

# EUROPEAN PRACTICAL IMPLEMENTATION GUIDANCE FOR BLOODBORNE VIRUS OPT-OUT TESTING IN EMERGENCY DEPARTMENTS



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on behalf of the EuroTEST Steering Committee (<https://eurotest.org/about/steering-committee>)

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## Background

- Late diagnosis of bloodborne viruses (BBV) leads to poorer health outcomes and increased transmission.
- Only 34% of people with HBV and 38% with Hepatitis C are aware of their infection in EU/EEA (2024).
- Emergency departments (EDs) reach large, diverse populations and offer a key opportunity for BBV screening.
- UK evidence: ED opt-out BBV testing is feasible and effective for identifying new cases and re-engaging people in care.
- Implementation across Europe remains inconsistent and operational data are limited.

## Objectives

- Develop practical European implementation guidance highlighting key considerations and lessons learned.

## Methods

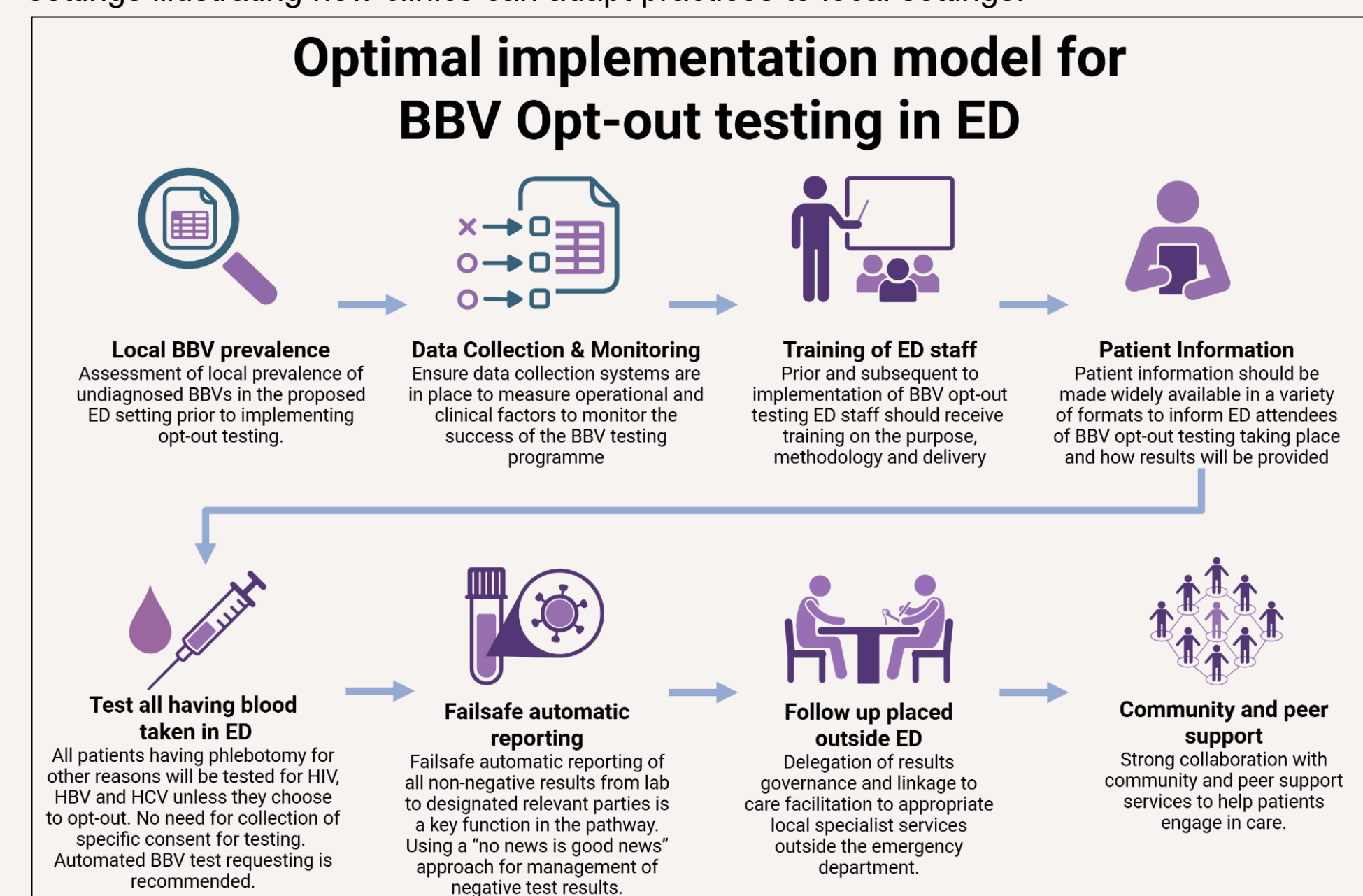
- Expert advisory group oversight: 3 thematic workstreams discussed and defined key implementation topics.
- Rapid literature review (Medline, Embase, Cochrane CENTRAL and grey literature).
- Eligible European studies on routine BBV testing in ED.
- Evidence structured into thematic decision-making tables and reviewed by expert working groups.
- Implementation guidance will be made available for public consultation and the feedback incorporated in final version.

