# PUBLIC HEALTH EVALUATION OF OPT-OUT TESTING FOR BLOOD-BORNE VIRUSES IN EMERGENCY DEPARTMENTS IN ENGLAND: HIV, HEPATITIS B AND HEPATITIS C VIRUSES

NEED FOR A BBV APPROACH

HIV, HEPATITIS B, HEPATITIS C
Emergency Department →

WHO IS ELIGIBLE?
ADULTS HAVING A ROUTINE BLOOD TEST IN EMERGENCY DEPARTMENTS ALSO HAVE THEIR BLOOD TESTED FOR **BBVs**

## THE SCALE OF THE PROGRAMME

7 MILLION TESTS ACROSS 34 SITES

THE PROGRAMME REACHED A POPULATION NOT PREVIOUSLY TESTED

NEWLY DIAGNOSED PEOPLE WITH DIFFERENT DEMOGRAPHICS AND RISK FACTORS

## HIGH UPTAKE:
70% UPTAKE OVERALL, BUT VARIATION BETWEEN SITES

TESTING FOR BBV

NHS

HBV & HCV 50% OF DIAGNOSES WERE NEW

8.3% FOR HIV

PEER SUPPORT IS ESSENTIAL

1916 FOR HIV
1276 FOR HCV
240 FOR HBV

NUMBER NEEDED TO TEST TO NEWLY DIAGNOSE ONE PERSON

## GREATEST IMPACT
IN NEWLY DIAGNOSING PEOPLE LIVING WITH HBV (3667) AND ONLY NEED TO TEST 240 PEOPLE TO **NEWLY** DIAGNOSE ONE PERSON WITH HBV

ALMOST 3/4 OF PEOPLE **NEWLY** DIAGNOSED **WITH BBV** THROUGH THE PROGRAMME HAD **NO RECORD OF A PREVIOUS TEST IN ANY SETTING**

51% OF PEOPLE NEWLY DIAGNOSED WITH HIV HAD A LATE DIAGNOSIS, 12.5% FOR HCV

## HIGH PROPORTION LINKED INTO CARE

81.3% FOR HEPATITIS C

97% FOR HIV

LINKAGE TO CARE FOR HIV IMPROVED FROM 42% WITHIN 14 DAYS TO 97% BY THE END OF THE PROGRAMME.

OPT-OUT METHODOLOGY
REACHING PEOPLE WHO MAY NOT BE TESTED IN OTHER SETTINGS