
- Very common

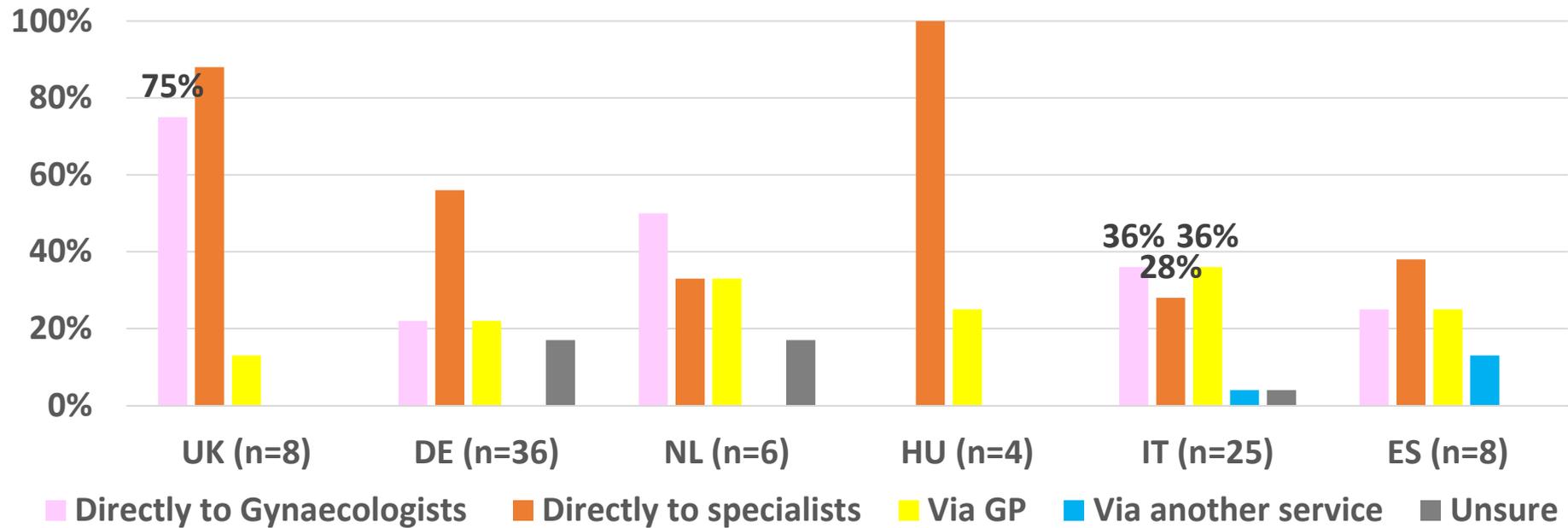
## THE VIEWS OF SHS



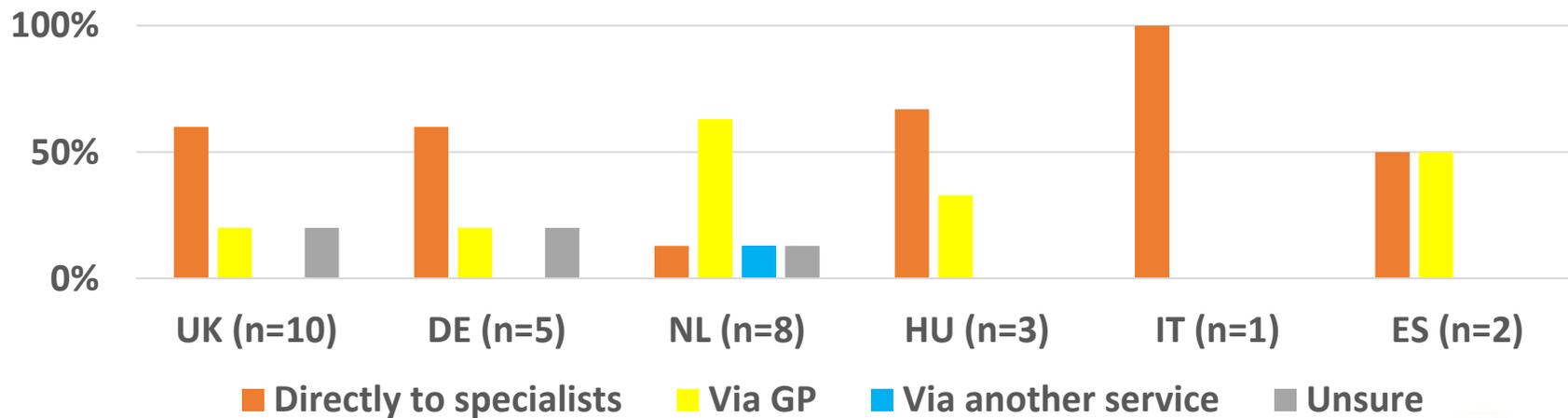
- All patients
- A selection
- Via another service
- Unsure

