Hepatitis C Screening in Emergency Departments: A Crucial Setting for HCV Identification

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Currently, the Centers for Disease Control and Prevention (CDC) and the United States Preventive Services Task Force (USPSTF) recommend that all Baby Boomers (persons born from 1945-1965) and individuals with certain risk factors including current or past injection drug use receive a one-time hepatitis C (HCV) test. These guidelines are intended for primary care settings, but recent studies have suggested that testing in other healthcare settings may be crucial to identify many previously undiagnosed individuals.

The CDC provided funding for a study at the University of Alabama at Birmingham (UAB) in 2013 to examine the Emergency Department (ED) as a setting to identify individuals with risk factors for HCV, with initial findings of 12% antibody prevalence among baby boomers screened. Last year, UAB switched to universal HCV screening and continued to find a high burden of disease, with an antibody prevalence of 8%, as they began to identify HCV in individuals without documented risk factors, including many patients who were white and born after 1965.

In Baltimore, researchers from Johns Hopkins University have also begun to recommend universal HCV screening in the ED. Hsieh et al. (2016) analyzed the burden of undocumented HCV infection in their ED and found an overall antibody prevalence rate of 13.8%, with 31.3% having undocumented HCV infection. While 48.5% would have been identified based on birth cohort testing and 26.5% through risk-based testing, a full 25% of patients with undocumented HCV would not have been tested if the ED had adhered to the CDC guidelines. The authors suggested that universal one-time testing in high-risk urban ED settings may be the most appropriate way to identify HCV infection.

Finally, researchers in Oakland, CA found high prevalence rates (10.3%) with targeted HCV screening based on birth cohort or injection drug use risk factors, but encountered nurse preferences for universal screening and a simplified protocol. Study staff report similar challenges as those found by other studies nationally, including patients being discharged before receiving results, lack of confirmatory testing, and difficulty linking newly diagnosed patients to care. A pilot study of emergency physician-driven HCV screening for people who inject drugs at the same site found low levels of physician-ordered tests but high rates of infection.

Emergency physician researchers concur that EDs are a critical venue for identifying HCV, but new strategies and approaches must be developed to create systems that ensure effective linkage to care. NVHR will host a webinar featuring leading researchers on the topic of Hepatitis C Screening in Emergency Departments on Monday, September 26, 2016 from 12:00-1:30pm Eastern. Our panelists will discuss their work implementing hepatitis C screening initiatives, including the benefits and drawbacks of targeted versus universal HCV screening in EDs, and the challenges of sustaining such initiatives.

Our webinar panelists are:

- Dr. James Galbraith, University of Alabama, Birmingham, AL
- Dr. Yu-Hsiang Hsieh, Johns Hopkins Medicine, Baltimore, MD
- Dr. Richard Rothman, John Hopkins Medicine, Baltimore, MD
- Dr. Douglas White, Alameda Health System, Highland Hospital, Oakland, CA

We are fortunate to have such distinguished panelists who are active in integrating HCV screening into EDs. Click here to register for the webinar!

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