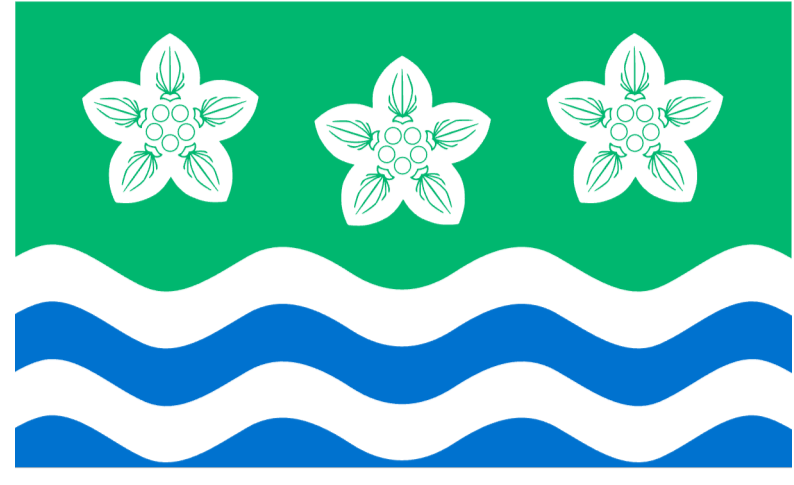


# Is Hepatitis C Screening Worthwhile?

## An Investigation into Hepatitis C Screening in Cumbria's Sexual Health Clinics



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### Background

The prevalence of Hepatitis C (HCV) in the UK is thought to be around 0.5 to 1% and perhaps higher in patients who attend sexual health clinics due to various risk factors. Most patients however are likely to be asymptomatic and unaware of their infection. National estimates suggest approximately 81,000 individuals were chronically infected with HCV in 2020 with a large drop from an estimated 129,000 in 2015. Relevant national guidelines such as the BHIVA/BASHH PrEP Guideline and BASHH Interim guideline for viral hepatitis provide the most relevant reasoning for screening in sexual health clinics. These guidelines (see right) currently target deemed "high risk" groups for testing.

### Aims and Objectives

The aim of this project was to investigate the positive rate of hepatitis C screening in sexual health clinics in Cumbria and understand the guidance behind the decision to test patients.

### Methods

A random sample of 100 patients who had received a HCV screening test between January 2021 and January 2023 was selected from the service's electronic patient system and data and a retrospective case review was undertaken. The data included test results, age, risk factors, presenting symptoms, and sexual orientation. The rationale for testing was compared to current BHIVA/BASHH PrEP guideline and BASHH interim guideline for Viral Hepatitis.

Guideline	Recommendation
BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP) 2018	"We recommend that baseline screening for hepatitis C should be undertaken in MSM and other groups at risk of HCV"
2017 interim update of the 2015 BASHH National Guidelines for the Management of the Viral Hepatitis	Offer testing for <ul style="list-style-type: none"> <li>- People who inject drugs (PWID)</li> <li>- HIV-positive individuals</li> <li>- MSM eligible for 3 monthly HIV testing</li> <li>- Patients on PrEP</li> <li>- Haemophilia</li> <li>- Received blood or blood products pre-1990</li> <li>- Sustained needlestick injury if donor HCV status is positive or unknown.</li> </ul> Other groups to be tested <ul style="list-style-type: none"> <li>- Sexual partners of HCV positive individuals</li> <li>- Sex workers</li> <li>- Tattoo recipients</li> <li>- Migrants from high endemic countries</li> <li>- Alcoholic</li> <li>- Ex-Prisoners</li> </ul>

### Results

In the 100 patients sampled, 84 were male (including trans-man), 14 were female (including trans-woman) and 2 patients had no known gender/identity from the notes. The age of patients in this sample ranged from 15 years to 73 years with the mean age of 34.3 years. 23 patients identified as heterosexual, compared to 51 patients who identified as gay and 23 patients who identified as bisexual. 3 patients identified as other. The study found that only 1 positive test out of 100 samples, with 94% of patients having at least one risk factor for blood-borne viruses and 82% of patients being asymptomatic at the time of testing. The PrEP guideline accounted for the rationale of 71% of tests carried out, while 18% were rationalized using the BASHH Viral Hepatitis interim guideline. 11% of tests carried out did not meet either guideline for the consideration of HCV screening based on notes review.