	NL (n=1)	ES (n=1)
Viral Load	-	100%
HBe antigen status	-	-
ALT	-	-
Other	100%	-

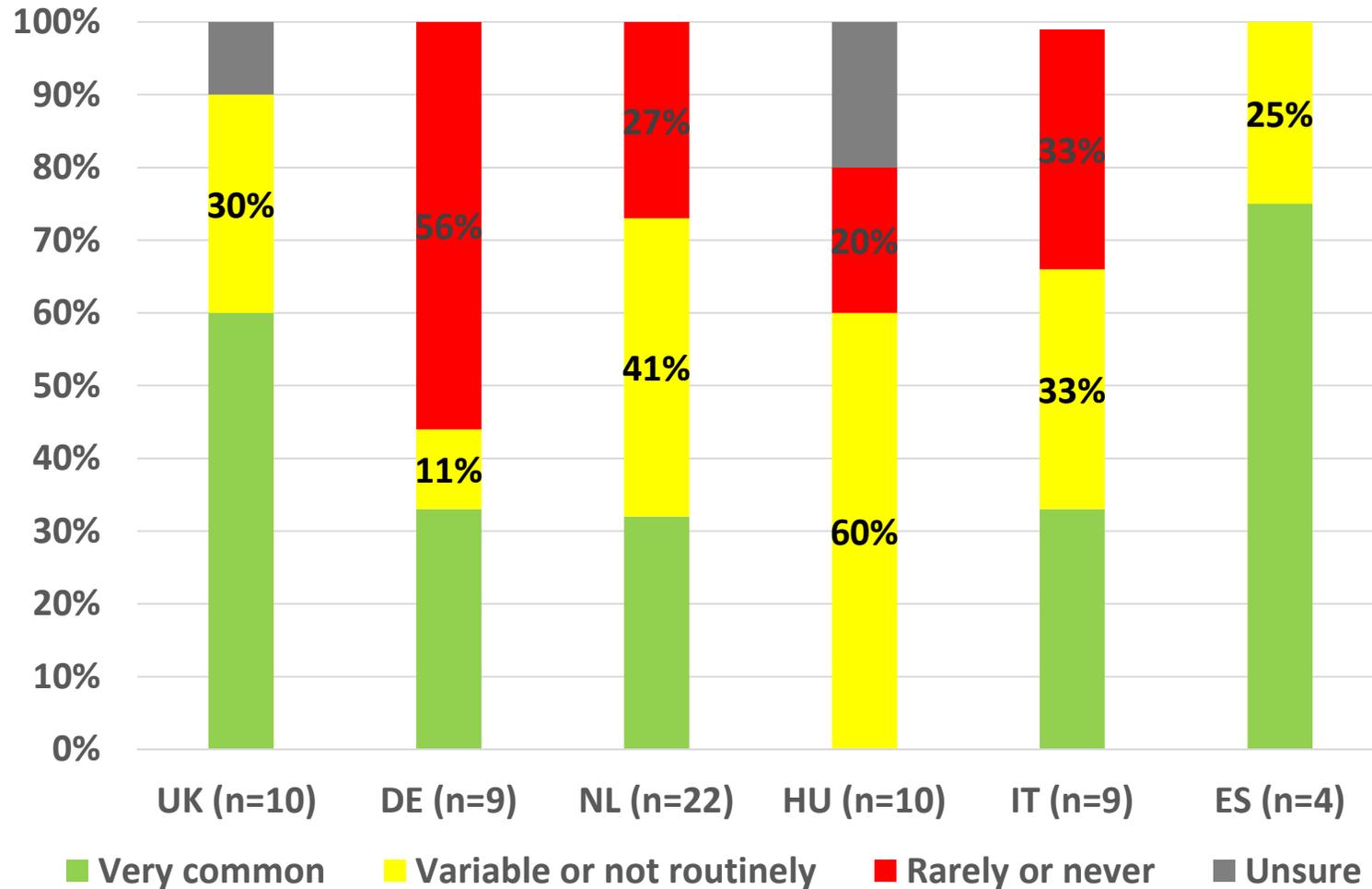
## Referral from ANC providers



## Referral from SHS



# Results: referral from IDUs



# Conclusions

- Few clear common practices
- Significant discordance on how frequently patients are received from diagnosing services
- Specialists in some countries reported rarely/never receiving patients from ANC, SHS or IDU clinics
- Lack of screening? Complex or ineffective referral practices?
- Health system context could partially explain observed discrepancies
- The increased scope for secondary prevention of viral hepatitis can only be achieved with effective screening programmes that successfully link patients to specialist care



**Thank you for your attention**

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## Recommendations for referral of diagnosed patients (I)

- “If found to be a chronic HBV carrier, consider referral for further assessment and possible antiviral therapy [Ia, A].” (***International Union against Sexually Transmitted Infections, 2010***)
- “Another challenge is to ensure that patients who are diagnosed are referred for appropriate care. This would include evaluation for therapy, provision of lifestyle advice to reduce progression of liver disease (for example, by reducing alcohol intake), as well as measures taken to prevent transmission.” (***Guidelines for the screening, care and treatment of persons with hepatitis C infection, WHO, 2014***)
- Refer all adults who are HBsAg positive to a hepatologist or to a gastroenterologist or infectious disease specialist with an interest in hepatology. Refer all children and young people who are HBsAg positive to a paediatric hepatologist or to a gastroenterologist or infectious disease specialist with an interest in hepatology.  
