

HCV testing training for non-HCV-specialists in a tertiary hospital: change in attitudes and rates of HCV screening





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BACKGROUND

- Many HCV infected patients remain undiagnosed.
- National and international HCV testing guidelines are poorly known by non-HCV specialists.
- Awareness is essential to improve HCV screening.

OBJECTIVES

- Impact of a training session on HCV screening in:
- 1. Attitudes and knowledge towards screening.
- 2. Number of serologies ordered, positive and active infections.

METHODS

POPULATION

Prescribers of 31 departments: 17 medical departments (med) 14 surgical departments (surg)

DESIGN AND VARIABLES

Pre and post training, by department:

- -Absolute number of HCV tests.
- -Screening rate by 1000 attended patients.
- -New HCV diagnoses.

INTERVENTION

- 1 hour Training session by HIV and HCV/HBV specialists.
- Between March and November 2019.
- Pre and post training questionnaires.

OUTCOMES

Paired analysis of:

- -Questionnaire results
- -Rate of HCV tests ordered.
- -New diagnosis of active infection

COLLECTED DATA

- Number of HCV serologies.
- positive serologies.

- Number of

- Number of active HCV infections.
- Number of patients attended per department.

RESULTS

Pre-training questionnaire:

- Knowledge of guidelines: 18% (30% med vs. 3% surg, p<0.001.
- When do you order HCV tests?:

5% routinely, 60% if risk factors,

34% never.

Post-training questionnaire:

- 98% considered the training useful.
- -1 Up to 22% showed positive attitude towards routine screening.
- Down to 2% will never order screening HCV tests.

	HCV tests/10 ³ patients		P	HCV Ab (+)/10⁵ patients		Р	HCV ag/PCR (+) /10 ⁵ patients		Р
	Before- Training	After- Training		Before- Training	After- Training		Before- Training	After- Training	
All	5.79	6.52	<0.001	19.39	22.45	0.111	5.99	6.76	0.212
Medical	6.54	7.71	<0.001	29.36	34.22	0.027	9.51	10.77	0.187
Surgical	4.66	4.72	0.725	4.19	4.51	0.564	0.64	0.64	1.000

1 567 665 patients 946 823 med 620 842 surg 9654 Ordered Tests **Pre-training Post-training** 3.3% positive 3.4% positive 4541 (152 positive) 5113 (176 positive) Med 4.49% + Surg 0.89% + Med 4.44% + Surg 0.95% + (13+/1446)(139+/3095)(162+/3648)(14+/1465)p = 0.018 (global); p = 0.007 (med); p = 0.822 (surg)

Ordered Tests Pre-training Post-training Total 4541 5113 Serologies (HCVAb) 29.50 (11-244) * 43.50 (14-276) 3095 Med; 1446 Surg; 3648 Med; 1465 Surg; 62 (27-257) 12 (10-28) 115 (27-293) 14 (7-39) p = 0.022 (global); p = 0.0191 (med); p = 0.50 (surg)**Pre-training Post-training** 152; 176; Serology 1.50 (0-3) 2.50(0-7)(HCVab) 139 Med; 162 Med; 14 Surg; 13 Surg; 2 (1-6) 0(0-2)0(0-1)2(1-8)p = 0.111 (global); p = 0.0274 (med); p = 0.56 (surg)Pre-training Antigen 47 53

p = 0.2127 (global); p = 0.187 (med); p = 1.0 (surg)

2 surg

*Absolute number; median number per department (interquartilic range)

(HCVAg

51 med

2 surg

CONCLUSIONS

- Non-HCV specialists reported poor knowledge of HCV screening guidelines, being worse in surgical departments.
- Directed training was considered useful and significantly improved predisposition for HCV screening in both medical and surgical departments.

45 med

• An improve in HCV screening was detected after the intervention, although concentrated only in medical departments.