Hepatitis C Screening

Recommendation

JANUARY 2026

Ontario Health

Final Recommendation

Ontario Health, based on guidance from the Ontario Health Technology Advisory Committee, recommends publicly funding one-time hepatitis C virus (HCV) screening for all adults 18 years and older while prioritizing HCV screening among high-risk groups.

Rationale for the Recommendation

The Ontario Health Technology Advisory Committee considered the clinical, economic, and patient preferences and values evidence reported in the health technology assessment.[1]

The committee recommended public funding for one-time hepatitis C virus (HCV) screening for all adults, along with continued risk-based screening, based on several key considerations:

- Committee members acknowledged that, compared with risk-based HCV screening alone, one-time HCV screening for all adults plus risk-based HCV screening may identify more people with HCV and may result in more people being linked to care. The economic evidence showed that one-time HCV screening for all adults – or just those born between 1945 and 1975 – plus risk-based HCV screening is cost-saving in the long run and can improve the quality of life of people with HCV.
- While the overall population-level benefits of HCV screening are small, screening enables earlier diagnosis and treatment, which can prevent the high costs associated with managing advanced-stage liver disease.
- Although screening all adults would entail higher up-front costs than screening only high-risk adults, it is a cost-effective long-term strategy as it enables the prevention of the long-term morbidity associated with untreated HCV and supports broader efforts to eliminate HCV as a public health threat.
- Committee members also considered the lived experience of people with HCV, who emphasized the importance of early detection and treatment because the condition can remain asymptomatic for years.

Given the substantial resources and planning involved in implementing this recommendation, a phased approach may be appropriate.

The committee recognized that the definition of high risk of HCV varies and is limited by the available evidence. However, they acknowledged that risk factors include the use of injection, intranasal, or inhaled drugs; exposure to nonsterile medical, dental, or personal services equipment; sharing of personal care items; engaging in condomless sex with people with HCV; being born to a pregnant person with HCV; having received blood, blood products, or organ transplants in Canada before 1992; and having lived in regions with a high prevalence of HCV. People born between 1945 and 1975 have also been identified as a group of interest as they are expected to represent more than 60% of people with HCV in Canada.[2] In making their recommendation, committee members considered that formalizing HCV

screening for all adults – regardless of the presence of risk factors – would make access to HCV screening more equitable and make screening itself less stigmatizing.

Committee members noted that risk-based HCV screening in Ontario currently lacks province-wide coordination and monitoring. Further, they emphasized the need to provide health care providers with greater clarity on HCV risk factors and that implementation strategies should focus on preventing unnecessary repeat HCV screenings.

Committee members stressed the importance of linking people with HCV to treatment, noting that untreated HCV infection can lead to liver fibrosis, cirrhosis, and cancer, as well as death. They further emphasized the importance of continued public funding for effective HCV treatment so that the benefits of HCV screening can be realized.

Decision Determinants for Hepatitis C Screening

Overall Clinical Benefit

Effectiveness

How effective is the health technology/intervention likely to be (taking into account any variability)?

Compared with risk-based screening alone, one-time HCV screening for all adults plus risk-based HCV screening may identify more people with HCV and may result in more people with HCV being linked to care. However, the evidence is very uncertain owing to concerns with the generalizability of the results of the included studies to HCV screening for the general adult population in Ontario (Grading of Recommendations, Assessment, Development and Evaluations [GRADE]: Very low). We did not identify any eligible studies evaluating HCV screening for the 1945–1975 birth cohort plus risk-based screening compared with risk-based screening or comparing one-time HCV screening for adults versus the 1945–1975 birth cohort in addition to risk-based HCV screening.

Safety

How safe is the health technology/intervention likely to be?

Based on a review from the US Centers for Disease Control and Prevention,[3] the identified or potential harms of HCV screening do not outweigh its benefits.

Burden of Illness

What is the likely size of the burden of illness pertaining to this health technology/intervention?

In Ontario in 2014, approximately 0.9% of the general adult population and 1.9% of people born between 1945 and 1964 had chronic HCV.[4]

Need

How large is the need for this health technology/intervention?

