'GET TESTED LEEDS': (RE)-DIAGNOSING AND (RE)-ENGAGING PWID WITH BLOOD BORNE VIRUSES (BBV) IN AN URBAN EMERGENCY DEPARTMENT.

Page EE[1], Rezai R[1], Phyu K[1], Parker L[1], Smout E[2], Evans A[1], McLaren J[1], Kelly S[1], Hughes G[2], Ruf M[3], Aldersley M[1]
[1]Leeds Teaching Hospitals Trust, [2]Public Health England, [3]Medical Department Gilead Sciences Ltd

Background:
NHS England aims for hepatitis C (HCV) elimination by 2025. HCV disproportionately affects those most marginalised, who may not attend traditional testing sites. There is a need to explore effectiveness of non-traditional settings. Emergency department (ED) testing has been successful in other countries, but national guideline-making bodies require more UK evidence before making this recommendation in England. We present interim data from the 'Get Tested LeEDs' project evaluating the effectiveness of BBV testing combined with rapid linkage to care.

Description of model of care/intervention:
From October 2018 all ED attendees aged 16 to 65 years having urea and electrolytes taken had an electronic reflex request for BBV; HIV, hepatitis B and HCV . Diagnostic protocol consisted of initial antibody screens, with reflex testing on reactive samples. Linkage to care was attempted where a patient was newly diagnosed or disengaged. Linkage was defined as attending a face to face review.

Effectiveness:
Of 57,657 attendees 20,301 had U&Es requested of which 47% tested for BBVs. For HIV and HBV respectively overall prevalence was 0.5% and 0.5%, and new diagnosis prevalence was 0.1% and 0.2%. 204 (2.1%) were HCV antibody positive; 90 (0.9%) were RNA positive. Median age was 41 years (range 26-57), 76% were male and 86% white British. 97% (87/90) were new/disengaged. 55% were current people who inject drugs (PWID) and 28% past PWID. Snapshot data (March2019) shows 26% of non-current PWID and 19% of current PWID have been linked to care.

Conclusion and next steps:
Our findings demonstrate feasibility and effectiveness of systematic ED BBV testing. Nearly all patients diagnosed with HCV were either new or disengaged. PWID accounted for more than three quarters. Our findings indicate the ED provides a useful setting to (re)-diagnose and (re)-engage PWID to advance HCV elimination.

Disclosure of Interest Statement:
To facilitate the implementation of this testing programme Leeds Teaching Hospitals Trust entered into a ABPI Joint Working Partnership with Gilead Sciences Ltd who provided expert and financial support.