HEPATITIS C IN THE ED - SCREENING FOR HEPATITIS C INFECTION IN THE HOSPITAL EMERGENCY DEPARTMENT USING POINT-OF-CARE TESTING.

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Background and aims: Emergency department (ED) attendance provides an opportunity to engage people in HCV screening, especially marginalised groups such as people who inject drugs (PWID). Point-of-care (POC) HCV diagnostics present an opportunity to fast track HCV diagnosis and linkage to care. We report on a trial of POC testing for HCV in a metropolitan ED in Melbourne, Australia.

Methods: All attendees of the ED over a 92-day study period were approached sequentially to offer study participation. Participants undertook a screening questionnaire and those who identified at least one risk factor for HCV were offered screening using the OraQuick HCV antibody test using oral fluid. Those with a reactive result were then offered venepuncture and follow up at the hospital liver clinic.

Results: There were 3931 presentations to the ED in the study period. Of these 1522 patients (39%) were ineligible, most commonly due to medical instability (n=712; 47%) or cognitive impairment at the time of presentation (n=555; 36%). Of the 2409 eligible subjects, 1165 (48%) participated in the study, 266 (11%) declined and 978 (41%) were not approached due to time limitations. Of the participants, 382 (33%) had one identifiable risk factor and 372 (97%) underwent the POC HCV antibody test, of whom 50 (13%) had a reactive result. A single risk factor – injecting drug use – identified 90% of seropositive individuals. Of the 50 participants referred to outpatient clinic, 30/50 (60%) were HCV PCR positive. Only 8/30 (26%) attended clinic; 11/30 (37%) patients commenced treatment. Many seropositive individuals were homeless.

Conclusions: Risk factor guided POC testing for HCV antibodies in a metropolitan ED setting was feasible and identified a high burden of disease amongst PWID. Linkage to care was challenging and new clinical pathways are needed to promote the cascade of care to treatment.