

September 17, 2019



To the U.S. Preventive Services Task Force:

The National Viral Hepatitis Roundtable (NVHR) is a 500+ member coalition of viral hepatitis patients, providers, and public health professionals working to address viral hepatitis A, B, and C epidemics in the U.S. NVHR commends the U.S. Preventive Services Task Force (USPSTF) for taking the important step to expand the current hepatitis C virus (HCV) screening guidelines to include a one-time screening for all adults.

On behalf of NVHR members, I would like to offer the coalition's enthusiastic support of expanded adult HCV screening and bring to the attention of USPSTF the following suggestions for incorporation into its guidance:

1. USPSTF should recommend that all pregnant persons be screened for hepatitis C, and that all exposed infants and children receive proper follow-up testing, care, and (eventual) treatment.

In reviewing the evidence associated with perinatal HCV, USPSTF should evaluate the benefit of screening all pregnant people for the additional purpose of identifying infants in need of further monitoring and care. Studies in recent years have demonstrated increasing trends of HCV infection among persons of child-bearing age and of HCV exposure among newborns, the latter of which increased by 68% from 2011-2014 alone (Koneru et al. MMWR, 2016). With curative therapies now approved for children as young as 3 years old, there is no reason a child should have to live to adulthood harboring hepatitis C infection. Rick Nash, NVHR Patient Advocate, who lived with hepatitis from birth has this to share: *"I somehow lived through 6 years with end stage liver disease wondering if I would get a transplant, or if I was one of the nearly 20,000 people per year who die from Hep C.. [B]roadening the testing scope means helping those people access these cures, so they never have to join in wondering the same fate."* Identifying pregnant persons infected with hepatitis C introduces an opportunity for cure of the parent following childbirth and for prevention of vertical transmission in subsequent pregnancies.

2. USPSTF should recommend that all persons infected with hepatitis C be treated with curative therapy.

In its 'Consumer Guide' USPTF makes the following statements: *"Not everyone who is infected with the hepatitis C virus needs immediate treatment. Many people without signs of liver damage can be monitored and treated only if the virus becomes active."*; and, *"For people who need treatment, hepatitis C infection can usually be successfully treated with medicines to get rid of the virus. The goal of treatment is to prevent long-term damage to the liver from the infection."*

NVHR suggests that USPSTF rephrase its treatment recommendation to align with the IDSA/AASLD guidance, which recommends, *"treatment for all patients with chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV treatment, liver transplantation, or another directed therapy."* Regarding the goal of treatment, NVHR suggests that USPSTF additionally cite the benefit of treatment as a tool for preventing transmission of HCV to others.

3. USPSTF should highlight key opportunities for policy to support a maximal impact of expanded screening guidance, by suggesting the following:

- That payers remove all barriers and restrictions to curative therapy among those identified with hepatitis C, including but not limited to lengthy prior authorization processes, liver damage, sobriety requirements and treating provider limitations.
- That states remove existing, or avoid proposed, legislation that directly or inadvertently criminalizes people at risk for or living with hepatitis C and enact policies that decriminalizes hepatitis C exposure and tools for prevention (such as syringe exchange). Thirteen states have laws that criminalize viral hepatitis, which are unscientific, overly harsh, and discriminatory. Criminalizing someone's health status should never be the solution to a public health challenge.
- That correctional facilities screen all incarcerated persons and provide curative treatment for those who are infected with hepatitis C.

I appreciate the opportunity to share feedback on behalf of NVHR members, most importantly on behalf of those personally impacted by hepatitis C. Please contact me should further clarification be warranted.

Sincerely,

A handwritten signature in black ink that reads "Lauren Canary". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

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