

Utilising electronic medical record to identify populations at risk of undiagnosed Hepatitis C infection attending an urban sexual health clinic

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Background/Purpose:

The New South Wales Hepatitis C Strategy recommends people from high prevalence countries be tested for Hepatitis C Virus (HCV). The Sydney Sexual Health Centre (SSHC) serves a high proportion of culturally and linguistically diverse (CALD) people who are also from high prevalence HCV countries. Barriers to testing could be the ambiguity of identifying these countries in guidelines which only provide 'regions' of high HCV prevalence rather than individual countries.

Approach:

40% of the top 20 countries with a HCV prevalence $\geq 2\%$ overlapped with the same countries for patients born overseas attending SSHC. So, from November 2022 – May 2023 for patients born in these countries without a prior test in the last 12 months, HCV antibody test was automatically added to the pathology request with a popup message instructing clinicians to discuss testing.

Outcomes/Impact:

HCV testing increased 290% in patients from high prevalence countries compared to the same period 2019-2020. 7 HCV Ab positive and 0 HCV PCR positive were identified (0.73%). There were 282 (30%) episodes when the prompt was not actioned, because venepuncture not required or for other reasons. 25% of these people didn't get a HCV test even though a blood test was performed and no reasons were not document.

Innovation and Significance:

Opt out HCV testing successfully identified large numbers of otherwise untested people using an easily adaptable eMR. Risk based assessment and identification for people at risk for blood borne viruses according to > 20 countries of birth (COB) is challenging. Further research is warranted for applicability for other indicators and risks in different clinical settings to support HCV elimination efforts.

Disclosure of Interest Statement (example):

Nil