

Broader screening for hepatitis C would be cost effective, study suggests

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Broader screening to identify people infected with hepatitis C virus (HCV) would likely be cost effective, according to a new report published in *Clinical Infectious Diseases* and available [online](#). Significantly reducing HCV-related mortality and morbidity, however, will require a coordinated effort that emphasizes not only increased testing but also linking those infected with the treatment they need.

The HCV epidemic peaked many years ago, but roughly 4 million U.S. residents still suffer the consequences of [chronic hepatitis C](#). A growing proportion of those infected now has advanced disease, including cirrhosis of the liver and liver cancer. Deaths from chronic infection have doubled over the last decade and are expected to more than double again by 2030.

The current "risk factor-based approach to screening has failed to identify at least half of those infected, leading to a situation in which a quarter of those newly diagnosed already suffer from cirrhosis of the liver," said Dr. Phillip O. Coffin, who led a team of researchers, including Drs. John D. Scott, Matthew R. Golden, and Sean D. Sullivan, at the University of Washington in Seattle who estimated the cost-effectiveness and impact of HCV screening.

Adding a one-time screening for all adults between the ages of 20 and 69 and factoring in the costs of managing late-stage [liver fibrosis](#) versus the costs of attempting to cure patients of hepatitis C, Dr. Coffin's team used statistical modeling techniques to analyze the benefit of broadening

screening guidelines. They found that screening all adults was cost effective across a wide range of assumptions related to the costs and effects of screening and treatment. At the same time, the proportion of deaths averted by screening is likely to be relatively small, unless testing efforts are accompanied by substantial increases in successful referral of infected persons for treatment.

"The stealth epidemic of hepatitis C has finally matured, leaving a narrow window of opportunity to find those with advancing disease, connect them with care, and prevent the tragic and costly consequences of [liver cancer](#) and end-stage liver disease," Dr. Coffin said. Doctors are hampered by current overly narrow [screening guidelines](#), and managing chronic HCV infection becomes increasingly expensive as it progresses.

"We need to screen the population, but that won't be enough to make a big difference," Dr. Coffin said. "Hepatitis C is a lot like HIV. The U.S. took a long time to come to the conclusion that we needed to really emphasize testing and efforts to link people to care. [Hepatitis C](#) is the same. We need a large scale, coordinated effort to identify people with this infection and make sure they get the care they need."

Provided by Infectious Diseases Society of America

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