December 21, 2012

Virginia Moyer, MD, MPH  
Chair  
U.S. Preventive Services Task Force  
540 Gaither Road  
Rockville, MD 20850

Re: Comments on the USPSTF Recommendations for Hepatitis C Screening

Dear Dr. Moyer,

The AIDS Institute is a national nonprofit organization providing leadership in HIV/AIDS research, public policy, advocacy, and education that seeks to reduce the number of new HIV infections and bring people who are HIV positive into lifesaving care and treatment.

We are providing comments regarding the recommended grade for hepatitis C (HCV) screening because as HIV advocates, we are greatly concerned with hepatitis co-infection that impacts so many people living with HIV. About 25 percent of individuals living with HIV in the US are also co-infected with HCV.

We strongly support the USPSTF’s “B” grade recommendation for hepatitis C testing of adults at high risk, including those with a history of injection drug use and those who received a blood transfusion prior to 1992. This recommendation represents a significant step forward in recognizing the need to test and to identify at risk individuals for hepatitis C, and to link those testing positive to care.

However, we are deeply disappointed in the “C” grade recommended for hepatitis C testing for those born between 1945 and 1965. This does not align with Centers for Disease Control and Prevention’s (CDC) recommendation that everyone in this birth cohort receive a one-time hepatitis C test. Testing among this group is important because baby boomers represent 75 percent of the more than 4 million hepatitis C cases in the US. The CDC recommendation acknowledges one-time testing in this cohort is the best way to identify positive individuals so that they are able to benefit from lifesaving care and treatment. According to the CDC, implementing this testing strategy would result in identifying over 800,000 cases and avoiding up to 121,000 deaths.
Many medical providers rely heavily on USPSTF recommendations. As a result of the “C” recommendation many people with undiagnosed HCV will not be identified during routine medical visits when we know doing so can save lives. We are greatly concerned that the draft recommendation conflicts with the CDC recommendations and runs contrary to the evidence base and that it is incompatible with the goals of National Viral Hepatitis Action Plan. We urge you to change your grade to a “B” to make sure the benefits of testing are realized.

Sincerely,

Carl E. Schmid II
Deputy Executive Director