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Hospital-Based HCV Screening as a First Step Towards Integrated BBV Testing in Italy

A National Delphi Study

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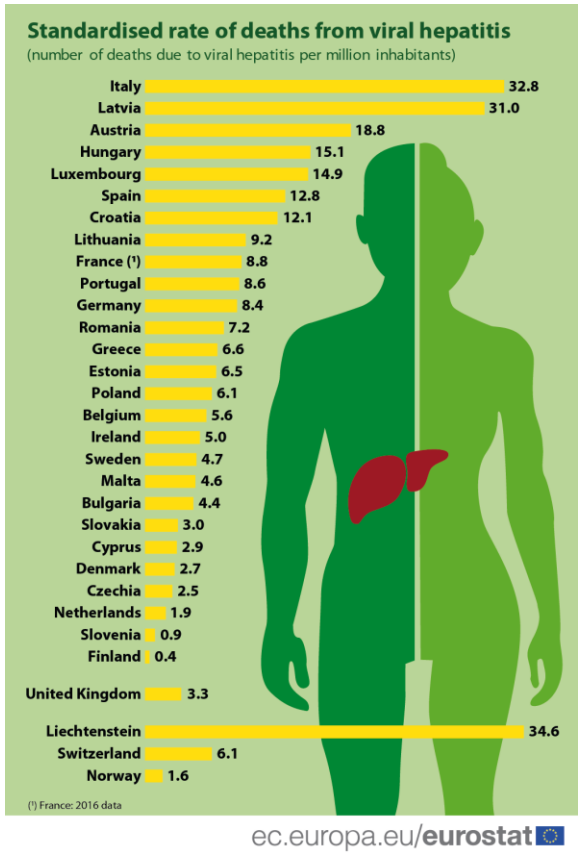
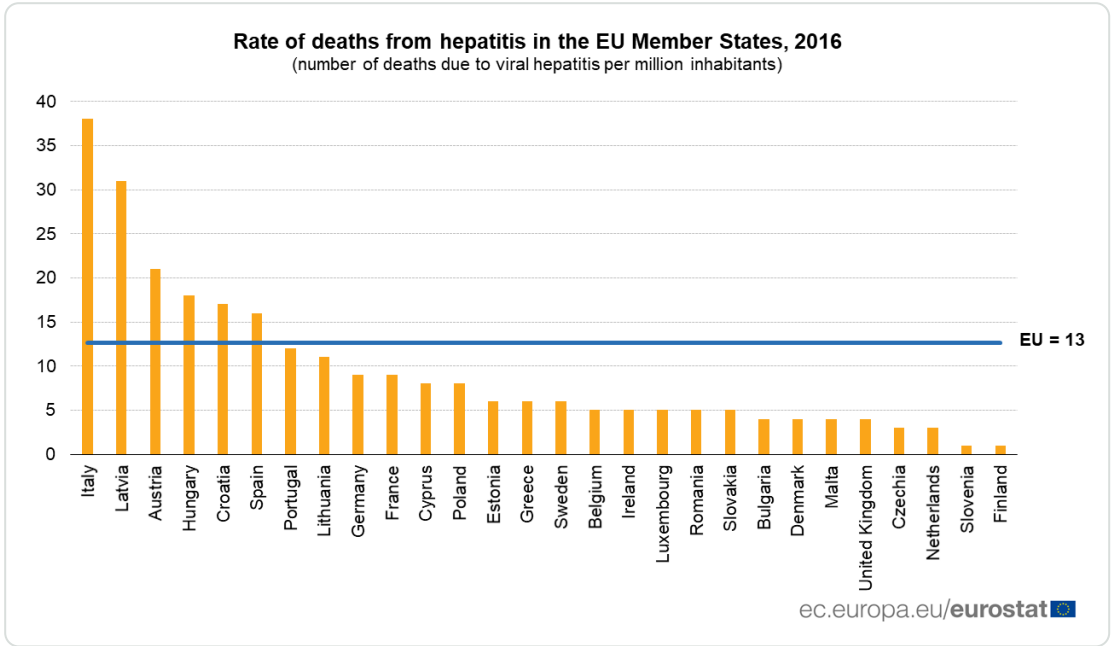
HCV IN ITALY · BURDEN

Chronic hepatitis C: a high-impact epidemic





32.8

deaths from viral hepatitis per million inhabitants

Italy: the highest standardised rate in the EU

Italy registered the highest viral hepatitis death rate in the EU, about 33 deaths per million inhabitants, more than twice the EU average (13).

