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December 19, 2019

Centers for Disease Control and Prevention  
1600 Clifton Road NE  
Mail Stop U12-3  
Atlanta, GA 30329  
Attention: Sarah Schillie, MD, MPH, MBA  
Docket Number: CDC-2019-0094

Submitted via: <https://www.regulations.gov/comment?D=CDC-2019-0094-0001>

To Whom It May Concern,

On behalf of the National-Nurse Led Care Consortium (NNCC), I thank you for the opportunity to comment on the proposed Recommendation Statement regarding "Hepatitis C Screening Among Adults-2019" (Docket No. CDC-2019-0094). As an organization, NNCC supports nurse-led care, and advocates for nurse leaders across sectors. As a part of this mission, we provide public health programming to health centers to improve testing, linkage to care, and treatment for hepatitis C virus (HCV).

Comments:

- I. NNCC applauds the Centers for Disease Control and Prevention's (CDC) draft recommendation statement for universal hepatitis C screening. Recognizing that patients should be tested for HCV regardless of risk factor disclosure to clinicians will be a critical step in ending the HCV epidemic.
- II. NNCC recommends the following changes to Box 2, "Persons recommended for hepatitis C testing:"
  - a. *Opt-out testing*: NNCC recommends that health care staff and providers use opt-out screening language rather than voluntary testing opt-in language to increase the likelihood of patients accepting the HCV test.
  - b. *Periodic testing*: NNCC recommends that periodic testing for persons with ongoing risk factors be clarified to recommend testing every six months. Clearer guidance on the interval at which testing should occur will help to ensure that persons with risk factors receive timely and comprehensive testing.
  - c. *Risk factors*: NNCC recommends that persons who have received unregulated tattoos and persons who have multiple sex partners without using STI-preventative protection also be listed as persons with ongoing risk factors, qualifying them for routine periodic testing for HCV.
- III. NNCC recommends the following changes to Box 3, "Management of persons with HCV infection"

- a. *Screening for substance use disorders:* Because opioid use disorder and HCV have a high incidence of co-occurrence, NNCC recommends that screening and brief intervention for alcohol consumption also include screening and brief intervention for other substance use.
- b. *Substance use disorder treatment:* As stated above, high rates of substance use disorder in persons diagnosed with HCV often result in complex needs for persons with co-occurring conditions. NNCC recommends that resources for substance use disorder treatment be provided in combination with HCV treatment to best serve these persons' needs.

NNCC believes that these recommendations would result in a reduction in HCV infections and associated health and financial consequences in the United States, and appreciates the opportunity to comment on this draft recommendation statement. Should you have any questions, you may reach me at [shexem@ncc.us](mailto:shexem@ncc.us).

Sincerely,

A handwritten signature in cursive script that reads "Sarah Hexem Hubbard".

Sarah Hexem Hubbard, Esq.  
Executive Director  
National Nurse-Led Care Consortium