

# EMERGENCY DEPARTMENT OPT-OUT TESTING FOR HEPATITIS C: A DIFFERENT RISK PROFILE AND INCREASED CASE-FINDING

## Authors:

Ahmad B<sup>1</sup>, Plunkett J<sup>2</sup>, Teague A<sup>1</sup>, Haque T<sup>2</sup>, Hart J<sup>2</sup>, Flanagan S<sup>3</sup>, Daly F<sup>1</sup>, Letham L<sup>1</sup>, Attridge-Smith J<sup>1</sup>, Hempling M<sup>1</sup>, Trembling P<sup>2</sup>, St John C<sup>2,4</sup>, Boothman H<sup>1</sup>, Surey J<sup>5</sup>, Hill-Tout R<sup>6</sup>, Forton D<sup>1,7</sup>, Macdonald D<sup>2,4</sup>.

<sup>1</sup> St George's University Hospitals NHS Foundation Trust, <sup>2</sup> Royal Free London NHS Trust, <sup>3</sup> Central North West London NHS Foundation Trust, <sup>4</sup> Institute for Liver and Digestive Health, University College London, <sup>5</sup> University College London NHS Trust, <sup>6</sup> NHS England, <sup>7</sup> Institute of Infection and Immunity, St George's, University of London.

## Background:

Opt-out testing for blood-borne viruses (BBV) in emergency departments (ED) is being rolled out nationally, following a London-based pilot. This study assesses patient characteristics and engagement in care compared to standard referral pathways.

## Methods:

A multicentre retrospective study across seven ED testing hospitals in London analysed HCV RNA+ patients from April 2022 to April 2024, with a 12-month follow-up. Patient characteristics were compared with those referred via standard routes in the same period (e.g., community drug services, prisons, primary and secondary care—"non-ED").

## Results:

Of 342,616 HCV antibody tests performed (28% of all tests in the program), 260 HCV RNA+ patients were identified, excluding 11 false positives. Among these, 28 were uncontactable, 19 were already under follow-up, and 213 were not under care. Of these, 168 were new diagnoses, and 29 were lost to follow-up. 93% (183/213) underwent clinical assessment.

ED patients were older (mean age 56.9 vs. 50,  $p < 0.001$ ), less likely to speak English as a first language (35.4% vs. 69.6%,  $p < 0.001$ ), and reported lower prior injected drug use (24.45% vs. 52.4%,  $p < 0.001$ ). HCV genotype distribution also differed significantly (genotype 1: 42% ED vs. 69% non-ED,  $p < 0.001$ ). In the ED cohort, liver stiffness measurements showed fibrosis in 30.9% ( $>8.9\text{kPa}$ ), 18.8% ( $>11.4\text{kPa}$ ), and 9.7% ( $>19.9\text{kPa}$ ). Three cases of hepatocellular carcinoma were detected. Treatment rates in assessed patients were similar between groups (90.5% ED vs. 91.29% non-ED, NS).

Overall, ED testing increased total hepatitis C assessments by 40% in the study period.

## Conclusion:

ED opt-out HCV testing enhances case-finding in a population with different demographics and transmission risks than standard pathways and, with high rates of assessment and treatment, contributes meaningfully to hepatitis C elimination efforts.

## Disclosure of Interest Statement:

*The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.*

**Note:** If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.