

Evaluation of blood borne virus (BBV) opt-out testing programme in English emergency departments (EDs)

April 2022 to March 2023



Aims of BBV opt-out testing in EDs:



- test all adults who attend ED and have a blood test, unless they opt out
- reach people who might not be reached through other services
- increase diagnosis and linkage to care, and reduce morbidity, mortality and onward transmission

Summary of recommendations:



- reduce testing uptake variation and increase this where it is low; automated test ordering may help with this
- map and optimise care pathways for people newly diagnosed in EDs and improve linkage to care, particularly for people diagnosed with HBV
- collaborate with laboratories and clinics to improve the capture of essential data items to facilitate better evaluation of the programme
- continue to share existing practices and learn from each other by sharing areas of good practice that individual sites may have

The opt-out testing in ED programme rolled out across 33 EDs:



BBV	HIV	HCV	HBV
Number of tests done	857,117	473,723	366,722

Proportion tested (data from 5 sites with complete data for both positive and negative tests):

Around 50% of eligible attendees had BBV tests. The proportion tested varied by site and ranged from 22% to 74%

New diagnoses and linkage to care findings across 16 sites with data available on outcome following a positive test:

New diagnoses

- the highest number and proportion of new diagnoses was for HBV, reflecting the higher prevalence of people living with undiagnosed HBV compared to HIV and HCV

Linkage to care

- 58% of people newly diagnosed with HIV were linked to care within 30 days
- 45% of people newly diagnosed with HCV were linked to care, with 5% linked within 28 days
- linkage to care for people newly diagnosed with HIV and HCV was lower than reported in national data, demonstrating the additional challenges in linking to care from ED
- linkage to care was lower for HCV and HBV than for HIV