HCV infection can remain undiagnosed despite continuous liver injury. Testing and treating people with HCV prevents further liver injury and long-term complications (e.g., hepatocellular carcinoma, cirrhosis-related morbidity and mortality).

Patient Preferences and Privacy

Patient Preferences and Values

Do patients have specific preferences, values, or needs related to the health condition, health technology/intervention, or life impact that are relevant to this assessment?

People with HCV reported that HCV had a negative impact on their health and posed social challenges because of stigma. They also expressed strong support for expanding HCV screening to the general adult population and emphasized the importance of early detection and treatment.

Autonomy, Privacy, Confidentiality, and/or Other Relevant Ethical Principles as Applicable

Are there concerns regarding accepted ethical or legal standards related to patient autonomy, privacy, confidentiality, or other ethical principles that are relevant to this assessment?

HCV screening identifies people with HCV and facilitates their connection to appropriate care and treatment services.[2] The associated risks of undergoing testing are generally low, and because of the high accuracy of current diagnostic methods, the chance of false-positive or false-negative results is minimal.[5] To uphold patient autonomy and support informed decision-making, people invited to participate in HCV screening should be provided with clear and comprehensive information through pre- and post-test counselling to make well-informed decisions about their health.[5] Information provided should include details about the testing process and the potential implications of a positive result. Ethical considerations of HCV screening may include balancing benefits and harms, ensuring the acceptability of testing, and promoting equitable access.[5]

Equity and Patient Care

Equity of Access or Outcomes

Are there disadvantaged populations or populations in need whose access to care or health outcomes might be improved or worsened that are relevant to this assessment?

In Ontario, HCV screening is currently provided for those who disclose a risk factor and for people from populations disproportionately affected by HCV.

Committee members believe that providing HCV screening for all adults regardless of the presence of risk factors would make access to HCV screening more equitable and make screening itself less stigmatizing.

Patient Care

Are there challenges in the coordination of care for patients or other system-level aspects of patient care (e.g., timeliness of care, care setting) that might be improved or worsened that are relevant to this assessment?

Care for people with HCV is provided in various settings (e.g., primary care, hospital, outreach) and by the Ministry of Health–funded Ontario Hepatitis C Teams.

Cost-Effectiveness

Economic Evaluation

One-time HCV screening for all adults plus risk-based screening and one-time HCV screening for the 1945–1975 birth cohort plus risk-based screening were both found to be less costly and more effective than risk-based HCV screening alone. In other words, these strategies are cost-saving. Both strategies were found to lead to fewer cases of decompensated cirrhosis, hepatocellular carcinoma, liver transplant, and liver-related death.

The strategies of one-time HCV screening for all adults plus risk-based screening and one-time HCV screening for those born between 1945 and 1975 plus risk-based screening are both highly likely to be cost-effective compared with risk-based screening alone at the commonly used willingness-to-pay values of $50,000 and $100,000 per QALY.

Feasibility of Adoption Into Health System

Economic Feasibility

Over the next 5 years in Ontario, publicly funding one-time HCV screening for all adults plus risk-based screening would require an additional $111 million. Publicly funding one-time HCV screening for the 1945–1975 birth cohort plus risk-based screening would require an additional $32 million.

Organizational Feasibility

How organizationally feasible is it to implement the health technology/intervention?

Expanding HCV screening beyond risk-based screening is 1 of the 7 priorities for action to eliminate HCV in Ontario identified in the *Ontario Hepatitis C Elimination Roadmap*.[6] Experts consulted believe that one-time HCV screening for all adults or for the 1945-1975 birth cohort, in addition to risk-based screening, is feasible because it is expected to be provided when people visit their health care provider for other reasons rather than in a large-scale strategy in which all eligible people are screened at once.

References

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ISBN 978-1-4868-9125-2 (PDF)

Citation

Ontario Health. Hepatitis C screening: recommendation [Internet]. Toronto (ON): King's Printer for Ontario; 2026 Jan. 8 pp. Available from: hqontario.ca/evidence-to-improve-care/health-technology-assessment/reviews-and-recommendations/hepatitis-c-screening

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