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

Nowlan Selvapatt1,2, Thomas Ward3, Lorna Harrison2, Hayley Bennett Wilton3, Samantha Webster3, Jody Lombardini4, Mark Thursz1, Phil McEwan3,5, Ashley Brown2

1. Department of Hepatology, Imperial College, London, UK
2. Liver and Antiviral Unit, Imperial College Healthcare NHS Trust, London, UK
3. Health Economics and Outcomes Research Ltd, Cardiff, UK
4. Addictions Directorate, Central and North West London NHS Foundation Trust, London, UK
5. School of Human and Health Sciences, Swansea University, Swansea, UK

**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.