

Supplement Table 3: Cost, QALYs, and Incremental Cost-Effectiveness of No Screening, Risk based Screening with Standard Treatment, Birth Cohort Screening with Standard Treatment, and Birth Cohort Screening with DAA Plus Standard Treatment

Screening Strategy	Costs per Person			Productivity Losses per Person	Total QALYs per Person	Incremental Total Medical Costs	Incremental QALYS	ICER	
	Medical Treatment	Screening	Antiviral						Total Medical
No screening	219 (216–224)	0 (0–0)	0 (0–0)	219 (216–224)	49 (49–50)	16.354 (16.354–16.355)			
Risk based screening, treatment with standard care	212 (208–216)	11 (11–11)	23 (22–23)	246 (242–250)	83 (82–83)	16.356 (16.355–16.357)	27 (18–34)	0.002 (–0.000*–0.003)	15,700 (5,400–Strictly Dominated**)
Birth cohort screening, treatment with standard care	190 (186–193)	46 (46–46)	92 (92–93)	327 (324–331)	186 (185–187)	16.361 (16.360–16.362)	81 (76–90)	0.005 (0.003–0.007)	15,700 (11,500–30,100)
Birth cohort screening, treatment with DAA plus standard care	175 (172–178)	46 (46–46)	309 (304–313)	530 (524–535)	183 (182–184)	16.364 (16.363–16.365)	203 (191–209)	0.003 (0.001–0.005)	73,700 (39,100–149,400)

Notes: * Value is -0.0001; **An intervention is considered strictly dominated when it costs more but results in fewer benefits; Standard treatment = pegylated

interferon with ribavirin; DAA treatment = 12 week, response based treatment with DAA in addition to standard treatment; ICER = Incremental cost-

effectiveness ratio; QALYs = quality-adjusted life years