



Hepatitis C: A Stronger Foundation for Hope

July 5, 2013 By [Lucinda K. Porter RN](#)

I have been a hepatitis C activist and patient advocate for more than fifteen years. Most of the time, this work has been an uphill journey with slow progress, punctuated with occasional good news. In 1997 there was little to offer hepatitis C patients except fleeting hope. Now, hepatitis C is potentially curable and patients can grasp genuine hope rather than gamble on it.

However, one frustrating aspect of my work with hepatitis C is the fact that the majority of those who have this virus are unaware of this fact. Epidemiologists for the Centers for Disease Control and Prevention (CDC) presented data on increasing hepatitis C-related mortality at the 2011 meeting of the American Association for the Study of Liver Diseases. (Abstract# 243 *The Growing Burden of Mortality Associated with Viral Hepatitis in the United States, 1999-2007* Scott Holmberg, et al.) Holmberg recommended improved screening and access to care for hepatitis C patients.

At the same meeting, Bryce D. Smith and colleagues presented data showing that roughly 80% of those with hepatitis C antibodies were born from 1945 through 1965. Of these, more than 85% reporting drinking an average of more than 2 drinks daily, and nearly a third of these were uninsured. (Abstract # 394 *Hepatitis C Virus Antibody Prevalence, Correlates and Predictors among Persons Born from 1945 through 1965, United States, 1999-2008* Bryce D. Smith, et al.) In short, we needed to find a way to intervene in the potentially deadly direction hepatitis C was headed.

In May 2012, the CDC officially recommended one time hepatitis C testing of all people born in the years 1945-1965. The recommendation is clear and so are the data that support the recommendation, so what is the problem? Shortly after the CDC released their recommendations, the United States Preventive Services Task Force (USPSTF), the group that guides medical practice and reimbursement under the Affordable Care Act, drafted much weaker hepatitis C screening recommendations. The USPSTF suggested they would be giving hepatitis C screening a “C grade” which was against routinely providing this service.

The hepatitis C community was shocked by the USPSTF draft recommendations, and rallied forces urging USPSTF to reconsider. On June 25, 2013, the USPSTF issued their recommendations and it was good news. USPSTF upgraded recommendations to a “B grade.” This means hepatitis C screening for persons at increased risk and 1-time screening of adults born between 1945 and 1965. The test is a preventive service with no cost to the individual. This good news has the

potential to save lives.

Here is a link to the U.S. Preventive Services Task Force Recommendation Statement regarding [Screening for Hepatitis C Virus Infection in Adults](#).

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