same resources for both interventions, otherwise, as it has been shown in both Italian studies, the increasing costs cannot be justified.[18,19]

In conclusion, despite the feasibility of this opportunistic approach, we strongly believe that HCV screening with COVID-19-related services is a chance too good to be missed, but should not be a potential generator of chance findings that could distract from the main aim of HCV elimination.

CONFLICT OF INTEREST

All authors declare no conflict of interest related to the subject matter of this paper.

FUNDING INFORMATION

No funds were used for this Editorial.

Loreta A. Kondili[1]
Lucia Craxì[2]
Massimo Andreoni[3]
Francesco S. Mennini[4]
Homie Razavi[5]

[1]*Center for Global Health, Istituto Superiore di Sanità, Rome, Italy*
[2]*Department of Biomedicine, Neuroscience and Advanced Diagnostics (Bi.N.D.), University of Palermo, Palermo, Italy*
[3]*Infectious Disease Unit, Department of System Medicine, Tor Vergata University and Hospital, Rome, Italy*
[4]*Economic Evaluation and HTA (EEHTA), CEIS, Faculty of Economics, University of Rome "Tor Vergata" and Institute of Leadership and Management in Health, Kingston Business School, Kingston University, London, UK*
[5]*Center for Disease Analysis Foundation, Lafayette, Colorado, USA*

4. Sagan A, McDaid D, Rajan S, Farrington J, McKee M. Screening. When is it appropriate and how can we get it right? Health systems and policy analysis. Policy Brief 35 Print ISSN 1997–8065 Web ISSN 1997–8073
5. Cox AL, El-Sayed MH, Kao J-H, et al. Progress towards elimination goals for viral hepatitis. *Nat Rev Gastroenterol Hepatol*. 2020;17:533-542.
6. Deuffic-Burban S, Huneau A, Verleene A. Assessing the cost-effectiveness of hepatitis C screening strategies in France. *J Hepatol*. 2018;69:785-792.
7. Cortesi PA, Barca R, Giudicatti G, et al. Systematic review: economic evaluations of HCV screening in the direct-acting antivirals era. *Aliment Pharmacol Ther*. 2019;49:1126-1133.
8. Kondili LA, Gamkrelidze I, Blach S, et al. Optimization of hepatitis C virus screening strategies by birth cohort in Italy. *Liver Int*. 2020;40:1545-1555.
9. Andreoni M, Giacometti A, Maida I, Meraviglia P, Ripamonti D, Sarmati L. HIV-HCV co-infection: epidemiology, pathogenesis and therapeutic implications. *Eur Rev Med Pharmacol Sci*. 2012;16:1473-1483.
10. Mariano A, Mele A, Tosti ME, et al. Role of beauty treatment in the spread of parenterally transmitted hepatitis viruses in Italy. *J Med Virol*. 2004;74:216-220.
11. Spada E, Mele A, Mariano A, Zuccaro O, Tosti ME; SEIEVA collaborating group. Risk factors for and incidence of acute hepatitis C after the achievement of blood supply safety in Italy: results from the national surveillance system. *J Med Virol*. 2013;85:433-440.
12. Spada E, Rezza G, Garbuglia AR, et al. Incidence and risk factors for hepatitis C virus infection among illicit drug users in Italy. *J Urban Health*. 2018;95:99-110.
13. Kondili LA, Robbins S, Blach S, et al. Forecasting hepatitis C liver disease burden on real-life data. Does the "hidden iceberg" matter to reach the elimination goals? *Liver Int*. 2018;38:2190-2198.
14. Kondili LA, Andreoni M, Alberti A, et al. Estimated prevalence of undiagnosed HCV infected individuals in Italy: a mathematical model by route of transmission and fibrosis progression. *Epidemics*. 2021;34:100442.
15. Kondili LA, Andreoni M, Alberti A, et al. A mathematical model by route of transmission and fibrosis progression to estimate undiagnosed individuals with HCV in different Italian regions. *BMC Infect*