



Mary T. Bassett, MD, MPH

Commissioner

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Dear Colleague:

We are at a turning point in the fight against hepatitis C virus (HCV) infection. Across the nation, HCV now causes more deaths annually than HIV and remains a leading indication for liver transplant.¹ The majority of HCV infections are in persons born between 1945 and 1965.² New York State Law now requires all primary care physicians to offer an HCV test to all persons born between 1945 – 1965, as well as those with risk factors for HCV infection, consistent with recommendations from the Centers for Disease Control and Prevention and the US Preventive Services Task Force.^{3,4} New and improved HCV antiviral medications can now cure HCV infection in the majority of patients with fewer side effects and a shorter duration of treatment than in the past. The medical community has an unprecedented opportunity to prevent cirrhosis, end-stage liver disease, liver cancer, and death from HCV infection through early identification and treatment.

An estimated 145,600 New Yorkers are currently infected with HCV.⁵ Many New Yorkers with HCV infection remain undiagnosed, and one-third of those with a positive HCV antibody test have not had a confirmatory HCV RNA test⁶ to determine their infection status, which may indicate that they are not in HCV specific care. Many people diagnosed with HCV also do not receive appropriate counseling, education, and vaccinations.⁷

To improve health outcomes of persons with HCV infection, the NYC Health Department recommends that providers:

1. **Test all persons born between 1945 and 1965** (ie, “baby boomers”) at least one time for HCV antibody, regardless of risk factors, and test persons with risk factors (a list of risk factors can be found on the DOHMH hepatitis website at www.nyc.gov/health/hepatitis).
2. **For patients who test positive for HCV antibody, order an HCV RNA test to determine infection status.**
3. **Evaluate all patients with current HCV infection for treatment.** With proper support, even people with psychosocial issues or who are actively using drugs can be cured of HCV infection.⁸

The Health Department encourages all infectious diseases and primary care providers to learn how to treat HCV infection⁹ (**Resources**). If you are not in the position to provide HCV evaluation, care and treatment, refer patients to providers who specialize in this area. Visit www.nyc.gov/health/hepatitis for more information.

Exciting advances in HCV treatment have markedly improved the possibility to cure HCV infection and reduce serious complications and death. We need your help in making this possibility a reality.

Sincerely,

A handwritten signature in blue ink that reads "Mary T. Bassett".

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References

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Resources

- American Association for the Study of Liver Diseases (AASLD) Practice Guidelines: www.aasld.org/practiceguidelines/pages/default.aspx
- Clinical Care Options – Hepatitis (Continuing Medical Education): www.clinicaloptions.com/Hepatitis.aspx
- CDC – Hepatitis C FAQs for Health Professionals: www.cdc.gov/hepatitis/HCV/HCVfaq.htm