

U.S. Preventive Services Task Force Issues Draft Recommendation on Screening for Hepatitis C Virus Infection in Adults

WASHINGTON, D.C. – November 27, 2012 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for hepatitis C virus (HCV) infection in adults. The Task Force is providing an opportunity for public comment on this draft recommendation until December 24. All public comments will be considered as the Task Force develops its final recommendation.

Millions of people in the United States are infected with HCV, and many are unaware of their condition, in large part because they may not have any symptoms. HCV infection is a leading cause of liver cirrhosis, end-stage liver disease, liver cancer, and liver transplants.

In recent years, there have been substantial advances in the effectiveness of treatment for hepatitis C. These advances have also reduced the potential side effects and harms of diagnosis and treatment.

“Since symptoms may not appear until decades after a person is infected, detection and treatment can help prevent liver damage, liver cancer, and deaths from hepatitis C,” said Task Force member Dr. Kirsten Bibbins-Domingo, M.D., Ph.D.

For adults at high risk, including those with any history of intravenous drug use and people who received blood transfusions prior to 1992, the Task Force is proposing screening for HCV infection. In its draft recommendation statement, the Task Force also recommends that clinicians consider screening adults born between 1945 and 1965.

“The treatment of hepatitis C is advancing rapidly,” Dr. Bibbins-Domingo said. “Based on what we know today, the Task Force concluded that screening provides substantial benefits for people at high risk. We also found that screening people from the baby boom generation also provides real, although smaller, benefits. People at high risk have about a 50 percent chance of being infected with hepatitis C, whereas people born between 1945 and 1965 have a three to four percent chance of being infected.”

The Task Force’s draft recommendation has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from November 27 to December 24 at www.uspreventiveservicestaskforce.org/www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment. A fact sheet that explains the draft recommendation statement in plain language is also available online.

The Task Force is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Contact: Ana Fullmer at Newsroom@USPSTF.net / (202) 350-6668