Testing & Treating Inmates for Hep C Would Be Very Cost-Effective

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A systematic program to test incarcerated Americans for hepatitis C virus (HCV) and treat those who are infected would be highly cost-effective, Reuters Health reports. Publishing their findings in the Annals of Internal Medicine, researchers evaluated the projected health and economic benefits of five hep C screening strategies in the U.S. prison system.

The five strategies included: not screening for hep C; a one-year program to screen incarcerated individuals and people entering prison who have ever injected drugs; and a one-time program of universal hep C screening of incarcerated Americans, from which they can opt out, followed by opt-out screening of all those entering the prison system for either one, five or 10 years.

On the low end, the one-time, risk-based screening would identify an estimated 41,900 hep C cases, while the 10-year testing program would identify the most, at 122,700. When compared with not screening for the virus, these programs would prevent a respective 5,500 and 12,700 new transmissions during the next 30 years. An estimated 89 to 92 percent of these averted infections would be among the general population.

The cost of treatment would be $900 million to $1.15 billion, representing 12.4 percent of state and federal prison budgets. After 15 years, the cost would fall to 0.7 percent of the budgets.

On the low end, the one-time, risk-based testing would reduce hep C-related costs in prisons by $260 million, while the 10-year program would save the most at $760 million. The respective programs would save $19,600 and $29,200 per quality-adjusted life-year.

A quality-adjusted life year (QALY) is equivalent one year of life spent in full health. If health is less than ideal, then a year spent in that condition is considered a partial year, proportional to the drop in health. Health initiatives are generally considered cost effective if they cost less than $50,000 per QALY.

Looking just at benefits to the outside society, the researchers found that the cost per QALY ranged from $23,100 to $35,400.

To read the Reuters article, click here (free registration with Medscape is required).

To read the study abstract, click here.

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