Implementation of routine opt-out Blood Borne Virus (BBV) screening in 34 Emergency Departments (EDs) in areas of extremely HIV prevalence in England

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Opt-out Blood Borne Virus (BBV) testing in 34 Emergency Departments in extremely high HIV prevalence areas

Conflict of Interest

Rachel Hill-Tout has received speaker fees and travel grants from Gilead Sciences.

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Introduction

- On World AIDS Day 2021 the Government committed £20 million over 3 years to expand opt-out HIV testing in EDs in extremely high HIV prevalence areas
- The HIV sector and its supporters were key to making this happen
- In partnership with NHSE Hepatitis C (HCV) Elimination, this initiative expanded to include testing for Hepatitis B (HBV) and HCV
- Launched on 1st April 2022
- 34 Type 1 EDs were included: all 28 EDs in London, Manchester Royal Infirmary, North Manchester General, Wythenshawe, Salford Royal NHSFT, Royal Sussex County, and Blackpool Victoria
Collaborative, dynamic implementation

- System-wide collaboration
- Inclusive community of practice
- Data, Monitoring & Evaluation
- SOP and patient-facing materials
- Community Charter
- Partnerships: HCV Elimination, UKHSA & VCSE
- Convene stakeholders, advisory group & project team
ED BBV opt out testing pathway

BBV triple test

1) 4th generation HIV 1/2 antigen antibody
2) HBV surface antigen
3) HCV antibody with reflex HCV RNA on all positive antibody tests

Banners in ED about BBV testing and how to opt out → Automatic BBV screening of all adults having blood tests unless they opt out → Automatic reporting of all non-negative results to HIV & Hepatitis → HIV & Hepatitis manage all non-negative results → Linkage to & re-engagement in care → Monthly site-level reporting → Live dashboard accessible to providers and stakeholders
ED BBV testing April-Dec 2022
Rapid mobilisation

Number of EDs active with BBV testing

<table>
<thead>
<tr>
<th></th>
<th>Mar-22</th>
<th>Dec-22</th>
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</thead>
<tbody>
<tr>
<td>HIV</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>HBV</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>HCV</td>
<td>6</td>
<td>20</td>
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BBV testing uptake (% of ED attendances with blood tests)

- HIV: 47, 63
- HBV: 10, 25
- HCV: 16, 34
## Key findings

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<tr>
<th></th>
<th>HIV</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
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<tbody>
<tr>
<td><strong>New diagnoses</strong></td>
<td>282</td>
<td>760</td>
<td>321</td>
</tr>
<tr>
<td><strong>Previously diagnosed- lost to care</strong></td>
<td>144</td>
<td>65</td>
<td>54</td>
</tr>
<tr>
<td><strong>Previously diagnosed- engaged in care</strong></td>
<td>3238</td>
<td>353</td>
<td>62</td>
</tr>
<tr>
<td><strong>Notified of positive ED BBV result</strong></td>
<td>1527</td>
<td>782</td>
<td>316</td>
</tr>
<tr>
<td><strong>Linked to/ re-engaged in care</strong></td>
<td>274</td>
<td>248</td>
<td>217</td>
</tr>
<tr>
<td><strong>Offered (&amp; accepted) community support</strong></td>
<td>130 (57)</td>
<td>36 (12)</td>
<td>41 (5)</td>
</tr>
<tr>
<td><strong>Tests performed</strong></td>
<td>665,746</td>
<td>213,518</td>
<td>283,571</td>
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<tr>
<td><strong>BBV testing uptake</strong></td>
<td>57%</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>ED attendances with blood tests</strong></td>
<td>1,159,875</td>
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</tbody>
</table>
ED opt out testing: HIV diagnoses, linkage to care and ‘number needed to test’

Breakdown of reactive HIV tests (n=4385)

- New diagnosis: 282 (6%)
- Previous diagnosis, lost to care: 144 (3%)
- Previous diagnosis, in care: 3238 (74%)
- False positive: 721 (17%)

426 people found who were living with HIV but not in care
- 282 newly diagnosed
- 144 previously diagnosed but lost to care

274 people linked to care or re-engaged
- 220 (78%) new diagnoses linked to care
- 54 (38%) people who were lost to care have been re-engaged

What is the ‘number needed to test’?
- To find 1 new diagnosis = 2360
- To find 1 new diagnosis or person lost to care = 1562
‘Test, test, test’: the contribution of opt out ED testing

665,746
HIV tests in the first 9 months of ED opt out testing

~900,000
HIV tests predicted at 1 year

HIV tests by service type in 2019

- Community Settings: 35,095
- Prisons: 23,480
- Self Sampling: 25,514
- GP: 96,861
- Emergency Departments: 114,000
- Outpatients: 231,127
- Antenatal: 676,542
- Sexual Health: 1,310,731

Sexual Health
Antenatal
Outpatients
Emergency Departments
GP
Self Sampling
Prisons
Community Settings
Conclusions

❖ ED BBV Opt-out testing is effective in finding people who are living with BBVs but not in care and linking/re-engaging them into care

❖ Rapid implementation of a complex, multi-speciality initiative at scale

❖ Made possible by collaborative efforts of hundreds of people in the NHS, VCSE, statutory agencies and local government

❖ Demonstrates the power of partnerships, system-wide collaboration and empowered communities

❖ Next phase: increasing BBV testing uptake to 95% in all Trusts

Please join us today for a lunchtime workshop: Barbour Room at 13.40
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**Elton John AIDS Foundation**

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