Tell the USPSTF that Hep C Testing Saves Lives

December 14, 2012 By Tim Horn

There's nothing more frustrating than mixed messages from leading public health authorities--particularly when many lives stand a good chance of being lost because of the disparity. This is proving to be the case with hepatitis C, a chronic disease that affects roughly 4 million U.S. residents and continues to infect approximately 17,000 people annually in this country alone. Even more harrowing, it kills between 10,000 and 15,000 American residents a year--a rate that hasn't yet peaked (deaths from HCV are projected to increase to 35,000 a year by 2030), given that many people infected decades ago are just now becoming ill.

A key component of the solution is to get more people living with hepatitis C virus (HCV) conclusively tested. The reason? An astonishing 75 percent of people living with HCV do not know they're infected, do not (yet) have outward symptoms of the disease, and therefore have not been linked to the care and treatment they may need to cure the virus and halt the progression of its life-threatening complications.
Approximately two-thirds of these unaware individuals are "baby boomers" - those born between 1945 and 1965 - who may have received a blood transfusion or related product prior to routine screening in the 1990s or used illicit intravenous drugs decades ago. In fact, according to a recent study, ensuring that EVERY baby boomer in the U.S. is tested just once for HCV could identify more than 800,000 additional people infected with the virus, thereby preventing the costly consequences of liver cancer and cirrhosis requiring transplants, not to mention save more than 120,000 lives.

The CDC found these (and other) data compelling enough to issue screening guidelines on August 1, recommending that all U.S. baby boomers get a one-time test for HCV. The recommendation was a monumental leap forward, given that previous guidelines from the agency called for testing only individuals with certain risk factors for HCV infection.

Roughly four months later, however, the United States Preventive Services Task Force (USPSTF) - an independent group whose disease testing and vaccination recommendations carry heavy weight with health organizations and insurance companies - issued draft HCV testing guidelines that failed to pack the same punch as the CDC's unequivocal recommendation. Whereas the task force is currently prepared to recommend HCV testing for injection drug users and others at high risk, it says that there is only "small benefit" for testing all baby boomers and is therefore suggesting a "C" grade for a more universal testing recommendation.

A “C” grade isn’t going to cut it, as it means many health care providers will fail to appreciate the gravity of the situation and the need for testing baby boomers--many of whom do not consider themselves at risk, either because of the stigma associated with hepatitis C or they’ve long forgotten risk factors from long ago--and, importantly, many public and private insurance programs may not cover necessary screening practices.

There’s still time to make a difference. The USPSTF hepatitis C testing guidelines are still in draft form and a public comment period is open until 5:00 PM Eastern Time, ~~December 24, 2012~~ January 4, 2013. I join the National Viral Hepatitis Roundtable in urging people to comment on the guidelines--a process that shouldn’t take more than 30 minutes to complete. NVHR has also developed a sign-on letter, though they urge submitting individual and organizational comments directly to the USPSTF as well.

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