NATIONAL MINORITY AIDS COUNCIL
25 Years Of
Building Healthier Communities

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Division of Viral Hepatitis
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, Mailstop G-37
Atlanta, Georgia 30333

RE: Recommendations for the Identification of Hepatitis C Virus Chronic Infection, Docket No. CDC-2012-0005

Dear Ms. Morgan:

The National Minority AIDS Council (NMAC) appreciates the opportunity to provide comments in response to the draft Recommendations for the Identification of Hepatitis C Virus (HCV) Chronic Infection among Persons Born during 1945 through 1965. NMAC is a charged by its diverse membership of thousands of community- and faith-based organizations and AIDS service organizations delivering HIV/AIDS services in communities of color nationwide. For nearly twenty years, NMAC has been the premiere organization dedicated to developing leadership within communities of color to address the challenges of HIV/AIDS through public policy and educational programs, including national conferences, technical assistance, and capacity building endeavors.

In particular, NMAC is concerned that Hepatitis disproportionately affects racial, ethnic, and sexual minorities which makes prevention, control, and treatment strategies challenging due to diverse cultural barriers. African Americans—who make up 14 percent of the U.S. population—account for 22 percent of HCV cases in the United States. Although Asian and Pacific Islander Americans make up only 4.5 percent of the U.S. population, they account for more than 50 percent of chronic HBV cases. One in 10 Asian and Pacific Islander Americans has chronic HBV infection, which is significantly higher compared with Whites, African Americans and Latinos. An estimated 15 percent to 25 percent of new hepatitis infections in the United States occur in gay and bisexual men. According to CDC, gay and bisexual men are also considered to be at increased risk for HCV.

I. Hepatitis C Treatment is Proven Less Effective in Urban Minority Patients

Recent studies confirm that the standard HCV therapy (pegylated interferon and ribavirin) is significantly less effective in urban minority patients treated in ordinary clinical practice setting compared with results produced during clinical trials. Results of this study appear in the April 2010 issue of *Hepatology*, a journal published by Wiley-Blackwell on behalf of the American Association for the Study of Liver Diseases.

According to the CDC's Office of Minority Health & Health Disparities (OMHD), minorities experience a disproportionate burden of HCV compared with non-minorities. African Americans have higher rates of HCV infection than Whites or Hispanics. Similarly, Hispanics experience higher HCV rates than non-Hispanics. These disparities are believed to be the

result of the complex interaction among genetic variations, environmental factors, and specific health behaviors. In turn, it is particularly concerning that numerous studies have shown African-American and Hispanic patients infected with HCV are less likely to have a sustained viral response to treatment compared to non-Hispanic whites.

NMAC strongly urges the Centers for Disease Control and Prevention, in its expanded testing guidelines, to consider that therapy is less effective in urban minority HCV patients and, in turn, allocate appropriate funding to improve health outcomes for urban minority populations testing positive for HCV.

II. HCV Screening Must be Accompanied by Adequate Support and Counseling Services

All individuals testing positive for HCV must receive screening and counseling related to alcohol use, as well as referrals to appropriate care and treatment. HCV screening is an important component, but only one element, in the nation's strategy to combat hepatitis. Furthermore, follow-up services for prevention and treatment are crucial for people who are infected to promoting improved health.

NMAC recommends the Centers for Disease Control and Prevention allocate resources to institutions expanding HCV testing to provide appropriate support services, especially related to alcohol counseling.

III. CDC Must Work with Appropriate Agencies to Ensure Expanded HCV Testing is Fully Insured

The draft recommendations precede important expansions and reform in health insurance. As the proposed guidelines note, currently 31.5% of people in the targeted age cohort with HCV infection are uninsured. Under the Affordable Care Act, a greater proportion of people in this cohort will have insurance coverage, either through Medicaid expansion or through Health Exchanges. It will be critical for CDC to work with CMS, state health exchanges, and insurance providers to ensure that screening, and all appropriate follow-up care, is fully covered as more individuals in the cohort act on expanded testing recommendations.

NMAC urges the CDC to collaborate with relevant federal and state agencies to ensure expanded HCV testing is a fully insured and reimbursable cost under Medicaid, state health exchange, and private insurance plans.

IV. CDC Must Capitalize on Expanded Testing Initiatives to Vaccinate Individuals

Recommendations to expand hepatitis testing among the 47-67 age cohort present an opportunity to target unidentified HCV infections for appropriate treatment, as well as identify individuals not infected with hepatitis for HBV and HAV vaccination. A proposed expanded HCV testing initiative offers the unique opportunity to also test individuals for HBV and HAV and, if determined negative, inoculate against hepatitis A and B to prevent future infection. Pairing expanded HCV testing initiatives with additional comprehensive hepatitis screenings, and vaccinating accordingly, presents a cost effective strategy to combat the silent epidemic given that hepatitis vaccines are considerably less expensive than available treatment options.

NMAC recommends the CDC capitalize on the opportunity to expand HCV testing for the baby boomer cohort by also providing added resources to vaccinate individuals not inoculated

against HAV and HBV as a cost-saving measure to avoid expensive, and avoidable, future hepatitis treatment regimes.

NMAC appreciates the opportunity to comment on the proposed rules. The HCV expanded testing guidelines have considerable potential to mitigate the effects of the silent epidemic. NMAC hopes the final rule will include the proposed changes and considerations as recommended to ensure adequate access to care, treatment, and counseling. Should questions arise regarding the aforementioned, please contact Dan Nugent (dnugent@nmac.org) or Kali Lindsey (klindsey@nmac.org) at National Minority AIDS Council.

Sincerely,

National Minority AIDS Council