

News Release

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Screening Canadians for hepatitis C infection could be cost-effective and save lives

Screening all Canadians of a certain age for chronic hepatitis C could be cost-effective and save lives, indicates a study published in *CMAJ (Canadian Medical Association Journal)* <http://www.cmaj.ca/content/early/2015/01/12/cmaj.140711>

Chronic hepatitis C (HCV) infection is difficult to detect during routine medical visits as there are usually no symptoms. It is often diagnosed in the advanced stages of the disease meaning treatment is difficult and death often results. Early detection is ideal to allow treatment and prevent complications.

Updated US guidelines recommend that all people born between 1945 and 1965 should be screened for hepatitis C.

To determine whether screening for hepatitis C would be cost-effective in Canada, researchers developed a modelling-study with four screening strategies for adults 25-64 or 45-64 years of age:

1. No screening (current practice).
2. Screen and treat – patients are offered a one-time screen via blood test for the hepatitis C antibody from their primary care physician. Patients with a confirmed positive screen would be referred to a specialist and receive peginterferon-ribavirin treatment according to current guidelines.
3. and 4. Screen and treat for specific virus – in addition to the strategy above, patients would be offered different direct-acting antiviral therapies according to their genotype of hepatitis C infection.

They found that for every 10,000 people screened, about 63 cases of hepatitis C would be detected and 59% (37 people) could be treated, preventing nine deaths.

“Our analyses suggest that in Canada, a 1-time program to screen for and treat HCV infection, aimed at birth cohort populations (25-64 or 45-64 years of age), is likely to be cost-effective,” writes Dr. William Wong, Toronto Health Economics and Technology Assessment Collaborative, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Ontario, with coauthors. “The screening programs that we evaluated would identify people with chronic HCV infection who are asymptomatic, which would in turn allow medical treatment to be offered, if needed, according to published guidelines, ideally before development of advanced liver disease.”

Early identification of people with this chronic liver disease could help people manage their lifestyles to prevent further liver damage, link them with treatment, prevent long, costly hospital stays and save lives.

Media contact for interviews: Jef Ekins, Manager, Marketing and Communications, Leslie Dan Faculty of Pharmacy, University of Toronto, tel: 416-946-7036, j.ekins@utoronto.ca

General media contact: Kim Barnhardt, Communications, *CMAJ*, 613-520-7116 x2224, kim.barnhardt@cmaj.ca

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