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Surgeon General's Perspectives

TESTING BABY BOOMERS FOR HEPATITIS C VIRUS INFECTION

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Hepatitis C virus (HCV) is a deadly virus that often goes undetected. In the United States, an estimated 2.7–3.9 million people are infected, three-quarters of whom are baby boomers who were born from 1945 to 1965.[1] As a fellow baby boomer, I am very concerned that one in 40 baby boomers—about 2.1 million people—are infected with HCV. African American people are also disproportionately affected by HCV. Unfortunately, only testing those with certain risk factors and medical indications has had limited success in identifying all infections during the past 15 years.[2–4]

In the absence of effective detection and treatment, it is estimated that more than one-third of infected people may die from HCV-related disease,[5] and that three-quarters of these deaths would occur among baby boomers. HCV-associated deaths are rapidly increasing, doubling from nearly 8,000 deaths in 1999 to more than 16,000 deaths in 2010,[6,7] and are expected to increase to more than 35,000 deaths per year in the next 10–20 years without intervention. HCV infection is also the most common reason for liver transplantation and a leading cause of liver cancer,[8,9] the fastest-rising cause of cancer-related death in the U.S. Treatment for HCV is curative, however, and has been shown to reduce all-cause mortality among cured individuals.[10]

In the context of this growing health crisis, the Institute of Medicine (IOM) released a report entitled "Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C"[11] in January 2010, which made many recommendations, including improving HCV testing. In response to the IOM report, Assistant Secretary for Health Dr. Howard Koh convened an interagency working group to develop a strategic plan.[12] The plan called for the development of consistent HCV testing guidelines across U.S. Department of Health and Human Services agencies to improve implementation.

In 1998, the Centers for Disease Control and Prevention (CDC) recommended routine testing for people with specific risk factors or medical indications.[13] These risk factors include any history of injection drug use (even once), biochemical evidence of possible liver damage or disease, and blood transfusion or organ transplant before 1992 (when routine screening of donor blood was initiated). Despite these recommendations, as well as a further recommendation in 1999 for HCV testing for all adults infected with human immunodeficiency virus,[14] most people living with HCV infection are not aware of it. HCV infection is primarily asymptomatic, and many who have been infected for decades have no symptoms until they develop advanced liver disease, when care and treatment options are more limited. In addition, some physicians are uncomfortable asking their patients about past risk behaviors, and some patients are reluctant to share stigmatizing information, all of which results in missed opportunities for diagnosis and treatment. Lastly, recent analyses have found that 50% of infected baby boomers do not report any HCV-related risk factors; as such, they would not be identified even if risk-based screening were to be fully implemented.[15]

Because HCV infection has serious health consequences, and levels of diagnosis and treatment are low, CDC issued a recommendation in 2012 to test all baby boomers one time, whether or not a history of risk is elicited.[16] This recommendation enables medical providers to offer HCV testing to baby boomers routinely, without the barrier of discussing stigmatized risk behaviors. Testing need only occur once except for the small proportion of uninfected people who remain

at high risk. Because alcohol speeds progression of liver disease in those with HCV infection, CDC also recommends that all HCV-infected people receive an alcohol use assessment and intervention to reduce or cease alcohol use as indicated. In 2013, the U.S. Preventive Services Task Force issued HCV testing recommendations that also include routine, one-time HCV testing for baby boomers.[17] Consistent public health recommendations for HCV testing should reduce confusion among providers and enable increased testing, diagnosis, and treatment.

During my professional career, we have advanced from the world of non-A, non-B hepatitis to a fuller understanding of HCV. Now is the time to increase routine HCV testing of baby boomers to provide prevention counseling to improve liver health and to link infected people to care and treatment. People who do not know that they are infected with HCV cannot take action. Recommended steps for HCV testing and follow-up have recently been simplified,[18] interpretation is clear, and the routine testing of baby boomers can be readily integrated into clinical care. As effective treatments that can cure 90% of treated people become available, I urge physicians to test all baby boomers for HCV infection to prevent liver disease and death.

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