



Association Of State And Territorial Health Officials
2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202
(202) 371-9090 | www.astho.org

**ASTHO Comments on the
"Recommendations for the Identification of Hepatitis C Virus (HCV) Chronic Infection
Among Persons Born during 1945 through 1965"**

June 8, 2012

The Centers for Disease Control and Prevention (CDC) is soliciting public comments on the "Recommendations for the Identification of Hepatitis C Virus (HCV) Chronic Infection among Persons Born during 1945 through 1965." Below, the Association of State and Territorial Health Officials (ASTHO) offers comments for consideration. ASTHO appreciates the opportunity to comment on this important topic.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 120,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. Our vision is healthy people thriving in a nation free of preventable illness and injury.

ASTHO encourages efficient and maximum use of resources within state and territorial health agencies; promotes the adoption of sound policies and best practices at the federal and state levels; and emphasizes ways for state and territorial health agencies to better address the needs of vulnerable populations and reduce disparities in infection rates that currently exist, leading to improved health protection for all people in the United States. As such, ASTHO supports the recommendation that all adults born from 1945 through 1965 should receive one-time testing for HCV without prior ascertainment of HCV risk factor status. As cited by CDC as part of the GRADE process, this recommendation is a cost-effective approach to screen and identify the estimated 50-75% of people born between 1945 and 1965 that are unaware of their hepatitis C infection.¹

Current risk-based hepatitis C testing guidelines dating to 1998, while based in sound public health science, have met "limited success." Many individuals when asked about their behavioral history which may demonstrate risk, do not, for one reason or another, readily identify those behaviors. The one-time, routine offering of testing to all "baby boomers" will normalize the test. With normalization of testing, it is likely that the provision and uptake of testing will increase, insurance coverage of testing will improve, and the benefits of testing (include limiting disease progression, facilitating early access to treatments as appropriate, and reducing transmission) will be available to more people. In fact, CDC estimates more than 800,000 people currently living with chronic HCV infection will be identified and more than 120,000 lives will be saved through implementation of the birth cohort recommendation for screening.¹

¹ Rein, D.B., et al. November, 2011. The Cost-Effectiveness of Birth-Cohort Screening for Hepatitis C Antibody in U.S. Primary Care Settings. *Annals of Internal Medicine*.

ASTHO is a strong advocate for the role of state health agencies in addressing viral hepatitis. With guidance and support from CDC, ASTHO can work with other national entities such as NASTAD, CSTE, and organizations that represent primary care providers to help implement these recommendations.

State health agencies currently struggle with funding for viral hepatitis-related programs including prevention, testing, surveillance, and care and treatment. As HCV screening expands, state health agencies need to receive adequate funding for outreach, testing, as well as care and treatment when appropriate. Even with upcoming expansions in insurance coverage, additional resources may be needed to ensure that all persons who are recommended to be screened also have access to appropriate treatment and care. The recent funding opportunity announcement “to support implementation of a viral hepatitis testing initiative to increase early identification of persons with HBV and HCV infections, with a focus on populations that are disproportionately affected by these infections, and to enhance linkage to care, treatment, and preventive services for persons with these infections,” will certainly help some jurisdictions to better address HBV and HCV infections in their communities.

As described in “Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis”, the national surveillance system for viral hepatitis, though critical to our understanding of these infections, is largely unfunded and fragmented. This underdeveloped system results in incomplete information about the true burden of viral hepatitis. As more persons are tested for HCV, surveillance and case follow-up efforts will need to increase to collect data on this population, which may also require additional resources.

ASTHO will continue to collect and disseminate model or best practices, including outreach, messaging, and linkage to care. With constrained resources, it is increasingly important to work across programs, sectors and even jurisdictions.