

nTASH-C (nonTArgeted Screening in Hepatitis C)

High prevalence of hepatitis C virus infection in non-risk factor-based screening settings

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Background:

Hepatitis C virus (HCV) screening currently targets individuals with risk factors such as Intravenous Drug Use (IVDU), indigenous descent, high-risk sexual behaviour and current or previous imprisonment. Current screening programs, however, do not identify enough HCV cases to achieve elimination of HCV by 2030. Furthermore, targeted screening strategies continue to enforce the stigma surrounding HCV.

Aim:

To assess HCV prevalence within non-risk factor populations attending BMDH outpatient services.

Methods:

Electronic medical records for patients that attended antenatal, oncology, dialysis, and metabolic outpatient clinics between 2019 and 2021 (n=11,006) were reviewed. Blood-borne virus testing, FIB4, APRI, demographics and risk factor data was collected.

Results:

The prevalence of HCV antibody (HCV Ab) positive individuals was 2,342 in antenatal, 3,876 in oncology, 2,342 in dialysis and 1,160 in metabolic; per 100,000 patients, as compared to NSW prevalence of 550 in 2020 (Centre for Population Health, 2021); $p < 0.05$ for all settings. Following initial diagnosis, 84% of all positive cases had further RNA testing to confirm infection and 6% had subsequent follow up. Of the HCV Ab positive cases, 64% had an APRI < 0.5 and 77% with a FIB-4 of < 1.45 . Among the entire cohort, risk factors for the HCV positive cases included IVDU history (46%) and Indigenous descent (18%).

Conclusion:

HCV prevalence was significantly higher in all cohorts as compared to the estimated NSW prevalence. Approximately 54% of patients had no risk-factors and 75% showed no significant markers for liver fibrosis suggesting that they would not be flagged for HCV screening. This would indicate that a non-risk factor approach to screening should be utilized to identify the 'missing' and undiagnosed HCV cases, whilst reducing stigmatization of HCV by minimizing targeted screening. Our study further highlights the need to connect patients to a liver specialist when screened for HCV in a non-viral hepatitis environment.

Disclosure of Interest Statement:

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