Source: Eurostat, causes of death statistics — viral hepatitis, 2016 data .

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HCV IN ITALY · RATIONALE

From historical burden to hospital-based case finding

Most diagnosed patients are treated; the remaining reservoir is older people seen in the hospital.

~300,000
patients treated since 2015, the highest in Europe

up to 3%
active HCV infection in hospitalised patients

WHY THIS APPROACH

1. **Historical burden:** explains the need for action
2. **Birth-cohort effect:** explains why testing must go beyond traditional risk groups
3. **Delphi consensus:** identifies opportunities and critical issues
4. **Pilot proposal:** indicates the next step towards integrated BBV testing in Europe

Birth-cohort effect
Past infections concentrate HCV burden in older birth cohorts

Undiagnosed HCV beyond traditional risk groups
Missed at healthcare contacts; outside the funded screening

Hospital-based case finding ·
routine contacts across specialties

Systematic opportunistic testing
Existing hospital pathways

Indicator-condition testing
Hepatic & extrahepatic conditions

Diagnostic confirmation → Linkage to care → Treatment

Hospital-based HCV micro-elimination initiatives
Foundation for future integrated BBV testing, incl. EDs

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NATIONAL MULTIDISCIPLINARY DELPHI

Hospital-based HCV case finding across specialties

We assessed perceived feasibility and organisational priorities, not the effectiveness of an implemented programme.

192 participants
Round 1

↓

406 participants
consensus round

↓

18 consensus statements

Disciplines involved
[hepatology, infectious diseases, internal medicine, … – to complete]

Not a new universal hospital screening programme, but the integration of indicator-condition-guided HCV testing into clinical pathways across specialties: a complementary case-finding and micro-elimination strategy.

TWO COMPLEMENTARY APPROACHES

Systematic opportunistic testing
Systematic offer in selected hospital pathways (e.g. pre-operative assessment, admission), regardless of the main diagnosis

Indicator-condition-guided testing
Offered to patients with hepatic or extrahepatic conditions suggesting unrecognised HCV, in any specialty

↓

Diagnostic confirmation → Linkage to care → Treatment

↓

HCV micro-elimination in hospital · basis for integrated BBV testing, incl. EDs

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DELPHI · IMPLEMENTATION FEASIBILITY BY CLINICAL SETTING

Hospital testing is perceived as feasible in routine care

Strategy assessed: systematic offer of the HCV test to all patients undergoing blood tests in hospital (inpatient, day hospital and outpatient settings).

"If this strategy were adopted, in which settings do you consider it realistic to implement?"

SETTINGS WITH HIGHEST CONSENSUS (% "REALISTIC" + "EASILY IMPLEMENTABLE")

90.1%
Pre-operative pathways

80.9%
Ordinary admissions & pre-hospitalisation

76.1%
Day hospital

70.7%
Outpatient clinics

Integrated universal hospital HCV screening, offering the test to all patients undergoing blood tests, is considered realistically implementable in the majority of hospital settings.

Delphi — assessment of implementation feasibility by clinical setting • % = combined "Realistic" + "Easily implementable".

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DELPHI · HCV ALERT MANAGEMENT

High utility, low feasibility: avoiding repeated HCV tests

Broad consensus on utility, especially for automatic alert systems (74.6% “extremely useful”).
Feasibility does not reach consensus for any of the three strategies.

a Automatic alert system

UTILITY
94%
74.6% “extremely useful”

FEASIBILITY
36.2%
Δ 57.8 pp

only 15.1% “extremely feasible”

b Motivation for test repetition

UTILITY
73.2%
39.0% “extremely useful”

FEASIBILITY
45.4%
Δ 27.8 pp

Only 20.3% “extremely feasible”

c Differentiated rules by care setting

UTILITY
65.6%
32.8% “extremely useful”

FEASIBILITY
38.9%
Δ 26.7 pp

Only 15.3% “extremely feasible”

The implementation paradox: valuing digital tools is not the same as having the capacity to implement them.