## Results/Outcomes

Evidence base:	Practice Recommendations for implementing BBV opt-out testing in ED
<ul style="list-style-type: none"><li>• 75 references, 10 European countries</li></ul>	<ul style="list-style-type: none"><li>- Estimate local prevalence of undiagnosed BBVs before implementation.</li></ul>
<b>Testing performance:</b> <ul style="list-style-type: none"><li>• 15–97% coverage</li><li>• High patient and staff acceptability.</li></ul>	<ul style="list-style-type: none"><li>- Efforts to understand the cost-effectiveness of implementing routine BBV testing locally.</li><li>- Systems in place to collect and measure operational and clinical markers of effectiveness.</li><li>- Adoption of an opt-out approach for optimal coverage and operational sustainability.</li><li>- Measure patient and staff experience and use feedback to optimize.</li></ul>
<b>Prevalence of new infections:</b> <ul style="list-style-type: none"><li>• HIV 0.03–0.3%, HBV 0.1–0.5%, HCV 0.1–0.7%.</li></ul>	<ul style="list-style-type: none"><li>- BBV testing should be informed and align with medical core principles, but the opt-out approach is incompatible with requirement of written consent.</li><li>- Provide patient information on ED BBV opt-out testing in a variety of formats.</li></ul>
<b>Added value:</b> Reached individuals with: <ul style="list-style-type: none"><li>- No previous BBV testing</li><li>- Without indicator conditions and risk factors</li></ul>	<ul style="list-style-type: none"><li>- Embed testing into ED workflow with minimal impact, use existing phlebotomy pathways.</li><li>- Train ED staff on purpose, methodology, delivery and benefits of BBV opt-out testing.</li><li>- Failsafe automatic reporting of non-negative results and delegation of results management and linkage to care outside ED.</li></ul>

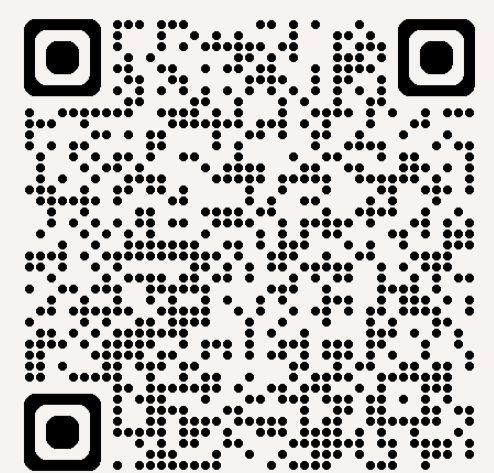
## Conclusion/Lessons Learnt

The implementation guidance presents collected evidence, practice recommendations and case studies from different settings illustrating how clinics can adapt practices to local settings.



### Get Involved!

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**Fig.1 Optimal implementation model for BBV opt-out testing in ED**

Summary of key steps for optimal implementation of BBV opt-out testing in Europe. All steps may not be feasible in every country. Created in BioRender

<https://BioRender.com/373pw5d>

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