The Right Solution

Baby boomers take note: The CDC recommends that you get tested for hepatitis C, but know that a slew of new treatment options are on the way.

February 28, 2013 By Kate Ferguson

In February of 2012, prompted by the fact that more baby boomers were being diagnosed with—and dying from—hepatitis C, the Centers for Disease Control and Prevention (CDC) issued new guidelines suggesting that everyone born between 1945 and 1965 get a one-time test for the virus—regardless of their perceived risk factors. This is because many people living with hep C don't know they're infected and need to get themselves into care.

This was the case with Alan Shackelford, an IT specialist at Johns Hopkins University. Shackelford's story appeared in the Baltimore Sun last summer. He was 59 and taken by surprise when the doctor diagnosed him with hepatitis C. "I was completely freaked out that this had happened to me and I probably had this for 35 to 40 years," he said.

Hep C, which attacks the liver over time, is spread when infected blood passes into the blood of another person. According to the article, Shackelford didn't know how he contracted hep C, but he guessed it was when he administered first aid to injured coworkers in the oil fields where he worked, or it might have occurred when he received a blood transfusion after being hit by a car.

Like many people who acquire the hepatitis C virus (HCV), Shackelford began to experience a number of unexplained health problems. Hep C is usually hard to detect because symptoms are often vague or non-existent and sometimes mistaken for a different health issue. By the time doctors nail down a diagnosis, hep C patients may already have advanced liver damage. But the good news is that a number of new hep C treatments have been approved, and others are in the pipeline. At the annual meeting of the American Association of the Study of Liver Disease (AASLD) in Boston last fall, pharmaceutical companies announced a number of promising study findings about direct acting antiviral (DAA) combination therapies that require shorter dosing schedules than the current standard of care. In addition, some of the DAAs don't need to be taken with interferon or ribavirin, the side-effect laden hep C meds most often prescribed for treatment. Many in the field are excited because these new therapies produced a sustained virologic response, or SVR (considered a cure), defined as having no detectable virus in the blood for six months after a patient stops taking treatment meds.

Still, some hep C experts, such as Tracy Swan, the hepatitis/HIV project director at Treatment

Action Group, are guardedly optimistic. Swan wants to see how these therapies will work when used on patients who show little or no decrease in hepatitis C viral load during traditional HCV treatment, who have cirrhosis or transplanted livers, and who are also living with HIV.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.realhealthmag.com/article/the-right-solution-23550-1574