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FOR IMMEDIATE RELEASE
September 12, 2012

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Health Update: CDC Recommends Testing for Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965

In a recent Morbidity and Mortality Weekly Report (MMWR), the Centers for Disease Control and Prevention (CDC) now recommend that all persons born from 1945 to 1965 be tested for chronic hepatitis C virus (HCV). HCV is an increasing cause of morbidity and mortality in the U.S. Many of the 2.7–3.9 million persons living with HCV infection are unaware they are infected and do not receive care (e.g., education, counseling, and medical monitoring) and treatment. The CDC estimate that although persons born during 1945–1965 comprise an estimated 27% of the population, they account for approximately three fourths of all HCV infections in the U.S., and 73% of HCV-associated mortality, and are at greatest risk for hepatocellular carcinoma and other HCV-related liver disease.

With the advent of new therapies that can halt disease progression and provide a virologic cure (i.e., sustained viral clearance following completion of treatment) in most persons, targeted testing and linkage to care for infected persons in this birth cohort is expected to reduce HCV-related morbidity and mortality.

Recommendations

The following recommendations for HCV testing are intended to augment the *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease* issued by CDC in 1998. In addition to testing adults of all ages at risk for HCV infection, CDC recommend that:

- Adults born during 1945–1965 should receive one-time testing for HCV without prior ascertainment of HCV risk, and
- All persons identified with HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HCV infection and related conditions.

Providers and patients can discuss HCV testing as part of an individual's preventive health care. For persons identified with HCV infection, CDC recommend that they receive appropriate care, including HCV-directed clinical preventive services (e.g., screening for alcohol use, hepatitis A and hepatitis B vaccination as appropriate, and medical monitoring of disease).

Recommendations are available to guide treatment decisions at:

<http://www.aasld.org/practiceguidelines/Documents/2011UpdateGenotype1HCVbyAASLD24641.pdf>. Treatment decisions should be made by the patient and provider after several factors are

considered, including stage of disease, hepatitis C genotype, comorbidities, therapy-related adverse events, and benefits of treatment.

The full MMWR can be accessed at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm?s_cid=rr6104a1_w

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