

The Outreach & Testing Van

Most people with hepatitis C in the UK today are undiagnosed. The Trust's outreach & testing service is designed to overcome some of the key barriers to diagnosis by visiting at risk populations in areas where testing is not easily accessible. We provide information and on the spot testing for hepatitis C – over the course of our first 50 visits we engaged over 500 people, of whom 300 were tested.

The van, tests (in most cases), and staff are fully funded; no local financing is required.

Who is the van for?

The van service aims to increase diagnoses by reaching groups who may be at risk of hepatitis C but who currently cannot, or do not, access testing through existing means.



People identified as more likely to have been at risk of hepatitis C include:

- People who use or have used drugs, especially anyone who has injected (opiates, stimulants, steroids etc) or snorted cocaine or smoked crack cocaine (see appendix 2)
- People from countries where hepatitis C is endemic (see appendix 3)
- People who have had medical or dental treatment in one of these countries
- People who had a blood transfusion in the UK prior to September 1991
- The homeless

Where does the van go and when?

We will visit any place or service in the UK where there is a large population of people likely to be at risk, and where other testing options are not currently available or sufficient.

While this includes a wide range of venues, most of our time is spent with services that work with people who use or have used drugs, and community centres or organisations working with people from higher prevalence countries.



We aim to visit every part of England once a year, some places more than once if there's a need. Visits are planned in advance and to save time and travel costs the van focuses on a region – organised by Local Authority Partnership Area – for a set amount



of time. For availability and an updated schedule contact Jim Conneely - jim.conneely@hepctrust.org.uk or 020 7089 6220.

What happens on the day?

A lot of our work happens before the van arrives, working out the sort of intervention/s needed, best time/s to visit, how to publicise the event in advance and what referral and support mechanisms are in place. We work with local services to agree this.

The support of local staff is vital to the success of visits, as is timing the event to coincide when the service is at its busiest.

On the day, the van is staffed by two or three people, usually at least one of whom has or has had hep C. When testing, we offer antibody testing to people who have been at risk (self-identified risk factor that they do not need to disclose) using a point of care test which gives results in 20 minutes, as well as comprehensive information and advice to everyone. If preferred, our staff are also trained to offer dried blood spot testing for hepatitis B, hepatitis C and HIV.



All testing is confidential and available anonymously, but some basic information is collected for monitoring and evaluation purposes. Whenever possible we tie in with other projects such as our Peer Education service and work with local clinicians, nurses or GPs on the van.

How much does it cost?

The van is fully funded; including hepatitis C tests. HIV and hepatitis B testing can be provided but the cost of these will often need to be covered locally – contact Jim to find out more.

How can we arrange a local visit?

This is the first project of its kind and we are very keen to hear from services, community groups, PCT/CCGs, Local Authorities or others who think this might benefit their community. For cost reasons we block book events in a given region – contact us to find out when we're next visiting your area and to be contacted next time we are arranging visits locally.

For more information and to register your interest in the van visiting your area or service please contact Jim. We begin planning our schedule by contacting everyone who has expressed interest, usually 2-3 months before the van is due to arrive in the area. Demand



affects scheduling so please let us know at the earliest possible opportunity if you would like the van to visit.

If there is a particular event or time that would be best to visit please let us know; we can be flexible with the route, especially if given enough notice.

Appendix 1: Testing and Diagnosis rates in England

Region	Estimated number of people with HCV ⁱ	Estimated % of people with HCV ⁱ	Total lab reported diagnosed with HCV ⁱⁱ	% of estimate who have been diagnosed & reported	Total undiagnosed / unreported	%age undiagnosed / unreported
East Midlands	14,994	0.35%	5,010	33%	9,984	67%
Eastern	14,703	0.27%	7,775	53%	6,928	47%
London	53,145	0.71%	9,189	17%	43,956	83%
North East	7,262	0.28%	2,439	34%	4,823	66%
North West	29,505	0.43%	19,810	67%	9,695	33%
South East	24,029	0.29%	10,828	45%	13,201	55%
South West	16,615	0.34%	11,893	72%	4,722	28%
West Midlands	18,670	0.35%	8,657	46%	10,013	54%
Yorkshire & Humberside	22,130	0.44%	9,964	45%	12,166	55%
England	201,053	-	85,565	43%	115,488	57%

