Screening of HCV in emergency departments

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Introduction

• Global strategies to eliminate blood borne viruses by 2030, require:
  – Estimates of prevalence
  – Detection of undiagnosed infection
  – Better linkage to care
  – Treatment of infected individuals

• Routine screening for HCV or HBV at emergency departments has not been recommended, yet.
Background to the proposal

- Johns Hopkins University – Baltimore
- Screening of HCV in the emergency unit

  - 652/4713 (13.8%) anti-HCV positive (ELISA test)

  - 204/652 (31.2%) previously not documented
  - 51/652 (7.8%) no high risk patients
  - 87% of patients were HCV RNA positive

Background to the proposal II.

- University of Cincinnati – emergency unit
  - 128/924 (14%) anti-HCV positive (ELISA test)
    - 103/128 (84%) HCV RNA positive
    - 84/128 (66%) previously not documented positivity
    - Patients gave their consent to the investigation

Incidence of acute HCV in the US by age groups

Reported number of acute hepatitis C cases — United States, 2000 to 2015

Incidence of acute hepatitis C (by age group) — United States, 2000 to 2015

CDC report 2015.
Background to the proposal III.

- **London experiences**
  - 147/6211 (2.4%) anti-HCV positivity
  - 100/147 (68%) HCV RNA positive
  - 13/100 (13%) new diagnosis

- **Italian experiences**
  - Age group investigated: 45-80 y (baby boomers)
  - 2/220 (1%) HCV RNA positive (new diagnosis)

Proposal/recommendation

• Universal screening of HCV at the emergency units can reach populations, who are less likely to get tested otherwise.
• Point-of care fast anti-HCV test should be performed
• If the screening test is positive, the patient should be referred to a hepatology unit.
• Who should be screened?
  – Everybody without limit?
  – Age groups?
Thank you for your attention!