



Results of Rapid Hepatitis C Screening and Diagnostic Testing in the Highland Hospital Emergency Department

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Research support

• HIV Focus Program, Gilead Foundation



Public Health Screening – April 2014

- Universal HIV Screening
- Targeted Hepatitis C Screening
 Birth cohort 1945-1965
 - Injection drug use
- Triage nurse driven, existing staff
- Physician-initiated testing
 Adjunct
 - Clinically-indicated

Study objective

To describe the preliminary results of HCV screening and diagnostic testing



Highland Hospital



EMERGENCY DEPARTMENT TRIAGE



Registra

E.D.

NEXT WINDOW

Electronic Medical Record

m	: 11-Cc	MRN: 016800401	Vitals: BP173/86, P80, R18	, SAT100%, T, 1059 I/O:	Meds: Dilantin, Neurontin, Multivitamin Formulas, Prozac
					PMH: Seizure, CERVICAL NECK FUSION, Depression
	Clinical N	Notes MD Notes	MS Notes Other Not	es Lab Results Rad Results	Precautions

Cutillo, Tom R.N. 6/17/2014 0939 0945 <u>NURSING TRIAGE (Adult)</u>

HPI: PT HAS DECLINING ABILITY TO WALK SINCE SEIZURE AT HOME SUNDAY; HX OF SEIZURE W/ DILANTIN; RECENT VISIT TO WA HOSP FOR SEIZURE W/ RESULTING DEHT=YDRATION AND LOW DILANTIN LEVEL ADDRESSED; REPORTS BY FAMILY THAT PT CURRENT OF DILANTIN

PMH:

PUBLIC HEALTH SCREEN (>=13 years old, medically stable, able to consent)

SAY: "We ask the following questions for everyone."

Have you ever been told that you have HIV or AIDS?: HIV_Status: No (offer HIV test).

SAY: "The CDC recommends HIV testing for everyone. Please let me know if you do not want to be tested for HIV."

HIV Test offered?: HIV_test_offered: Yes -- declines HIV test.

SAY: "The CDC recommends Hepatitis C testing in patients born between 1945-1965 and/or those who have ever used injection drugs."

Have you ever been told that you have Hepatitis C?: HepC_Status: No. Age 49-69?: BY4565: Yes (offer Hep C test). Have you ever used a needle to inject drugs?: needle_use: No.

SAY: "Please let me know if you do not want to be tested."

Hep C test offered?: HepC_test_offered: Yes -- accepts Hep C test (order Hep C test).



Blood draw



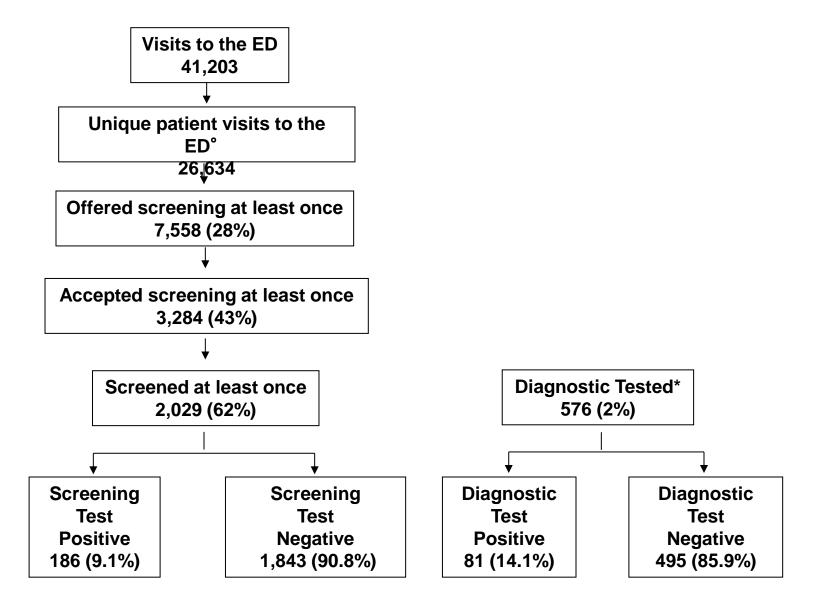


Physician Responsibilities

Diagnostic testing Disclose results Link to care



Results of HCV screening and diagnostic testing, April – October 2014



° Data for unique patients ≥18 years of age

*Testing was initiated by physicians on the basis of perceived HCV risk behaviors or clinical manifestations of HCV infection.

Table 1. Efficiency of Screening, UniquePatients

	ED Census	Screening test performed, No. (%)
Overall	26,634	2,029 (8%)
HCV Risk Factor		
Birth Cohort (no IDU)	8,209	1,144 (14%)
IDU (+/- birth cohort)	739	199 (27%)
No Risk	18,066	689 (4%)

Table 2. HCV prevalence among unique patients who had screening and diagnostic testing

	Screened % (No. Positive/ No. Screened)	Diagnostic Tested % (No. Positive/ No. Tested)
Overall n=26,634	9.1% (186/2,029)	14.1% (81/576)
Risk Group		
Birth Cohort (no IDU)	8.3%	24.4%
n=8,209	(96/1,144)	(47/193)
IDU (+/- birth cohort)	37.7%	76.2%
n=739	(75/199)	(16/21)
No Risk	2.3%	5.8%
n=18,066	(16/689)	(21/363)

HCV Antibody Positive n=267

Disclosed results during index ED visit 33% (87/267) **Confirmatory RNA testing** 78% (208/267) Confirmed HCV positive 70% (145/208) Follow-up HCV clinic 22% (32/145)

Challenges

- Triage protocol
- Result disclosure + confirmatory testing
- Linkage to care



Conclusion

- ED important venue for HCV testing
 Screening yield high
- Linkage to care formidable