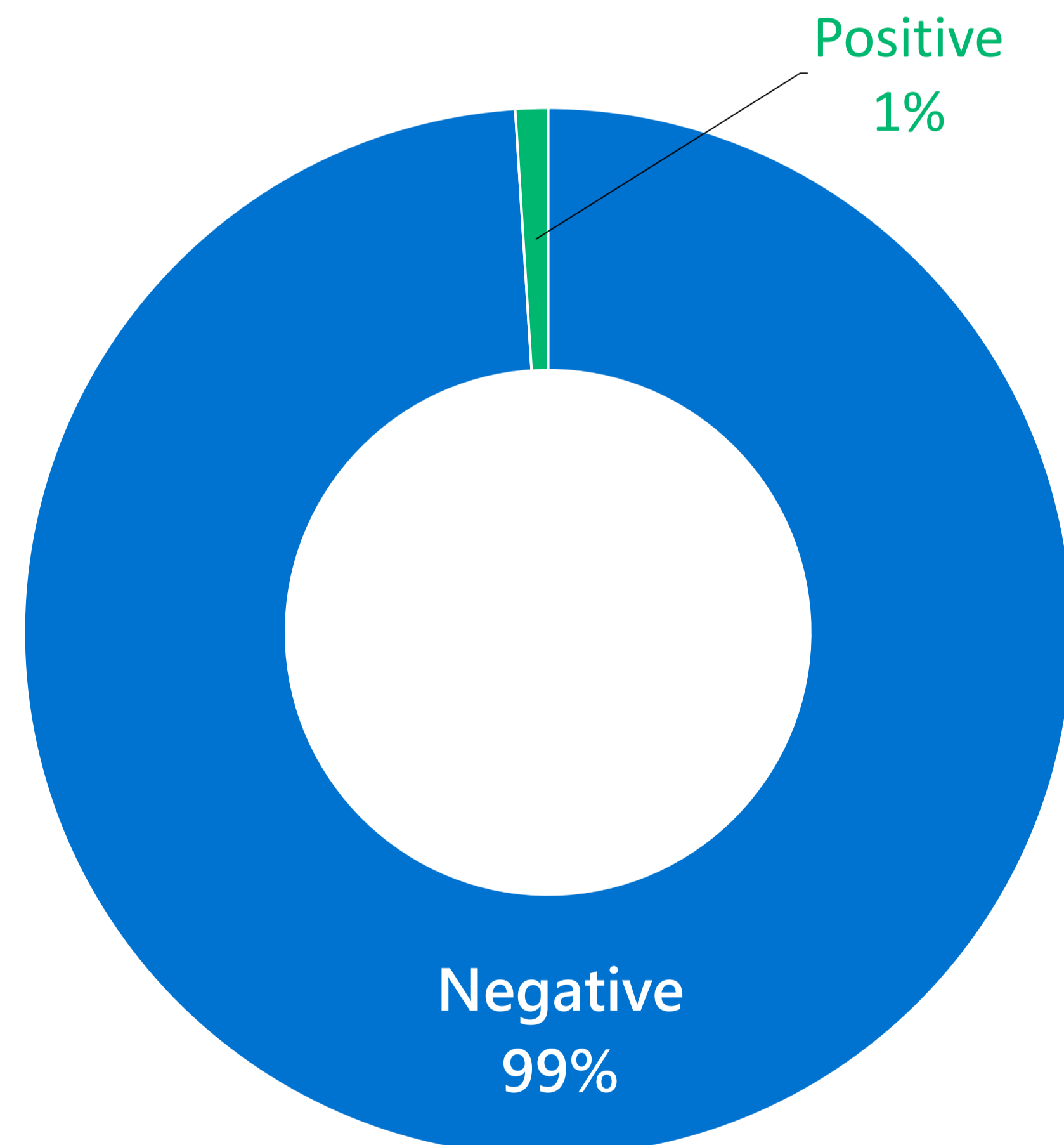


Figure 1: Graph depicting the percentage of Hepatitis C tests in the sample that were positive or negative.

