

IQWiG Reports - Commission No. S16-04

# Screening for hepatitis C<sup>1</sup>

**Extract** 

<sup>&</sup>lt;sup>1</sup> Translation of the key statement of the final report S16-04 *Screening auf Hepatitis C* (Version 1.0; Status: 19 September 2018). Please note: This document was translated by an external translator and is provided as a service by IQWiG to English-language readers. However, solely the German original text is absolutely authoritative and legally binding.

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# **Key statement**

#### Research question

The aim of this report is to assess the benefit of hepatitis C screening compared to no screening as regards patient-relevant outcomes in asymptomatic persons. At-risk groups who already undergo regular testing for hepatitis C virus (HCV) infection according to current medical standards in Germany (such as healthcare professionals) are not the primary focus of this consideration.

#### **Conclusion**

On the basis of the included studies, the benefit and harm of hepatitis C screening is unclear because neither comparative interventional studies of the screening chain nor reliable studies on earlier initiation of therapy were found.

Eight therapy studies with randomization to early or late treatment initiation were included. The time span between early and late treatment initiation was very small, however, so that none of these studies could be used in the benefit assessment, and the benefit of earlier treatment initiation remained unclear.

Since it was not possible to show a benefit of earlier treatment initiation, no search was conducted for studies on diagnostic accuracy.

In the absence of robust evidence, the benefit-to-harm ratio for HCV screening is unclear overall. However, upon examination of the arguments and evidence, particularly those provided in international HCV screening guidelines, on the benefit and harm of HCV screening, the assumptions underlying the recommendations for HCV screening of at-risk groups and certain birth cohorts appear reasonable.

Selected modelling studies on the transmission of HCV infection in injection drug users suggest that early diagnosis and treatment of injection drug users infected with HCV can reduce the transmission of infection and hence the incidence and prevalence of HCV infection in the general population in the long term. However, it is unclear whether the numerous assumptions made in this regard are justified and whether the models are suitable for predicting the effects of HCV screening.

In case of an introduction of HCV screening, an accompanying evaluation appears necessary.

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