

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

Alba Carrodeguas

# AMSTERDAM

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

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## Background

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.

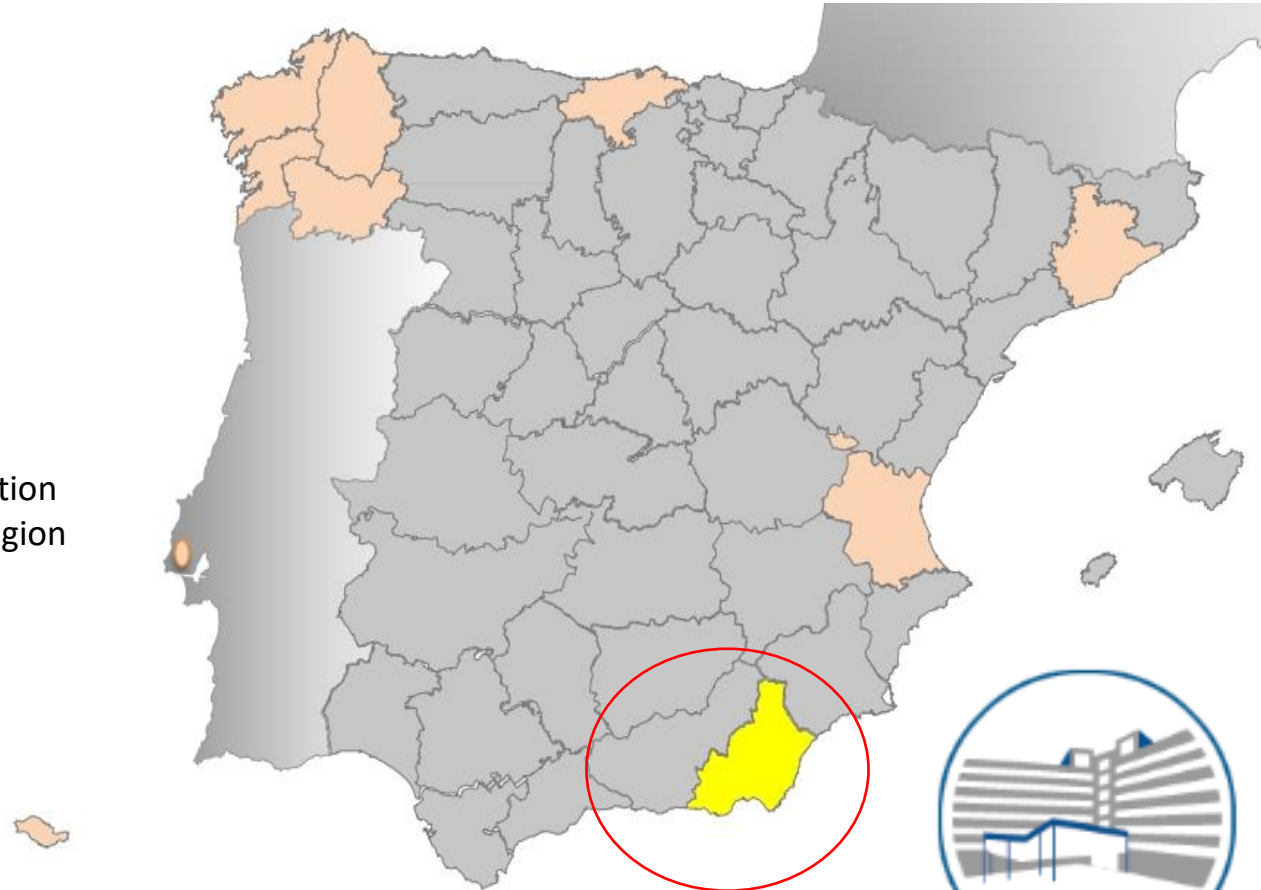


## Background



### The FOCUS TEST model

- ▶ **T**esting integrated into routine care
- ▶ **E**lectronically enabled, with automation of eligibility assertion
- ▶ **S**ystematic adoption of screening policy throughout the region
- ▶ **T**raining of staff and monitoring support continuous improvement



