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Leveraging Emergency Department Visits for Hepatitis C Virus (HCV) Screening

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INTRODUCTION

The elimination of Hepatitis C Virus (HCV) stands as a pressing public health goal. Individuals at high risk for HCV infection often rely on emergency departments (ED) as their primary healthcare touchpoint due to fragmented care systems. This study aimed to enhance HCV identification rates via an opportunistic screening program in the ED of Hospital General Universitari Germans Trias i Pujol, in the Barcelona metropolitan area.

METHODS

We initiated an opt-out, systematic screening of patients aged 18 to 75 requiring blood work during emergency department visits from September 2022 onwards. Utilizing existing infrastructure and staff, serological tests were processed centrally, employing reflex confirmation from the same samples. Positive diagnoses triggered real-time notifications to project staff, who ensured patient linkage to subsequent medical appointments. The electronic health record system underwent iterative modifications to streamline the serology request process for physicians, complemented by staff training.

RESULTS

A total of 1,443 HCV serologies were conducted between September 2022 and July 2023. This yielded 62 (4.3%) antibody-positive results and 8 (0.6%) RNA-positive diagnoses. Notably, 5 (63%) of RNA-positive patients were successfully linked to post-diagnostic care, and two cases represented acute infections. An iterative approach to electronic health record system workflow adjustments led to an +81% escalation in monthly testing volume, from 124 to 225 tests between the first and last month of the reporting period.





The critical role of EDs in scaling HCV screening towards meeting WHO elimination targets cannot be overstated. Our findings underscore the value of adaptive, opportunistic screening strategies, driven by continuous process improvements, in identifying and linking HCV-positive patients to appropriate care.

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