

Testing for hepatitis C virus remains low among baby boomers

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A Brief Report appearing in the *American Journal of Preventive Medicine* looks at testing rates for Hepatitis C virus (HCV) two years after the United States Preventive Services Task Force (USPSTF) recommended it for all baby boomers, and finds rates are still very low.

Background:

- Approximately 3.5 million people in the United States have [chronic hepatitis C virus \(HCV\)](#) infection.
- Most of those (80%) are "[baby boomers](#)" (born between 1945 and 1965), and most of them are unaware of their infections despite availability of treatments that may reduce their risk of HCV-related diseases, including chronic hepatitis, cirrhosis, and liver cancer.
- The U.S. Preventive Services Task Force (USPSTF) recommended one-time HCV testing for baby boomers in 2013.
- In a 2013 report, the authors noted low HCV testing prevalence among baby boomers. However, it is unknown whether

HCV testing has changed following the USPSTF recommendation.

Highlights from the study:

- Investigators studies responses from nearly 24,000 baby boomers included in the National Health Interview Survey.
- From 2013 to 2015, HCV testing prevalence among baby boomers increased slightly, from 12.3% to 13.8%.
- Of the 76.2 million estimated baby boomers in 2015, only 10.5 million reported ever receiving HCV testing.
- Those with Medicare plus Medicaid, Medicaid only, or military insurance had higher rates of HCV testing than the privately insured.
- HCV testing was also greater in men versus women, and among college graduates

"Prevalence of HCV testing among baby boomers did not substantially increase and remains low two years after the USPSTF recommendation in 2013," write the authors. "These findings underscore the need for increased awareness for HCV testing among healthcare providers and baby boomers and other innovative strategies such as state-mandated HCV testing."

More information: Recent Hepatitis C Virus Testing Patterns Among Baby Boomers; *Am J Prevent Med* [DOI: 10.1016/j.amepre.2017.01.033](https://doi.org/10.1016/j.amepre.2017.01.033)

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