

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

December 26, 2019

Carolyn Wester, MD, MPH
Director, Division of Viral Hepatitis
Centers for Disease Control and Prevention
1600 Clifton Road NE, Mailstop U12-3
Atlanta, GA 30329
ATTN: Docket No. CDC-2019-0094

Re: CDC Recommendations for Hepatitis C Screening among Adults, CDC-2019-0094

Dear Dr. Wester,

On behalf of the National Association of County and City Health Officials (NACCHO), I write to express our support for the proposed updates to the Centers for Disease Control and Prevention (CDC) *Recommendations for Hepatitis C Screening among Adults*, as well as provide comments. NACCHO is the leader, partner, catalyst, and voice of nearly 3,000 local health departments across the country, who work to promote and protect the health, well-being, and safety of their communities. Local health departments play an important role in the prevention and control of viral hepatitis, leading local hepatitis C virus (HCV) surveillance, prevention, screening, and linkage to care efforts.

In the United States, there are approximately 2.4 million people living with HCV.ⁱ The opioid epidemic, and the associated increase in injection drug use, is catalyzing the spread of HCV, with acute cases tripling between 2010 and 2015.ⁱⁱ In 2017, there were an estimated 44,700 new cases of HCV.ⁱⁱⁱ HCV is a leading cause of liver disease, transplantation, and cancer, and kills more Americans than any other infectious disease that is reported to the CDC.^{iv,v}

Local health departments lead HCV surveillance efforts, monitoring and responding to local trends, and many implement strategies to stop the transmission of HCV, including by operating and supporting syringe services programs. Most local health departments offer screening and linkage to care for HCV, and some provide treatment, often for populations that face disproportionate risk and heightened barriers to care. In response to the syndemic of viral hepatitis, HIV and other STIs, and injection drug use, local health departments are increasingly integrating programs and services, including by expanding HCV screening into HIV, STI, and harm reduction services.

While local health departments are on the frontlines, leading HCV prevention and control at the local level, they cannot combat the epidemic alone. Existing screening efforts are insufficient: less than half of



people living with HCV know their status, less than a quarter have initiated treatment, and even fewer have been cured—despite the availability of medicines that can cure more than 90% of people living with HCV in less than three months.^{vi,vii} A recent report by the National Academies of Sciences, Engineering, and Medicine determined that the tools to eliminate hepatitis B and C in the U.S. are available, but this cannot be achieved without increased screening and linkage to care for people living with HCV.^{viii}

Due to the high prevalence, incidence, and associated morbidity and mortality, and the low levels of diagnosis among people living with HCV, we support CDC’s draft *Recommendations for Hepatitis C Screening among Adults*, which build on the existing, risk-based screening guidelines to recommend “hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection is less than 0.1%.” Notably, the prevalence of HCV in all U.S. states and the District of Columbia is higher than this threshold.^{ix} Local health departments and the communities they serve would benefit from having prevalence data on a more local level, such as by county, to identify the need for testing in their population.

NACCHO also supports the second proposed addition to CDC’s *Recommendations for Hepatitis Screening among Adults*, which recommends “hepatitis C screening for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection is less than 0.1%.” However, we recommend that this be expanded from “pregnant women” to include all pregnant people, regardless of gender identity. This is particularly important as transgender, gender nonconforming, and non-binary people report high levels of stigma and discrimination from healthcare professionals, and consequently may delay or avoid seeking care, resulting in fewer opportunities for prevention and screening.^x Additionally, transgender populations are disproportionately impacted by HIV and injection drug use, both of which are associated with risk for HCV.^{xi} Men who have sex with men (MSM) are also disproportionately impacted by HIV, and as the rate of HCV appears to be rising among MSM, local and state health departments are increasingly integrating HCV screening into clinical services for MSM.^{xii} We encourage CDC to consider the heightened risk for HCV faced by MSM and how expanding the recommendations to recognize this risk may bolster local public health efforts.

While the proposed expansion of CDC’s *Recommendations for Hepatitis C Screening among Adults* is a critical first step, far more work is needed to operationalize them. Local health departments are well-positioned to increase awareness of the updated recommendations, recognizing their existing partnerships with health systems and healthcare providers. Additionally, their leadership in local HCV surveillance efforts equips them with the data needed to make the case for increased HCV screening and address gaps in screening and linkage to care. However, additional resources are critical to enable local public health to strengthen HCV surveillance and support the operationalize of these recommendations in their communities.

