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# Hepatitis C Screening

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Clinical Question: Does screening baby boomers for Hepatitis C decrease mortality and/or save money?

Bottom Line Answer:

- Age-based screening for hepatitis C is cost effective (\$4900 per QALY gained) for those born between 1945 and 1965.
- When 15% of the population was screened in their model, reductions were seen in
  - Decompensated cirrhosis events (2%)
  - HCC (1.7%)
  - Liver-related deaths (1.1%)
- When 60% of the population was screened in their model, reductions were seen in
  - Liver-related deaths (3.8%)
  - Deaths attributable to poor referral and treatment (4%)
  - Deaths attributable to poor viral response (6.9%)

Case: 65 y/o male presents for routine physical. Current problems include HTN, GERD, L-sided Sciatica. PMH with depression, appendicitis (s/p appy), acute cholecystitis (s/p cholecystectomy), and BCC (s/p excision). SH reveals married, retired smoker with 10 pack-year smoking history who drinks two servings of alcohol per night. No history of IVDU. Without allergies; currently taking Lisinopril and Omeprazole. Flu and Tdap are up to date. Last colonoscopy four years ago was normal. In addition to AAA and depression screening, shingles and pneumovax vaccines, should he be screened for Hepatitis C?

Background and Supporting Evidence:

This past spring, the CDC issued draft guidelines recommending one-time screening for Hep C in all baby boomers. Our patient, and others born between 1945 and 1965, should be screened because

- Hep C is important – it leads to the more liver transplants and liver cancer than any other diagnosis. The rate of death from Hep-C attributable HCC due is increasing faster than the rate of death from any other cancer.
- Hep C infection is common especially in this age group that was exposed prior to universal screening of blood.
  - ~1% US Citizens are affected, ¾ of those are boomers
- Hep C has a high cure potential
  - Up to ¾ may be cured with current therapies.

References:

Coffin PO, Scott JD, Golden MR, Sullivan SD. Cost-effectiveness and population outcomes of general population screening for hepatitis C. Clin Infect Dis. 2012 May;54(9):1259-71.  
[http://www.ncbi.nlm.nih.gov/pubmed?term=Coffin%20PO%2C%20Scott%20JD%2C%20Golden%20MR%2C%20Sullivan%20SD.%20Cost-effectiveness%20and%20population%20outcomes%20of%20general%20population%20screening%20for%20hepatitis%20C.%20Clin%20Infect%20Dis.%202012%20May%3B54\(9\)%3A1259-71](http://www.ncbi.nlm.nih.gov/pubmed?term=Coffin%20PO%2C%20Scott%20JD%2C%20Golden%20MR%2C%20Sullivan%20SD.%20Cost-effectiveness%20and%20population%20outcomes%20of%20general%20population%20screening%20for%20hepatitis%20C.%20Clin%20Infect%20Dis.%202012%20May%3B54(9)%3A1259-71).

From Centers for Disease Control and Prevention. Hepatitis C: Proposed Expansion of Testing Recommendations, 2012. 2012 May. <http://www.cdc.gov/nchhstp/newsroom/docs/HCV-TestingFactSheetNoEmbargo508.pdf>