

HIQA commences HTA on birth cohort testing for hepatitis C in Ireland

The hepatitis C virus (HCV) is a blood-borne virus which predominantly affects the liver. HCV is most commonly transmitted through injecting drug use (sharing of needles and other drug paraphernalia), but may also be transmitted through: inadequate sterilisation of medical equipment, blood transfusion, sex, and passed from mother to child. Although 15-45% of people spontaneously clear acute infection (that is, within six months of infection), the virus may persist in the circulation of those infected. Those that develop chronic HCV infection may not present with severe complications, such as liver cirrhosis and hepatocellular carcinoma (HCC), until decades after contracting the virus.

In May 2016, the World Health Assembly endorsed the Global Health Sector Strategy for 2016–2021 on viral hepatitis which aims to eliminate viral hepatitis as a public health threat by 2030. Elimination is defined as a 90% reduction in new chronic infections and a 65% reduction in mortality compared with the 2015 baseline. Advances in treatment for HCV infection, which offer cure in most cases and are more acceptable to patients, have led to a shift in HCV care policy. Specifically, policy is now focused on the identification and cure of those living with HCV infection that are currently undiagnosed due to the asymptomatic nature of chronic HCV infection.

In Ireland, the National Hepatitis C Strategy 2011-2014 was the first published strategy relating to all those infected with HCV in Ireland. The strategy contained 36 recommendations spanning surveillance, prevention, screening and treatment of HCV infection. In 2015, a Public Health Plan for the Pharmaceutical Treatment of Hepatitis C was published by the Department of Health, and the National Hepatitis C Treatment Programme was established to provide treatment across a range of healthcare settings to all people living with HCV infection. The Treatment Programme aims to make hepatitis C a rare disease in Ireland by 2026.

An Irish National Clinical Guideline for Hepatitis C Screening was quality assured by the National Clinical Effectiveness Committee (NCEC) and endorsed by the Minister for Health in 2017. It included a conditional recommendation to offer one-off testing to people born between 1965 and 1985 (that is, birth cohort testing). It was proposed that birth cohort testing (of approximately 1.5 million people) would be implemented in addition to, rather than in place of, other testing strategies. The 1965 to 1985 birth cohort was identified because national HCV surveillance and seroprevalence data (based on notifications to the HPSC) indicated that HCV prevalence in Ireland is highest amongst those born between 1965 and 1985 (72.5% of cases). As birth cohort testing was anticipated to have significant funding implications, it was conditionally recommended, subject to the outcome of a full health technology assessment (HTA).

The Health Information and Quality Authority (HIQA) agreed to undertake a HTA of implementing birth cohort testing for hepatitis C in Ireland following a formal request from the hepatitis C screening guideline development group. The aim of the HTA is to establish the clinical- and cost-effectiveness, as well as the budget impact, of offering testing to all people in Ireland born between 1965 and 1985.