**CG165- NICE, 2013**
- Patients infected with hepatitis C virus (HCV) should be referred to a clinician with a particular interest in the infection. Patients must have access to adequate counselling from a health carer with knowledge and experience of chronic HCV infection. All patients must have access to the appropriate diagnostic and therapeutic options available in the management of HCV infection. ***Clinical guidelines on the management of hepatitis C Compiled on behalf of the Royal College of Physicians of London and the British Society of Gastroenterology, 2001***

## Recommendations for referral of diagnosed patients (II)

- Referral to specialist care should be considered for all patients with active HCV infection (HCV RNA positive) and not be restricted to potential candidates for antiviral therapy. Specialist clinics are often a source of information for patients and relatives, including health promotion and methods of avoiding secondary transmission of the virus. ***SIGN 133 Management of hepatitis C , 2013***
- Al termine di un inquadramento diagnostico clinico-laboratoristico complessivo, il MMG deve essere in grado di inviare allo specialista un paziente già preliminarmente “valutato”. Possiamo ipotizzare che, per quanto attiene l’HCV, si inviino allo specialista tutti i soggetti HCV RNA positivi e, per quanto riguarda l’HBV, i soggetti HBsAg positivi con HBV DNA rilevabile. Vanno comunque inviati allo specialista i soggetti affetti da cirrosi epatica e quelli affetti da altre coinfezioni virali (es. HIV). (***Epatiti: un'emergenza sommersa***)