Detecting Hepatitis Infection in the Emergency Department

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Is your ED a suitable environment to offer blood borne virus testing?
Background

Hep B
- Estimated 180,000 chronic Hep B
- Asymptomatic ~30%
- 5% of acute infections progress to chronic in adults

Hep C
- Estimated 216,000 chronic Hep C
- Asymptomatic ~ 90%
- 70-75% of acute infections progress to chronic

Cirrhosis & Hepatocellular Carcinoma
Background

• “Going Viral” Project

• Current screening strategies

• Routine HIV testing
Preparation

• The VirA&Emic Team
• Funding
• Ethics
• Staff Education
• Patient information
Who did what?

Emergency Department

- Testing
- Education
- Feedback

Post testing

- Virology
- Gastroenterology
- Homeless team
Method

- HepBsAg
- HepC IgG antibodies
- 6/52 testing
- Opt-out policy
- Patients >16 years requiring venepuncture
Follow up

• Negative: “no news is good news”

• Positive Recall one-stop clinic

• Virology
Results

Rates of testing
• Hep B - 49% (3073)
• Hep C – 47% (2982)

Positives:
• 1.1% Hep B antigen positive
• 2.2% Hep C antibody positive (1.2%)
Demographics

Hepatitis B:
- Median age 42 (24-82 yrs)
- Male 70%
- BME 40%

Hepatitis C:
- Median age 41 (22-77 yrs)
- Male 72%
- White British 40%
• New patients

• Lost to follow-up

• Retention to care
Conclusion

• ED is a suitable clinical environment for opportunistic BBV testing

• Pre-configured blood order sets and opt out policy

• Robust follow-up pathway essential

• Is your Emergency Department a suitable environment to offer blood borne virus testing?
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References

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