Hepatitis C: Expansion of Testing Recommendations, 2012

Hepatitis C is an unrecognized health crisis in the United States. This life-threatening infection affects an estimated 3.2 million Americans, most of whom are “baby boomers” (those born from 1945 through 1965). And while newly available treatments can cure the majority of persons treated for hepatitis C, most people do not seek care because they do not know they are infected.

Diagnosing hepatitis C early is key, since the longer the virus goes undetected, the greater a person’s risk of transmission and of developing serious liver disease, including liver cancer and cirrhosis. Deaths due to hepatitis C are increasing, reaching more than 15,000 in 2007.

CDC’s previous public health recommendations focused on testing only individuals with known risks for hepatitis C. To identify more hidden infections, provide prompt and appropriate care and treatment, and avoid tens of thousands of hepatitis C-related illnesses and deaths, CDC is now expanding these guidelines to recommend one-time hepatitis C testing for all baby boomers.

Hepatitis C and Baby Boomers

More than 75 percent of American adults with hepatitis C are baby boomers

Baby boomers are five times more likely than other American adults to be infected with the disease. In fact, more than 75 percent of American adults with hepatitis C are baby boomers. Many baby boomers were infected with hepatitis C when they were in their teens and twenties. Some may have become infected through blood transfusions or other health care exposures before universal precautions and widespread blood screening began in 1992. Others may have become infected from experimentation with drug use, even if only once decades ago. Because these exposures were often long ago, many baby boomers may not recall — or may be unwilling to discuss — the events that could have placed them at risk. As a result, many have never been tested for hepatitis C.

Hepatitis C Testing: New, Expanded Recommendations

A blood test is the only way to identify these silent infections.

CDC’s previous recommendations called for testing only those who have a known risk for hepatitis C (see box, this page). While this is still important, too many infections were being missed — since individuals, and even doctors, may be uncomfortable discussing behaviors related to hepatitis C risk. In addition, standard, routine tests of liver function miss more than half of all cases of hepatitis C infection.

As a result, CDC has expanded its risk-based guidelines to include a simple, one-time blood test for all baby boomers. For those who test positive, the new, expanded recommendations call for referral to care and treatment and a brief screening for alcohol use, which can accelerate progression of liver disease in those with hepatitis C.

Who Should Be Tested For Hepatitis C?

New, expanded recommendation:
- All persons born from 1945 through 1965

Existing, risk-based guidelines:
- Anyone who has ever injected illegal drugs
- Recipients of blood transfusions or solid organ transplants before July 1992, or clotting factor concentrates made before 1987
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposures to hepatitis C, such as:
  - Health care workers after needlesticks involving blood from a patient with hepatitis C
  - Recipients of blood or organs from a donor who later tested positive for hepatitis C
- People living with HIV
- People with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
- Children born to mothers who have hepatitis C
Why Expand Hepatitis C Testing?

CDC expanded hepatitis C testing recommendations at this time for several reasons:

- The vast majority (more than 75 percent) of American adults with hepatitis C are baby boomers. Testing people in this age group will help identify many undiagnosed cases.
- Deaths from hepatitis C are on the rise. As hepatitis C-infected baby boomers age, the likelihood that they will develop serious, life-threatening complications from the disease increases — unless those infections are appropriately diagnosed and treated.
- New therapies can cure up to 75 percent of persons treated for hepatitis C. Identifying silent cases of hepatitis infection has the potential to save more lives than ever before, and the research pipeline indicates that even more effective therapies may be available in the future.

Testing saves lives. CDC estimates that implementing the new testing recommendations could identify 800,000 additional hepatitis C virus infections; providing these patients with appropriate care and treatment could prevent more than 120,000 deaths.

Testing is cost-effective. One-time hepatitis C screening for baby boomers, with treatment for those found to be infected, is comparable in cost-effectiveness to other routine preventive health services, such as screening for cervical cancer or cholesterol screening and treatment.

About Hepatitis C

Hepatitis C is a virus that attacks the liver. It is the leading cause of liver transplants and liver cancer — the fastest-rising cause of all cancer-related deaths — in the United States. The number of Americans who die from hepatitis C-related conditions is increasing, totaling more than 15,000 in 2007.

Hepatitis C is transmitted through contaminated blood. Today, many people become infected through sharing needles when injecting drugs. Before widespread screening of the U.S. blood supply for hepatitis C began in 1992, the virus also was spread through blood transfusions, organ transplants, and other health care exposures. In some instances, HCV can be spread by sexual contact and from mothers to their infants at birth.

Despite the serious illness it can cause, hepatitis C is called a “silent epidemic” because it often has no noticeable symptoms for many years — even decades. Studies indicate that up to 75 percent of those with hepatitis C are unaware of their infection and the risk of severe liver disease. While there is no vaccine to prevent hepatitis C virus infection, all persons with hepatitis C can benefit from becoming aware of their infection, learning how to avoid transmission to others, receiving medical care to protect their liver from further harm, and receiving recommended therapy which, in the majority of persons treated, can clear the virus from their system (“virologic cure”).

Developing the Recommendations

CDC’s expanded recommendations were developed by a working group including experts from CDC and other federal agencies, professional associations, community and advocacy groups, and local and state health departments.

Draft recommendations were issued in May 2012, followed by a three-week public comment period. Comments received from individuals and organizations during the public comment period (May 22–June 8, 2012) overwhelmingly supported CDC’s original proposal. As a result, the agency did not make substantive changes to the draft recommendations.

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