Universal Hepatitis B Screening Is Cost Effective

Compared with current practices, routine screening could prevent 23,000 deaths from liver disease.

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Universal screening for hepatitis B virus (HBV) would save 23,000 lives and almost $600 million, proving itself to be an upgrade over present screening guidelines, according to study results published in Clinical Infectious Diseases.

In 2016, some 862,000 people were living with hepatitis B. Currently, the U.S. Preventive Services Task Force recommends HBV screening for all adolescents and adults who are at higher risk for infection. This is in addition to the universal screening recommendation for all pregnant women.

Over years or decades, people with hepatitis B may develop advanced liver disease, including cirrhosis and liver cancer. Because the disease can remain asymptomatic, the presence of HBV may be discovered only after serious complications develop, and as many as 60% of people with HBV are unaware that they carry the virus. Current testing guidelines take into consideration several risk factors, but they have not resulted in an uptick in screening, diagnosis and treatment, despite the fact that screening is covered by Medicaid, Medicare and private insurance plans under the Affordable Care Act.

Samuel So, MD, of Stanford University School of Medicine in California, and colleagues assessed the cost effectiveness and impact on population health of one-time universal hepatitis B surface antigen (HBsAg) screening, which indicates current HBV infection.

The team found that universal screening for HBV in adults between 18 and 69 years old would be cost-saving in comparison with current guidelines, assuming a 0.24% prevalence of undiagnosed chronic hepatitis B. This finding also assumes antiviral therapy costs less than $894 per year. Antivirals can control HBV, but they seldom lead to a cure, so long-term treatment is usually needed.

Further, universal screening would prevent 7.4 instances of compensated cirrhosis, 3.3 cases of more severe decompensated cirrhosis, 5.5 cases of hepatocellular carcinoma (the most common type of liver cancer), 1.9 liver transplants and 10.3 deaths from hepatitis B, amounting to a decrease in cost of $263,000 per 100,000 adults screened.

Finally, universal screening would avert 23,000 deaths from chronic hepatitis and related liver diseases and save nearly $600 million.

“Universal HBsAg screening of adults in the U.S. general population for CHB [chronic hepatitis B] is cost-effective and likely cost-saving compared to current CHB screening recommendations,” wrote the researchers.

Click here to read the study abstract in Clinical Infectious Diseases.

Click here to learn more about hepatitis B.

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