

## OUTREACH SCREENING AND TREATMENT FOR HEPATITIS C IN A DRUG TREATMENT UNIT – AN EXPLORATORY ASSESSMENT OF FEASIBILITY AND COST EFFECTIVENESS

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**Introduction:** In developed countries persons who inject drugs (PWID) represents a significant risk for chronic Hepatitis C virus (HCV). This study assesses the feasibility and cost-effectiveness of outreach screening and treatment within a Drug Treatment Unit (DTU).

**Methods:** All persons attending a London DTU from 2012–2014 were offered testing for HCV. Those with evidence of infection were offered follow-up and treatment at the DTU by a specialist viral hepatitis nurse. A previously validated HCV Markov model was used to assess outcomes. Analyses were performed to assess the sensitivity of results to key model parameters. A hypothetical scenario in which all HCV positive patients were offered direct acting antiviral (DAA) treatment was also assessed.

**Results:** Of 321 persons eligible, 216 were screened, 89 were HCV positive and 66 had confirmatory evidence of viraemia. All were infected with either HCV genotype 1 or 3, one patient was co-infected with hepatitis B virus and two were co-infected with HIV. Treatment was initiated in 28 persons and one patient was retreated following treatment failure. Interferon-based regimes were used in 22 (9 with protease inhibitors) and 7 with DAA only regimens. Overall SVR12 was reached in 22. It is estimated that this programme represents an average per-patient cost-saving of £2,498 and a quality-adjusted life year (QALY) gain of 4.10 over a lifetime. In a hypothetical scenario of all oral DAA treatment, an incremental cost per QALY of £1,029 was estimated. Results were relatively insensitive to adjustments in key modelling parameters.

**Conclusion:** This analysis demonstrated that outreach screening and treatment for HCV within a DTU is feasible and effective. It is suggested that this programme provided an overall cost-saving to the healthcare payers of this PWID population.