Universal Hep C Test-and-Treat Policy Would Be Cost Effective

Researchers modeled the differences between testing focused on baby boomers versus universal screening.

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Given how the opioid epidemic is contributing to the recent increase in transmissions of hepatitis C virus (HCV) among young peoplein the United States, researchers are calling for universal screening of the virus. Such a move would be cost effective, according to a new analysis.

Publishing their findings in Clinical Gastroenterology and Hepatology, researchers constructed a computer model to estimate the impact of a one-time universal hep C screening of U.S. adults, followed by treating all those who test positive. They compared this outcome with the current guidelines that recommend a one-time test for all baby boomers—those born between 1945 and 1965, who make up the bulk of HCV cases. Otherwise, guidelines currently advise testing non–baby boomers based on their hep C risk factors.

Cost-effectiveness analyses such as these look at an outcome known as quality-adjusted life-years (QALY), a measurement of years of life gained adjusted for compromises in quality of life. An intervention can contribute to a gain in QALY both by increasing life expectancy and improving quality of life.

Generally, if an intervention costs less than $50,000 to provide a population with one additional QALY, it is considered cost effective in the United States. Some analyses set this threshold as high as $100,000.

According to the computer model in this study, expanding from the current HCV screening policy to one based on universal screening would cost an additional $11,378 per QALY. Consequently, the researchers concluded that such a shift would be cost effective.

Universal screening rather than birth-cohort-based screening would be cost effective so long as no greater than 0.07 percent of non–baby boomer adults tested positive for HCV antibodies.

To read a press release about the study, click here.

To read the study abstract, click here.

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