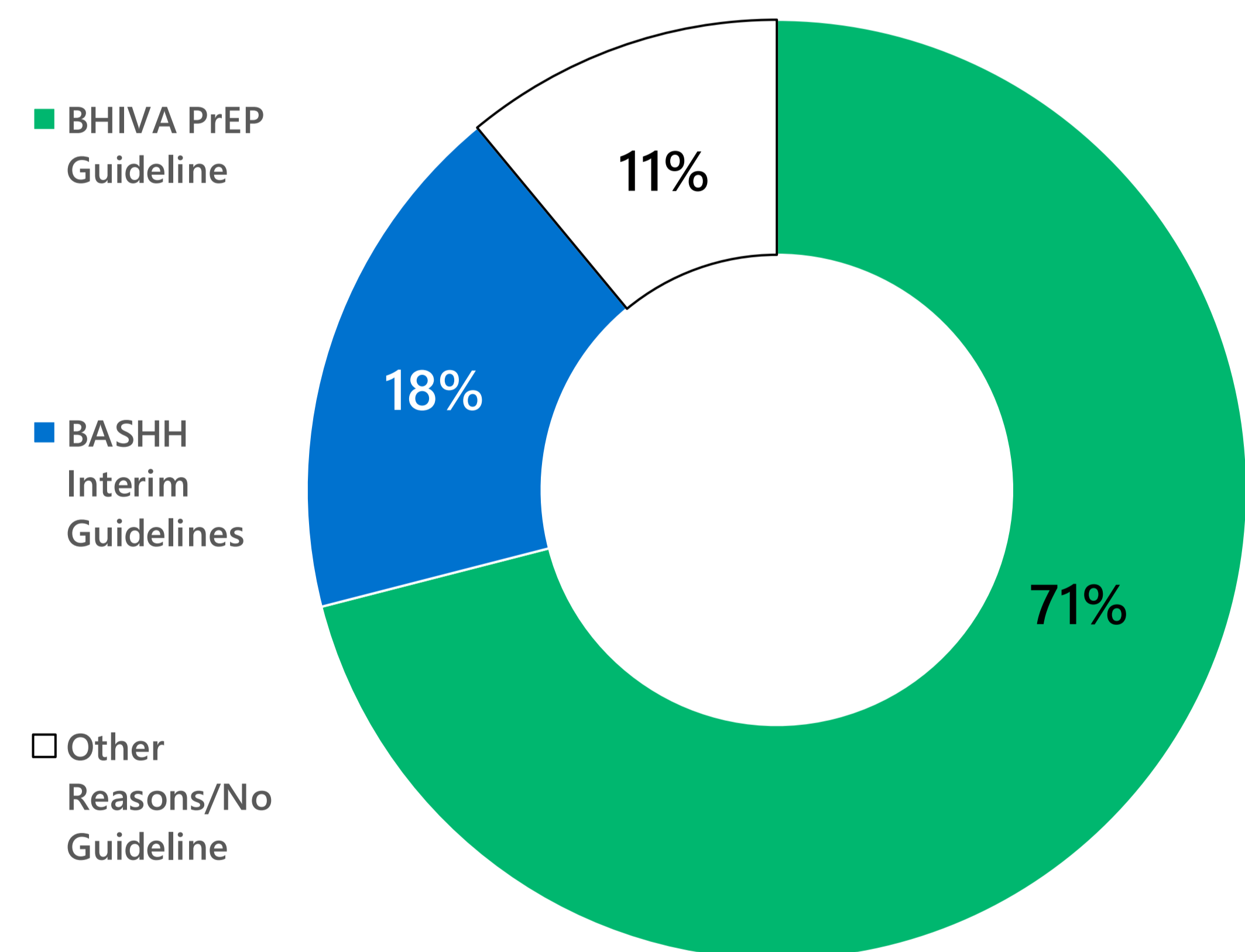


Figure 2: Graph depicting how the screening for these patients was rationalised

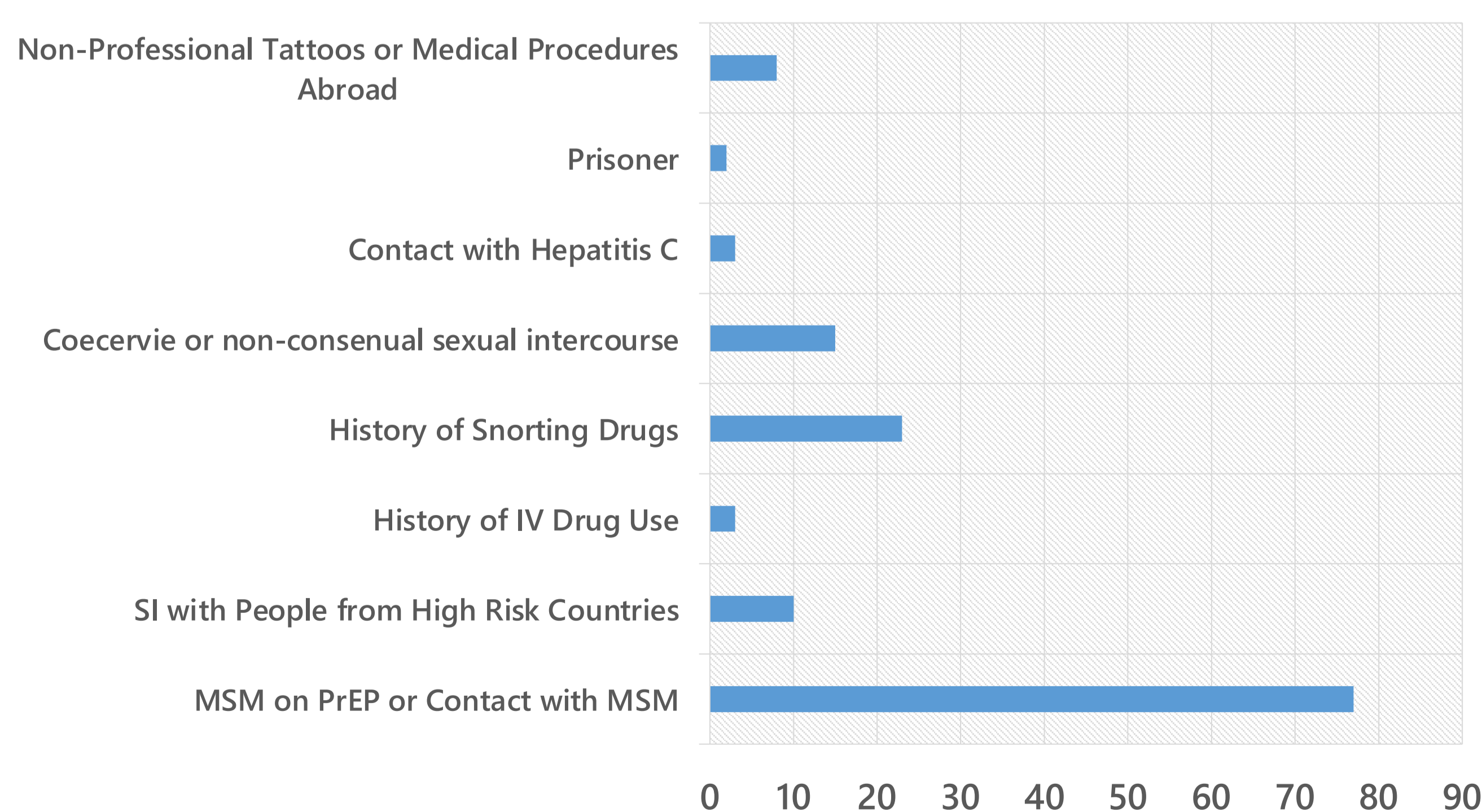


Figure 3: Chart depicting the risk factors present in the population

### Discussion

The one positive result in this study was from a patient who had been previously been treated for HCV and therefore was in fact not a new diagnosis. There are two avenues that could be explored in this service based on this project. Firstly, awareness of the low prevalence of HIV in this population compared to the average across the country suggests that use of PrEP in this population may be over-used and therefore increase subsequent screening and monitoring this requires and therefore increasing the cost to the service. Perhaps reduced screening overall in the service with addition to targeted screening to patients which have several risk factors for the disease would be more cost-effective. However, the World Health Organisation has a goal to eradicate Hepatitis C by 2030 and a sexual health clinic provides opportunity to screen hard to reach individuals. Perhaps then screening should be extended to all patients acknowledging that individuals receiving PrEP in this area likely have a similar prevalence of Hepatitis C to the background population.

### Conclusion

The study highlights the low positivity rate of hepatitis C screening in Cumbria, even in patients with multiple risk factors. The majority of tests were performed on asymptomatic individuals receiving PrEP as per the 2018 guideline, yet only 1 positive test was found among 100 patients. The majority of tests were carried out according to national guidelines, raising questions about the usefulness of hepatitis C screening in this area and whether current guidance reflects the reality of the caseload. Further discussion and research needs to investigate which direction to proceed.