December 12, 2012

Dr. Robert Cosby
c/o US Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

RE: USPSTF DRAFT Recommendation Statement – Screening for Hepatitis C Virus (HCV) Infection in Adults

Dear Dr. Cosby,

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to provide comments on the Draft Recommendation Statement on Screening for Hepatitis C Virus Infection in Adults. IDSA represents nearly 10,000 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education, and research in the area of infectious diseases (ID). The Society's members focus on the epidemiology, diagnosis, investigation, prevention and treatment of infectious diseases in the United States and abroad. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis, surgical infections, those with cancer or transplants who have life-threatening infections caused by unusual or drug-resistant microorganisms, people living with HIV, AIDS, chronic viral hepatitis, and new and emerging infections, such as severe acute respiratory syndrome (SARS) and H1N1 influenza.

We request that the United States Preventive Services Task Force (USPSTF) “C” grading of the birth cohort HCV screening recommendation be changed to a “B”.

We agree with your conclusion from your review of the evidence that there is an accurate test for hepatitis C virus infection and a morbidity and mortality benefit from successful treatment(1). We also agree with your upgrading of the recommendation for testing persons with risk factors from “I” to “B”. Our disagreement is with the “C” grading of the birth cohort recommendation (2).

We strongly believe that an overly conservative grade of “C” will cause harm. While we acknowledge that conservative grading is justified for conditions for which a positive screening test might result in frequent unnecessary and harmful procedures, this concern is not germane to HCV screening. Antibody screening test results can be confirmed without measurable risk. On the other hand, a “C” versus a “B” grade of the birth cohort recommendation will have broad impact in the public health.
Physicians consider the higher-level recommendations ("A" or "B") as guidance in the provision of quality care. Payers also make patient access to preventive services determinations based on the USPSTF’s recommendations. With a grade "C" recommendation, broad-based adoption of birth-cohort screening efforts will likely languish and this ‘silent epidemic’ will likely continue. Moreover, although we recognize the USPSTF is independent, its recommendations are not only out of harmony with the CDC but are also internally inconsistent. The prevalence of HCV infection is approximately the same in persons who had a transfusion before 1992 and in persons born in the birth cohort.

There is clear evidence that screening based on risk factors has been insufficient. Although this practice has been endorsed since at least 1998, more than half of HCV infected persons are unaware of their status. An additional measure is clearly justified given the availability of accurate testing and benefits of treatment.

An estimated 75% of HCV-infected persons in the United States were born between 1945 and 1965 and that cohort has an HCV prevalence (4%) that is more than five-fold higher than persons born in other years. The prevalence of HCV infection in this birth-cohort is similar to the prevalence among persons with a transfusion before 1992(6%), which is one of the groups for whom you gave a “B” grade for screening (3-5). Therefore, the magnitude of the overall health benefit is comparable for both populations and both should have the same ranking of “B”.

In considering the benefits to the patient, it does not matter if a risk factor is acknowledged. Although fewer tests would be needed to identify an infected person in some (but not all) risk groups, the benefits of discovering infection are directly related to the chance to be cured and to prevent cirrhosis, hepatocellular carcinoma, and death. All persons deserve that right, even if they have not injected illicit drugs or had a transfusion before 1992. Furthermore, the Centers for Disease Control and Prevention (CDC) analysis projects birth cohort testing would identify approximately 800,000 new infections and save 121,000 lives (3,4). Testing more persons to find those 800,000 does not diminish the benefits and the additional cost has already been found to be easily justified (3).

Therefore, we request that the Task Force provide a grade “B” recommendation for screening of HCV infection in adults born between 1945 and 1965. Again, we appreciate the opportunity to provide comments on the draft recommendation statement. Please feel free to contact Andres Rodriguez, Sr. Program Officer here at IDSA, (office: 703-299-5146; email: arodriguez@idsociety.org) with any related correspondence.

Sincerely,

David Relman, M.D. FIDSA
President, IDSA

David L. Thomas, MD, MPH
Chair, Hepatitis Task Force, IDSA


