

**Congress of the United States**  
**Washington, DC 20515**

March 9, 2012

Dr. Thomas R. Frieden  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333

RE: Release of Screening Guidelines for Hepatitis C

Dear Director Frieden:

We are writing to express our full support for the timely release of the Centers for Disease Control and Prevention's ("CDC") revised screening guidelines for the Hepatitis C virus ("HCV"). In particular, we urge the CDC to adopt new guidelines that would recommend a one-time screening for all Americans born between 1945 and 1970, the "baby boomer generation." Existing risk-based screening is not effectively targeting a patient population where baby boomers account for 80 percent of all Americans infected with chronic HCV.<sup>[1]</sup>

HCV infection is the most common long-term blood-borne infection in the United States.<sup>[2]</sup> There are four million Americans currently infected with HCV, but 75% of these individuals are unaware of their condition.<sup>[3]</sup> Additionally, the incidences of chronic infection are disproportionately higher in minority populations. For example, HCV is twice as prevalent among African Americans as among Caucasians.<sup>[4]</sup>

Chronic HCV can result in long-term health problems, and is the leading cause of liver cancer and the most common reason for liver transplantation in the United States.<sup>[5]</sup> Despite new treatment options that can cure the disease, the mortality rate associated with HCV has now surpassed HIV/AIDS with 15, 106 deaths attributable to the virus in 2007 alone.<sup>[6]</sup>

These are devastating numbers and that is why it is so important for the CDC to take action and release new age-based screening guidelines that will more effectively address this serious issue. Age-based screening may help to identify these HCV-infected patients prior to the onset of liver failure or liver cancer, allowing them to be adequately monitored and potentially treated.<sup>[7]</sup> Furthermore, by increasing efforts to detect HCV infection, screening may assist in reducing further transmission of the virus.

Recent studies offer evidence that this is sound public policy that will also save lives. An article in *The Annals of Internal Medicine*, authored by the CDC, provides a glimpse into the type of effect new guidelines could have. The article found that compared with the status quo, age-based screening would

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<sup>[1]</sup> "Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C," at 1. Institute of Medicine, July 27, 2011

<sup>[2]</sup> McHutchison, J.G. & Bacon, B.R. Chronic hepatitis C: an age wave of disease burden. *Am J Manag Care* 11, S286-295; quiz S307-211 (2005).

<sup>[3]</sup> CDC, FAQs for Health Professionals, <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

<sup>[4]</sup> Armstrong GL, et al. The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. *Ann Intern Med.* 2006;144(10):705-714; 3.

<sup>[5]</sup> CDC, Hepatitis C FAQs for the Public, <http://www.cdc.gov/hepatitis/c/cfaq.htm>

<sup>[6]</sup> "The Growing Burden of Mortality Associated with Viral Hepatitis in the United States, 1999-2007," S.D. Holmberg, K.N. Ly., et al, AASLD Abstract, November 5-8, 2011.

<sup>[7]</sup> Srocynski G, Esteban E, Conrads-Frank A, Schwarzer R, et. al. Long-term effectiveness and cost-effectiveness of screening for Hepatitis C virus infection. *European Journal of Public Health*, Vol. 19, No. 3, 245-253. February 2009.

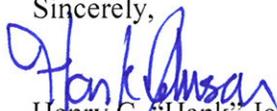
identify 808,580 additional cases of chronic HCV infection and, when followed by treatment, would reduce the number of deaths by 121,000. If implemented, this could be a transformative development given the study's other finding that deaths from HCV are forecasted to increase to 35,000 annually by 2030.<sup>[8]</sup>

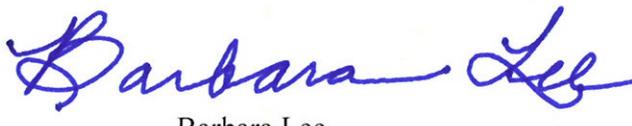
A similar peer-reviewed article on the cost-effectiveness of age-based screening was recently published in *Hepatology*. The study's authors found that compared to the current strategy of risk-based screening, birth cohort screening followed by treatment reduced deaths by 78,000 compared to risk-based screening at a cost of \$37,700 per quality-adjusted life year (QALY) gained. The study also found that birth cohort screening followed by treatment resulted in 84,000 fewer cases of cirrhosis, 46,000 fewer cases of liver cancer, and 10,000 fewer liver transplants.

Deaths attributable to HCV are increasing, leading to a sense of urgency around the need to take action. We believe that the lessons from the HIV epidemic are applicable to combating HCV, that hepatitis C deaths can be prevented through promoting testing, early diagnosis & linkage to care. The CDC is to be commended for identifying the magnitude of the problem, but it is now imperative that it take further steps towards helping the millions of patients unaware of their condition to get screened and linked to care.

New CDC draft guidelines could offer an effective approach to reaching populations where the disease is most prevalent. We once again offer our full support for new HCV age-based screening guidelines, and urge the CDC to finalize their recommendations as soon as possible.

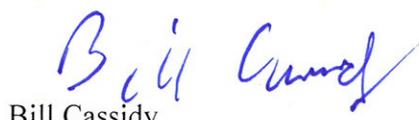
Sincerely,

  
Henry C. "Hank" Johnson  
Member of Congress

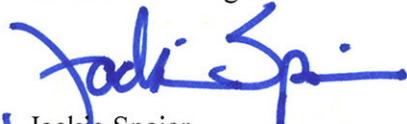
  
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Member of Congress

  
Mike Honda  
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Edolphus Towns  
Member of Congress

  
Bill Cassidy  
Member of Congress

  
John Lewis  
Member of Congress

  
Jackie Speier  
Member of Congress

  
John Conyers, Jr.  
Member of Congress

<sup>[8]</sup> "The Cost Effectiveness of Birth-Cohort Screening for Hepatitis C Antibody in US Primary Care Settings," D. Rein, B. Smith, et. al, *The Annals of Internal Medicine*, February 2012.

Mary Bono Mack

Mary Bono Mack  
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Cc: The Honorable Kathleen Sebelius, Secretary, Department of Health and Human Services  
Cc: Dr. Howard Koh, Assistant Secretary for Health, Department of Health and Human Services