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HEALTH AND MENTAL HYGIENE  
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Virginia Moyer, MD, MPH  
Chair  
U.S. Preventive Services Task Force  
540 Gaither Road  
Rockville, MD 20850

Re: HCV Draft USPSTF Recommendations

Dear Dr. Moyer:

The New York City Department of Health and Mental Hygiene (DOHMH) appreciates the opportunity to submit comments in response to publication of the U.S. Preventive Services Task Force's (USPSTF) draft recommendation statement on screening for hepatitis C (HCV). DOHMH serves an area with perhaps the highest of number individuals infected with HCV in the United States, with an estimated seroprevalence of 2.2% and a range of 129,000 – 150,000 individuals with chronic infection<sup>1</sup>. It is believed that up to 75% of these individuals do not know they are infected. Screening for HCV is one of the most critical tools at our disposal to stem the future cost of treating liver cancer and other complications from late-stage chronic HCV that we face if they remain undiagnosed.

DOHMH is pleased that the recommendation for persons with a history of injection drug use has been given the grade "B", but we believe this recommendation may exclude a significant proportion of those who fall into this risk group for a number of reasons. First, we believe not all persons with a history of injection drug use will disclose their risk history to their health care provider. Second, many physicians currently do not ask for this information. Furthermore, if the patient does indeed identify past injection drug use, and this risk is captured in the existing medical record, it may be ignored unless a "yes" answer to this question is directly and electronically linked to a recommendation for a test.

Since the risk recommendation leaves a window for error that could continue the vast underdiagnosis of HCV, we recommend that the USPSTF increase the grade for the 1945-1965 birth cohort to a "B." The benefit of testing by age cohort in addition to risk category allows clinicians to capture those persons with a history of injection drug use who are unwilling to disclose their risk history to their health care provider. In addition, there is concern that the "suggestion for practice" with the "C" grade will not be applied consistently in health care

settings due to the possibility that insurance companies may decide not to cover the cost of this test. Therefore a birth cohort testing recommendation with a higher grade would ensure a net public health benefit.

As an agency that has been actively testing individuals for HCV for over a decade, we believe the perceived harms of testing identified by USPSTF do not outweigh the benefits. Even without medical intervention, a person knowing their HCV status can have profound beneficial health outcomes. Individuals who, with the knowledge of their chronic infection, choose to limit alcohol consumption, eat a healthy diet and reduce or stop the use of illicit drugs can have a positive impact on disease mortality.

As the public health agency responsible for coordinating HCV prevention services in a large city, we are particularly concerned about the public health implications of not recommending testing to individuals at high risk for transmission to others. Persons living with HCV, but unaware of their status, will not be able to take necessary precautions to prevent transmission to others if their health care providers do not recommend they be tested.

Thank you for the opportunity to provide comments. We look forward to the publication of the final USPSTF statement on HCV screening. In the interim, if you have questions, please contact Robert Nickerson at (202) 624-5912.

Sincerely,

Jay Varma  
Deputy Commissioner for Disease Control

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<sup>i</sup> Bornschlegel K, Berger M, Garg RK et al. Prevalence of Hepatitis C in New York City. *Journal of Urban Health* 2009 Nov;86(6):909-17