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March 10, 2014

Virginia A. Moyer, MD, MPH
Chair, U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD, 20850

RE: U.S. Preventive Services Task Force Recommendation Statement – Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

Dear Dr. Moyer:

The Infectious Diseases Society of America (IDSAs) appreciates the opportunity to provide comments on the U.S. Preventive Services Task Force (USPTF) Draft Recommendation Statement on Screening for Hepatitis B Virus (HBV) Infection in Nonpregnant Adolescents and Adults. IDSAs represents over 10,000 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education, and research in the field of infectious diseases (ID). Our members care for patients of all ages with viral hepatitis and other serious infections including meningitis, pneumonia, tuberculosis, surgical infections, those with cancer or transplants who have life-threatening infections caused by unusual or drug-resistant microorganisms, people living with HIV, AIDS, and new and emerging infections.

IDSAs enthusiastically supports the USPSTF grade “B” recommendation to screen for HBV infection in adults at high risk for infection. This recommendation is consistent with the U.S. Centers for Disease Control and Prevention (CDC) criteria for high-risk adults, which targets populations disproportionately affected by this chronic infection and its potentially devastating consequences, including cirrhosis, end stage liver disease (ESLD), hepatic decompensation, and hepatocellular carcinoma.¹ As noted in the draft recommendation, the estimated number of new cases in the U.S. of HBV infection is over six times the number of reported cases.² Missing these cases harms those most at risk of developing complications from chronic HBV, including persons co-infected with HIV or hepatitis C virus (HCV) and those born in countries with >2% HBV prevalence.² It also heavily burdens the U.S. health care system, which must absorb both direct and indirect costs associated with liver cancer treatment, liver transplants, and extended hospital stays.

¹ Weinbaum CM, Williams I, Mast EE, Wang SA, Finelli L, Wasley A, et al; Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. *MMWR Recomm Rep.* 2008;57(RR-8):1-20.

² Centers for Disease Control and Prevention. *Viral Hepatitis Statistics & Surveillance: Disease Burden From Viral Hepatitis A, B, and C in the United States.* Atlanta: Centers for Disease Control and Prevention (2013). Available at, <http://www.cdc.gov/hepatitis/Statistics/index.htm>.

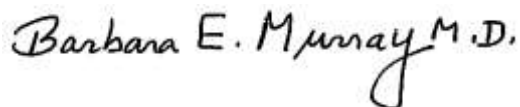
We agree with the USPSTF assessment that the immunoassays and treatments for HBV are highly effective.³ However, without adequate access to HBV screening, hundreds of thousands of cases—and thus opportunities for prompt diagnosis, treatment, and counseling—will remain invisible until the individual presents with liver cancer and/or ESLD with hepatic decompensation.

The grade “B” recommendation will facilitate increased access to HBV screening services in the U.S. and will ensure that individuals at risk for HVB-related morbidity and mortality receive appropriate and timely preventive care, evaluation, and treatment. Identifying chronically-infected individuals can save their lives, and can also prevent transmission to others or enable early detection of secondary disease transmission to partners. In addition, screening can help identify high-risk individuals, their partners, and their family members who may be uninfected but who would benefit from HBV immunization.

Finally, we agree with the USPSTF finding that there is an urgent need for development and validation of clinical decision support or other tools to help clinicians efficiently and accurately identify populations at high risk for HBV infection. IDSA also acknowledges that certain clarifications could make for a stronger recommendation, and we therefore encourage the USPSTF to consider comments offered by Hep B United and other HBV clinicians and experts.

For the reasons above, IDSA strongly encourages the USPSTF to maintain the grade “B” recommendation in the final draft. Again, thank you for the opportunity to provide comments on the draft recommendation. Please contact John Billington, IDSA Sr. Program Officer for Health Policy, at 703.299.0015 / jbillington@idsociety.org with any related correspondence.

Sincerely,

A handwritten signature in black ink that reads "Barbara E. Murray M.D." The signature is written in a cursive style with a large, looped 'y' at the end.

Barbara E. Murray, MD, FIDSA
President, IDSA

³ IDSA currently endorses the 2009 update of the American Association for the Study of Liver Diseases (AASLD) Practice Guidelines for Management of Chronic Hepatitis B. Available at www.aasld.org.