

Screening Emergency Admissions at Risk of Chronic Hepatitis-2 (SEARCH-2)



In this project, we:

- Developed an automatic computer algorithm to screen and test eligible adult patients admitted to the emergency department, for hepatitis C antibody (HCV Ab) using blood already collected during the emergency visit.
- Conducted a patient survey to evaluate patient perspectives on this model of testing.
- Performed a cost analysis to determine direct costs of the program.



Image: During the SEARCH-2 project, this South Western Sydney Local Health District multi-disciplinary team reached 2,000 patients at risk of hepatitis C at Liverpool Hospital.

Outcomes

SEARCH-2 tested

2,028



emergency adult patients for HCV Ab in 3 weeks.

- 69 (3.4%) were HCV Ab positive. The majority were linked to care for RNA testing and treatment.

69%



Patients supported this **mode of testing**, with the majority (69%) preferring opt-out consent, than not being tested.

- Those who disagreed with opt-out consent (14%) did not like the method requiring the patient to text or call, not the principle of opt-out consent.

\$8.46



per test

The automation in hospital HCV Ab screening costs \$8.46 per test, which is considered cost-effective where the HCV Ab prevalence is 1% or greater.

Learnings



Automated screening was a feasible strategy that **detected HCV Ab positive patients** and linked them to care in a cost-effective way.



The majority of patients find **opt-out consent for screening in the emergency department (ED) acceptable**, as long as patients can decline by telling their emergency doctor or nurse. While informing patients is optimal, **automation is preferred compared to not testing**.

Further work



The NSW Ministry of Health have supported SEARCH 3X, a **multi-site implementation study across NSW public EDs** in 2023. The data generated will allow prevalence and linkage studies in collaboration with the Kirby Institute at the UNSW Sydney.

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