

# 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

- The National HCV testing policy recommends people from high prevalence countries to be tested for Hepatitis C Virus (HCV).
- Sydney Sexual Health Centre (SSHC) serves a high proportion of culturally and linguistically diverse (CALD) people who are also from high prevalence HCV countries.
- The ambiguity of identifying these countries could be a barrier to testing, as guidelines only provide 'regions' of high HCV prevalence rather than individual countries.

## Aim

We aimed to test people attending SSHC born in high HCV prevalence countries by automatically adding HCV test via electronic medical record (eMR) algorithm, thus removing the need for clinicians to determine if the clients qualify for testing based on country of birth.

## Results

- 194% increase in HCV testing overall.
- 568% increase in testing for people from high prevalence countries compared to the same period 2019-2020.
- 46.0% of tests in 2022-2023 were clients from high HCV prevalence countries who never had a HCV test in last 12 months compared to 20.3% in 2019-2020.
- 8 HCV Ab positive (0.73%) and 0 HCV RNA positive.
- In 282/ 1070 (26%) care episodes, the prompt was not actioned, either because venepuncture was not required or for other reasons not mentioned.
- 70/282 (25%) a HCV test wasn't performed even though serology was collected. No reasons were documented.

## Methods

- We listed the top 20 countries by absolute number of HCV infections and HCV RNA prevalence of  $\geq 2\%$ .
- Using this list, we set an algorithm to automatically add HCV testing into the request form.
- The algorithm's criteria for testing was defined as
  - Born in a high prevalence country.
  - No record of HCV testing in the last 12 months at SSHC.
- A pop-up message alerted the clinician HCV testing was added, providing an opportunity to discuss with the client, and opt out if requested.
- The project was undertaken between 11/2022 – 05/2023 and compared to the same period in 2019-2020.
- This automation was only possible due to a bespoke eMR system which allowed nuanced changes for quality improvement projects.

## Conclusion

- Optout HCV testing successfully identified large numbers of otherwise untested people using an easily adaptable eMR.
- We demonstrated we can have a large impact with optout HCV testing in a busy urban sexual health clinic.
- Adopting this method of testing in key priority settings has the potential to overcome some clinician mediated barriers. As a result, it could significantly enhance the detection of HCV in populations that would otherwise remain untested.



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