

# Screening of HCV in emergency departments

Istvan Tornai

University of Debrecen, Department of Medicine

Division of Gastroenterology

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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 I

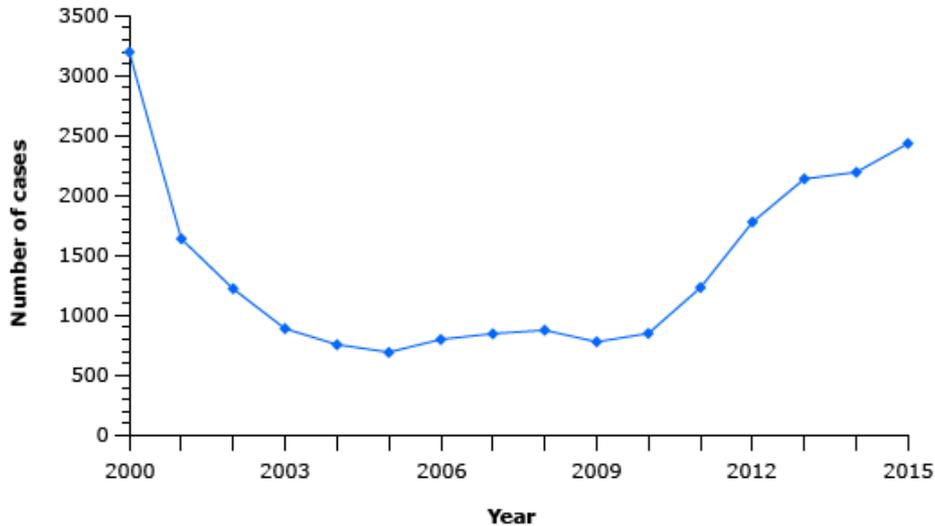
- Johns Hopkins University – Baltimore
- Screening of HCV in the emergency unit
  - **652/4713 (13,8%) anti-HCV positive (ELISA test)**
    - **204/652 (31,2%) previously not documented**
    - **51/652 (7,8%) no high risk patients**
    - **87% of patients were HCV RNA positive**

## Background to the proposal II.

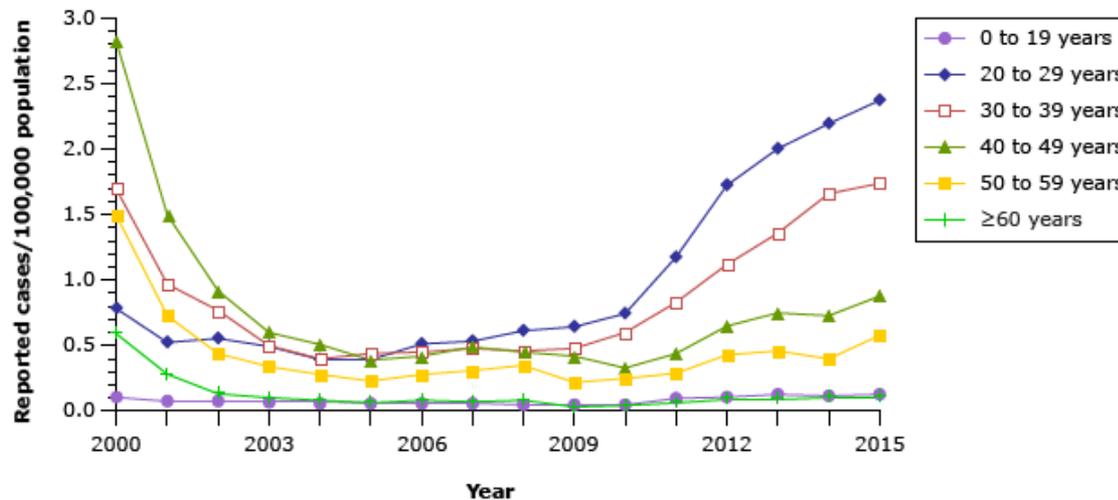
- University of Cincinnati – emergency unit
  - **128/924 (14%) anti-HCV positive (ELISA test)**
    - **103/128 (84%) HCV RNA positive**
    - **84/128 (66 %) previously not documented positivity**
    - **Patients gave their consent to the investigation**

# 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



## 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!