Impact of Hepatitis C Virus (HCV) Screening in an Emergency Department: implementation of the FOCUS program in Almería, Spain

Alba Carrodeguas
Impact of Hepatitis C Virus (HCV) Screening in an Emergency Department: implementation of the FOCUS program in Almería, Spain.

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FOCUS is a public health program that advances best practice screening and linkage to care for blood-borne viruses, in accordance with screening guidelines promulgated by health authorities and scientific societies.

FOCUS funding supports HIV, HBV, and HCV screening and linkage to the first medical appointment after diagnosis.
Background

The FOCUS TEST model

- Testing integrated into routine care
- Electronically enabled, with automation of eligibility assertion
- Systematic adoption of screening policy throughout the region
- Training of staff and monitoring support continuous improvement
**HCV in Spain**

**Hepatitis C**

**2017-2018 Spanish National Serosurvey:**

7,675 samples (population aged 20-80 y.o.):

- 0.85% HCV Ab-positive prevalence
- 0.22% HCV RNA-positive prevalence

29.4% viraemic patients unaware of their infection

**WHO's global hepatitis**

Aims to reduce new hepatitis infections by 90% and deaths by 65% between 2016 and 2030

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The Emergency Department (ED): An Opportunity for Screening

**EDs provide care to vulnerable groups:**
- Socially excluded
- Migrant population
- Psychiatric disease
- Elderly population

Torrecárdenas University Hospital (HUT) is the main provider of care for a population of 8 municipalities in the province of Almería (population 724,000), in eastern Andalusia, Spain.

**Specialized ED HUT:**
- **Adult unit**
  - **159,000 annual visits**
AIM

EVALUATE HCV SCREENING EFFICACY BETWEEN AUGUST 2021 TO APRIL 2023

Emergency Department

Implementation TEST Model

TORRECÁRDENAS
Hospital Universitario
Methods

Study population:
- Adult patients **aged 18-69 y.o.**
- Visiting the **Emergency Department** for acute illness
- **Needing bloodwork** for any purpose
- Able and willing to provide **oral consent**

Study period:
Aug. 2021 to Apr. 2023 (**20 months**)

- **HCV antibodies detection** (anti-HCV) 
  *LIAISON®X- Diasorin*
- **Viral RNA detection** (RNA-VHC) 
  *(Roche Cobas® 6800)*

1. Single-step testing 
2. Contact + patients 
   Linkage to specialist medical care

History of Risk Exposures (since May 2015)
HCV Screening: **12,651 patients**

- **Anti-HCV POSITIVE** (213 patients)
  - Average age: 56 years / 76% male

- **HCV RNA Positive** (45 patients)
  - 79% males

**PREVALENCE HCV**
- Anti-HCV: 1,68%
- RNA-Positive: 0,35 %
We identified risk exposures in 49% of viremic patients’ records. The following risk exposures were the top:

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**MISSED OPPORTUNITIES FOR DIAGNOSING HCV INFECTION**
- Prior visits Emergency Department: 75%
SUMMARY OF RESULTS

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CONCLUSIONS

❖ Undocumented HCV infection among our population is almost twice that estimated in the Spanish population.

1,68 Anti-HCV; 0,35 RNA POSITIVE vs 0,85 Anti-HCV; 0,22 RNA positive

❖ HCV Screening is an effective strategy in population that only uses the Emergency Departments (EDs).

❖ Thus, opportunistic HCV Screening in EDs is feasible, non-disruptive, effective and is necessary as a tool for Hepatitis C elimination in all Hospitals.
A cost-effectiveness analysis will be made with the results of these two years to demonstrate that it is a cost-effective screening strategy.

HIV screening and linkage to care will be integrated into the HIV care circuit.