Expanded HCV screening will ensure that more people are aware of their status, and that more people living with HCV are linked to care and cured of HCV. The proposed additions to CDC’s HCV screening guidelines would be cost-effective and ultimately reduce morbidity and mortality associated with HCV, as indicated in the proposed *Recommendations*.^{xiii,xiv,xv}

Thank you for the opportunity to provide input on this important matter. If you have any questions,

please contact Kat Kelley, Program Analyst, HIV, STI, & Viral Hepatitis at 202-507-4223 or kkelley@naccho.org.

Sincerely,



Lori Tremmel Freeman, MBA
Chief Executive Officer

ⁱ Centers for Disease Control and Prevention Division of Viral Hepatitis. (2019). *Viral Hepatitis Surveillance – United States, 2017*. Retrieved from

<https://www.cdc.gov/hepatitis/statistics/2017surveillance/pdfs/2017HepSurveillanceRpt.pdf>

ⁱⁱ Centers for Disease Control and Prevention. (2017, May 11). *New Hepatitis C Infections Nearly Tripled over Five Years* [Press release]. Retrieved from <https://www.cdc.gov/nchhstp/newsroom/2017/Hepatitis-Surveillance-Press-Release.html>

ⁱⁱⁱ Centers for Disease Control and Prevention Division of Viral Hepatitis. (2019). *Viral Hepatitis Surveillance – United States, 2017*. Retrieved from

<https://www.cdc.gov/hepatitis/statistics/2017surveillance/pdfs/2017HepSurveillanceRpt.pdf>

^{iv} U.S. Department of Health and Human Services. (January 2017). *The U.S. National Viral Hepatitis Action Plan for 2017-2020*. Retrieved November 26, 2019, from

<https://www.hhs.gov/sites/default/files/National%20Viral%20Hepatitis%20Action%20Plan%202017-2020.pdf>

^v Ly, K. N., Hughes, E. M., Jiles, R. B., & Holmberg, S. D. (2016). Rising mortality associated with hepatitis C virus in the United States, 2003–2013. *Clinical Infectious Diseases*, 62(10), 1287-1288.

^{vi} U.S. Department of Health & Human Services. *Viral Hepatitis in the United States: Data and Trends*. Retrieved November 26, 2019, from <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>

^{vii} Zhou, K., & Terrault, N. A. (2019). Gaps in Viral Hepatitis Awareness in the United States in a Population-based Study. *Clinical Gastroenterology and Hepatology*.

^{viii} National Academies of Sciences, Engineering, and Medicine. 2017. *A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report*. Washington, DC: The National Academies Press. doi:

<https://doi.org/10.17226/24731>.

^{ix} Rosenberg, E. S., Rosenthal, E. M., Hall, E. W., Barker, L., Hofmeister, M. G., Sullivan, P. S., ... & Ryerson, A. B. (2018). Prevalence of hepatitis C virus infection in US states and the District of Columbia, 2013 to 2016. *JAMA Network Open*, 1(8), e186371-e186371.

^x Lambda Legal. 2014. *When Health Care Isn't Caring Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV*. Retrieved from

https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf

^{xi} University of California, San Francisco. *Transgender health and hepatitis C*. Retrieved December 2, 2019, from <https://transcare.ucsf.edu/guidelines/hepatitis-c>

^{xii} Tohme, R. A., & Holmberg, S. D. (2010). Is sexual contact a major mode of hepatitis C virus transmission? *Hepatology*, 52(4), 1497-1505.

^{xiii} Eckman, M. H., Talal, A. H., Gordon, S. C., Schiff, E., & Sherman, K. E. (2013). Cost-effectiveness of screening for chronic hepatitis C infection in the United States. *Clinical Infectious Diseases*, 56(10), 1382-1393.

^{xiv} Barocas, J. A., Tasillo, A., Eftekhari Yazdi, G., Wang, J., Vellozzi, C., Hariri, S., ... & Salomon, J. A. (2018). Population-level outcomes and cost-effectiveness of expanding the recommendation for age-based hepatitis C testing in the United States. *Clinical Infectious Diseases*, 67(4), 549-556.

^{xv} Tasillo, A., Yazdi, G. E., Nolen, S., Schillie, S., Vellozzi, C., Epstein, R., ... & Linas, B. P. (2019). Short-term effects and long-term cost-effectiveness of universal hepatitis C testing in prenatal care. *Obstetrics & Gynecology*, 133(2), 289-300.