ⁱ Source: *Commissioning template for estimating HCV prevalence by PCT and numbers eligible for treatment*. HPA, 2010. www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HepatitisC/ (accessed 21st July 2011; estimated % calculated from population numbers given in the tool)

ⁱⁱ Source: *Hepatitis C in the UK: 2011 report*. HPA, 2011. <http://www.hpa.org.uk/Publications/InfectiousDiseases/BloodBorneInfections/1107HepCintheUK2011report/> (accessed 6th September 2011)

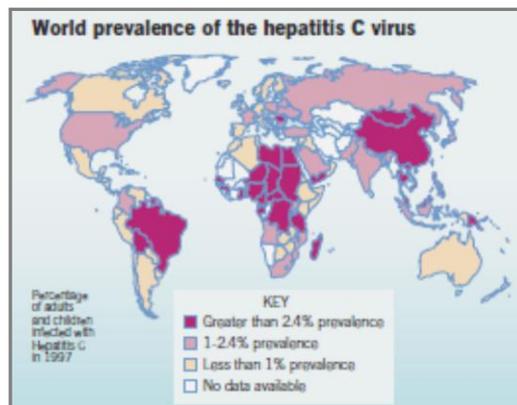
Appendix 2: Why test current & former drug users?

Data from the most recent HPA anonymous survey of injecting drugs users found 49% with hepatitis C, of whom 45% were unaware of their infection.ⁱ There are an estimated 306,150 opiate and/or crack cocaine users aged 15 to 64 in England.ⁱⁱ In addition, 30% of the approximately 300,000 former injecting drug users are believed to have hepatitis C.ⁱⁱⁱ

While a growing number of drug services are offering routine hepatitis C testing, considerable gaps in availability and uptake remain. NDTMS data show that in 2009-10 just 70% of adults in drug treatment services were offered a hepatitis C test of whom 56% declined.

Appendix 3: Why test people from high prevalence countries?

Approximately 3% (170 million) of the world's population has, or has had, hepatitis C but prevalence varies considerably both between and within countries. In most places the prevalence of hepatitis C infection is less than 3% but it is higher – up to 15% - in some countries in Africa and Asia and highest in Egypt. Parts of Eastern Europe also see high rates of hepatitis C.



Source: World Health Organization 1999,

Knowledge of how high rates of hepatitis C abroad are reflected in UK populations from these countries is still relatively scarce. Recent research has found hepatitis C prevalence at 1.6% in people of South Asian origin, rising to 2.7% in those born in Pakistan.^{iv} This is much higher than general UK prevalence, estimated to be about 0.67%.^v More than 10% of people who died from hepatitis C in the UK between 1996 and 2009 were born in Pakistan or Bangladesh.

2010 data from new blood donors also suggest hepatitis C is more prevalent in this community; people of South Asian origin comprise 3.2% of new donors but 12% of those diagnosed with hepatitis C. Overall about 60% of new donors who were diagnosed were born outside of the UK – 43% of them in Eastern Europe and 32% in Asia.^{vi}

ⁱ http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1309969861526

ⁱⁱ 2009/10 figures. Hay et al. *Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2009/10: Sweep 6 report*. The Centre for Drug Misuse Research, University of Glasgow <http://www.nta.nhs.uk/uploads/prevalencestats2009-10fullreport.pdf>

ⁱⁱⁱ Harris RJ et al *Hepatitis C prevalence in England remains low and varies by ethnicity: an updated evidence synthesis* European Journal of Public Health Advance Access published June 26, 2011

^{iv} Uddin et al. *Prevalence of chronic viral hepatitis in people of south Asian ethnicity living in England: the prevalence cannot necessarily be predicted from the prevalence in the country of origin*. Journal of Viral Hepatitis May 2010; 17(5):327-35.

^v Harris RJ et al *Hepatitis C prevalence in England remains low and varies by ethnicity: an updated evidence synthesis* European Journal of Public Health Advance Access published June 26, 2011

^{vi} HPA. *Hepatitis C in the UK: 2011 Report*. http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1309969906418