Hospital  
Torrecárdenas



## Background

### HCV in Spain

#### Hepatitis C<sup>1</sup>

##### 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<sup>2</sup>



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

## Background

### 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

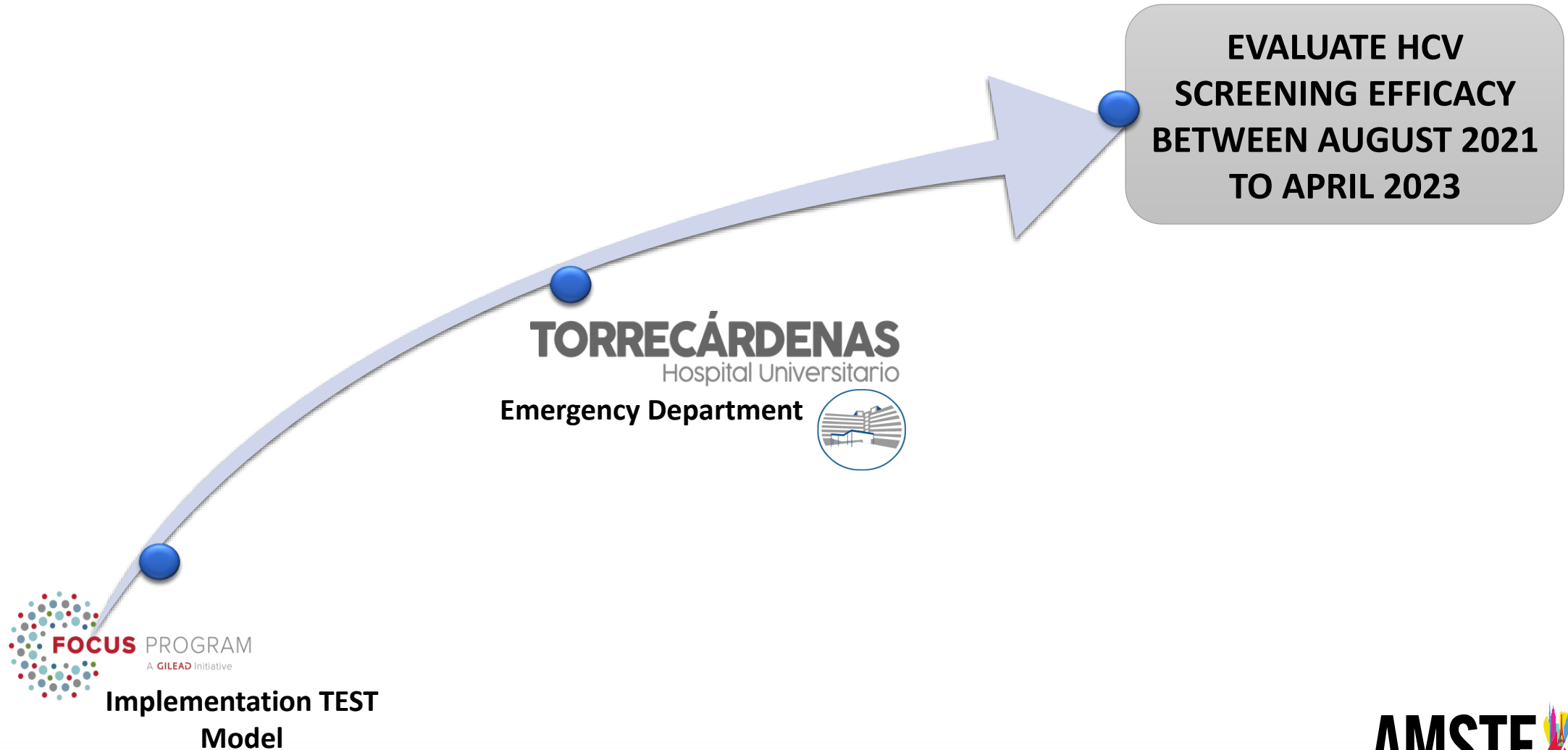
specialized ED HUT:

