



- Title** **Screening for Hepatitis C Among Injecting Drug Users and in Genitourinary Medicine Clinics: Systematic Reviews of Effectiveness, Modeling Study and National Survey of Current Practice**
- Agency** **NCCHTA, National Coordinating Centre for Health Technology Assessment**  
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## Aim

To review the clinical effectiveness and cost effectiveness of screening for hepatitis C virus (HCV) in injecting drug users (IDUs), and genitourinary medicine (GUM) clinic attenders in the UK.

## Conclusions and results

Six relevant studies of screening strategies were revealed. Only one study addressed screening in the UK. The other studies were of limited scope/relevance to the UK. The response rate for the study of current practice in HCV screening was 65% overall, and 26% of drug services reported screening compared to 92% of GUM clinics. In the modeling study, screening for HCV in IDUs was estimated to yield benefits over no screening at a cost of £28,120/QALY. This estimate was reasonably stable in a wide range of one-way sensitivity analyses. The cost effectiveness of universal screening in GUM clinics was estimated to be £84,570/QALY and was subject to considerable uncertainty. Selective screening in GUM clinics is likely to be more cost effective than universal screening.

## Recommendations

Screening objectives for HCV need to be clarified. Screening for HCV in IDUs in contact with services is moderately cost effective. Universal screening in GUM clinics is less cost effective and subject to greater uncertainty than screening IDUs in contact with services. Due to insufficient information on the epidemiology of HCV in groups other than IDUs, it is uncertain whether seeking people other than IDUs for screening is cost effective.

## Methods

To review economic evaluations of screening programs, electronic databases were searched (1996–2001) using a broad strategy to identify evaluations of screening programs for HCV. Articles were appraised using a standard framework. To study practices in HCV screening, all GUM clinics, health authorities, and prisons, and 50% of drug services in England were surveyed by questionnaire (October 2001). Participants were asked about screening, diagnosis, and treatment in their organization. The cost-effectiveness model examined the progress of hypothetical cohorts through the stages of screening, diagnosis, and treatment in two separate populations: IDUs in contact with drug services and GUM clinic attenders. Screening was compared to a no-screening scenario and cost utility (£/quality-adjusted life-year (QALY)) was estimated. Literature searches identified values for the parameters in the model. Costs were discounted at 6% and benefits at 1.5%. Sensitivity analyses and multi-way analyses were conducted. Electronic databases were searched (1981–2002) for studies on behavioral changes associated with gaining knowledge of HCV status. Further relevant studies were searched through citations, scrutiny of references, and from experts.

## Further research/reviews required

These are detailed fully in the report