



December 10, 2012

Dear Colleagues,

On Tuesday, December 4th, the *Annals of Internal Medicine* published CDC's recommendations for birth-cohort-based hepatitis C virus (HCV) testing, increasing clinician's awareness of the burden of HCV among persons born during 1945-1965 (i.e., baby boomers) and providing them with guidance for testing patients in this birth cohort. Of the 2.7-3.9 million persons in the United States living with hepatitis C, approximately 76% were born in these years. HCV mortality is increasing in this population at a time of rapid developments in safe and effective HCV therapies capable of clearing HCV from the body. An estimated 2.7-3.9 million persons in the United States are living with chronic hepatitis C virus (HCV) infections, placing them at increased risk for liver disease and liver cancer. Identifying HCV-infected persons early in the course of their disease is an essential first step in reducing risks of HCV transmission and preventing HCV-associated complications, such as cirrhosis and liver cancer.

Since 1998 CDC has recommended HCV testing for people at increased risk for blood-borne exposures (e.g., people who injected drugs at any time during their lives and those who received transplants or blood transfusions before 1992). CDC continues to recommend testing for these populations. However, risk-based strategies are less effective in identifying HCV infection in the general population. A high percentage of persons living with HCV (45%-85%) are unaware that they are infected, and ~45% of persons found to be infected with HCV do not or cannot identify any risk for their infection.

CDC's new HCV testing recommendations state that: 1) in addition to adults at high risk for HCV infection, those persons born during 1945-1965 should receive one-time testing for HCV without prior ascertainment of HCV risk, and 2) all persons identified with HCV infection should receive a brief alcohol screening and intervention, as clinically indicated, and referral to appropriate HCV care and treatment services. Economic analyses indicate that this strategy is as cost-effective as other recommended clinical preventive services.

CDC is undertaking several activities to implement these recommendations at both the public health and clinical levels. With support from the [CDC Foundation](#), we have launched the Know More Hepatitis campaign. Through this campaign, a variety of [educational materials](#) have been developed to increase health care providers' and the public's awareness about HCV. In addition, CDC has supported [online continuing education modules](#) and is developing a viral hepatitis curriculum for clinicians. Implementation also has been facilitated by Congressional appropriations from the FY 2012 Prevention and Public Health Fund (PPHF). CDC has awarded about \$5 million to 24 sites to support HCV testing for nearly 50,000 persons and referral to care for those found infected; two of these sites will be replicating project ECHO, a telemedicine-based approach to improving HCV care. The evaluation data collected from these demonstration projects and other program evaluations

will help us develop best practices to guide implementation of this testing recommendation in diverse public health and clinical settings. In addition to these highly visible components of our implementation strategy, we are partnering closely with federal agencies, medical societies, public health agencies, and health plans to facilitate implementation of the HCV testing guidelines. To monitor the implementation and impact of our recommendations on HCV-associated morbidity and mortality in the United States, we have augmented national health surveys, enhanced state and local public health surveillance, and begun observing health outcomes for over 10,000 people infected with HCV.

With your help, we can significantly improve public health in our nation by raising awareness about the silent epidemic of hepatitis C, implementing HCV testing for persons born during 1945-1965, and ensuring that HCV-infected persons are linked to effective care and treatment.

Sincerely,

/John W. Ward/

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<http://www.cdc.gov/hepatitis/>