- Adult unit

**159,000 annual visits**



## AIM



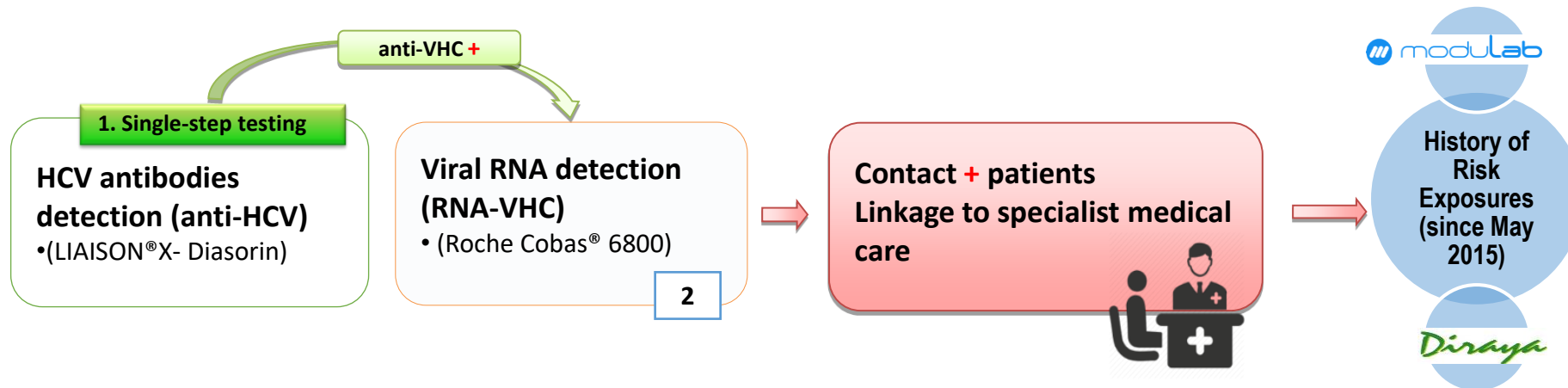
## METHODS

### 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**)





## SUMMARY OF RESULTS

HCV Screening: **12,651** patients

**Anti-HCV POSITIVE (213 patients )**

- Average age: 56 years / 76% male

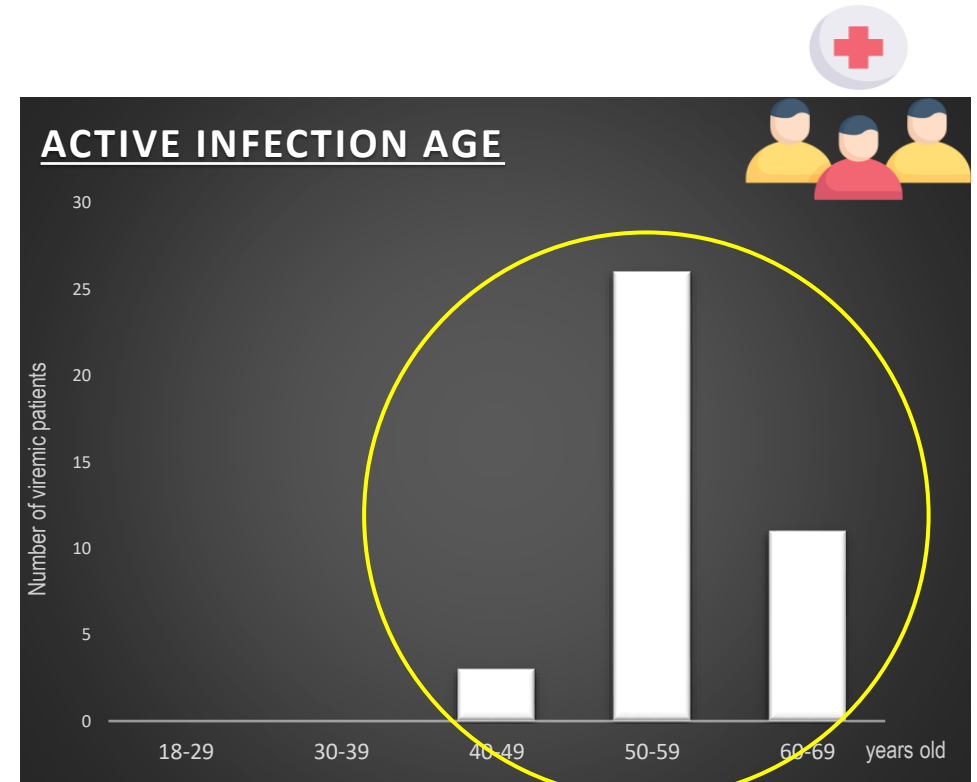
**HCV RNA Positive (45 patients )**

- 79% males

### PREVALENCE HCV

Anti-HCV: 1,68%

RNA-Positive: 0,35 %



## SUMMARY OF RESULTS

We identified risk exposures in **49%** of viremic patients' records.  
The following risk exposures were the top:

Injected drug use	44%
<b>Origin from countries with medium or high HCV prevalence</b>	9 %
<b>History of incarceration</b>	13 %
<b>HIV or HBV coinfection</b>	2 %

**MISSED OPPORTUNITIES FOR  
DIAGNOSING HCV INFECTION**

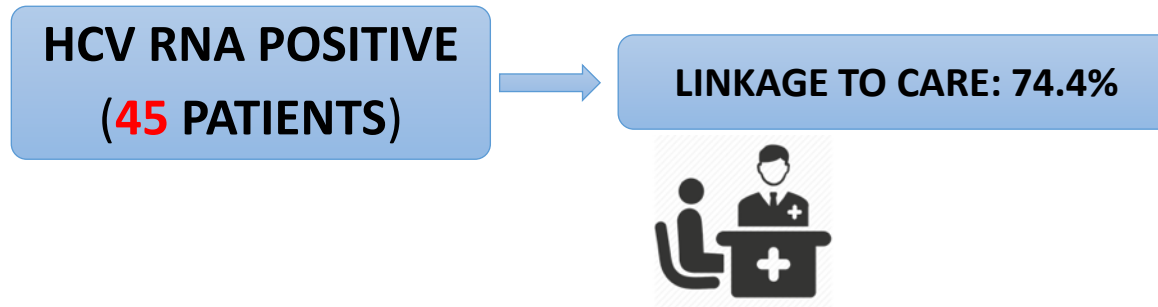
- Prior visits Emergency Department: **75%**



## SUMMARY OF RESULTS

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## CONCLUSIONS

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- ❖ 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

**TORRECÁRDENAS**  
Hospital Universitario



- ❖ 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.

## NEXT STEPS

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- ❖ 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.

### ACKNOWLEDGEMENTS

Gilead Sciences' FOCUS Program funding supports screening & linkage to a first appointment after diagnosis regardless of how organizations handle subsequent patient care and treatment.