Delphi — HCV alert management strategies • % utility / feasibility = combined “High” + “Extremely” • Δ = gap in percentage points.

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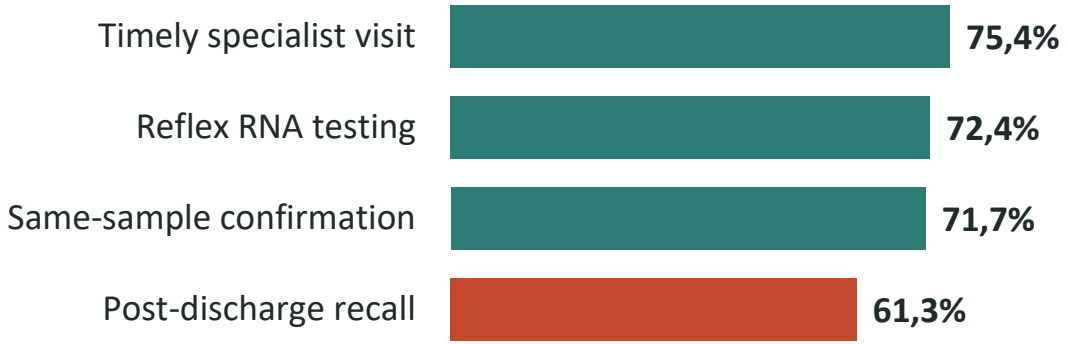
DELPHI · LINKAGE TO CARE AND SUSTAINABILITY

Beyond testing: linkage to care and institutional commitment

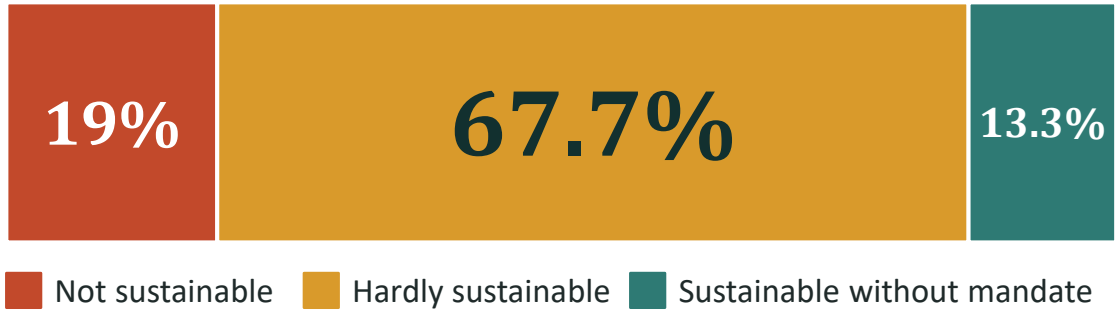
PERCEIVED FEASIBILITY OF DIAGNOSIS-TO-CARE STEPS (%)



61.3% vs **75.4%**

Recalling patients after discharge is the hardest step, compared with a specialist visit within a defined time.

SUSTAINABILITY WITHOUT A MANDATE (~2 YEARS)



86.7%

of experts consider the programme not sustainable or hardly sustainable without an institutional mandate

Hospital screening cannot depend on individual commitment: testing pathways need explicit responsibility for results and linkage to care, with institutional accountability, resources and governance.

Delphi — perceived feasibility of diagnosis-to-care components; programme sustainability without institutional mandate (~2-year horizon). Data in %.

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POLICY IMPLICATIONS

From Delphi consensus to European implementation

A proposed implementation pathway — not yet demonstrated by the study.

CURRENT EVIDENCE

What the Delphi showed

Perceived feasibility of hospital-based HCV testing, including indicator- and condition-guided approaches.

FUTURE PILOT

What we propose

HCV case finding across selected hospital pathways, with reflex RNA testing and defined linkage to care.

REAL-WORLD EVALUATION

What we need to test

Effectiveness, acceptability, sustainability and adaptation to integrated BBV testing.

PILOT PERFORMANCE INDICATORS

01	Testing coverage
02	New HCV diagnoses
03	Active infection confirmed
04	Linkage to care
05	Treatment initiation

POLICY GOAL A scalable hospital micro-elimination model that may inform future integrated BBV testing in European healthcare systems.



Grazie!

- *THANK YOU*



