

Eliminating Hepatitis C – An Action Plan



Viral hepatitis is an inflammatory condition of the liver and the 7th most frequent cause of death in the world, surpassing HIV.



Among the five viral agents capable of causing hepatitis, hepatitis C virus (HCV) is one of the deadliest, causing 400,000 deaths annually.



Globally, there are an estimated 71 million people actively infected with HCV, and 11-14 million of these residing in Europe.

Late diagnosis and mortality

HCV infection may persist in the people without causing any symptoms, therefore remaining unnoticed for many years, even decades. Many symptoms, like fatigue, joint pain and neurocognitive impairment, are not specific and affected persons do not necessarily associate them with HCV infection. For this reason, diagnosis is inefficient, delayed diagnosis is common and effective testing strategies difficult to implement. During this time, not only can the infection be transmitted to others but the persisting inflammation may lead to liver cirrhosis, ultimately resulting in liver failure and liver cancer.

These complications of HCV are a major cause of early mortality. Because many infections occurred decades ago, the relentless progression of liver disease results in a constant increase in late-stage complications and deaths in many countries and, in the absence of increased diagnosis rates and appropriate links to effective treatment, mortality rates are estimated to increase for many years to come.

Risk of infection remains high in hard-to-reach groups

Several populations remain at high risk of infection, including people who inject drugs, men who have sex with men that engage in high-risk sexual practices, prisoners, sex workers and migrants from areas of high prevalence and there is currently no available vaccine to prevent HCV infection. However, effective, well-tolerated, oral medicines - direct acting antivirals (DAAs) – are now available which directly interfere with the HCV lifecycle and can clear the virus in $\geq 95\%$ of cases and reduce the risk of long-term complications, such as liver disease.

Lifestyle factors strongly affect the viability and course of treatment

The advent of DAAs has ushered in a true medical revolution in the field. In principle, all patients with HCV can now be treated and cured, but in reality, this is still not the case. Many barriers hamper universal access to therapy. Due to the high price of DAAs in some settings, only patients with advanced disease can be treated; in others, only liver specialists can prescribe DAAs, which limits access and the development of novel models of care. Furthermore, in some countries, DAAs are only prescribed if a patient is abstinent from active drug or alcohol consumption.

The WHO's Global Health Sector Strategy on Viral Hepatitis

In 2016, the World Health Organization adopted the first Global Health Sector Strategy on Viral Hepatitis, calling for its elimination as a public health threat. The strategy presented a target of reducing new HCV infections by 80% and mortality by 65% by 2030 alongside specific measures aimed at reducing new infections and saving lives. All WHO Member States have approved this strategy and now EASL is calling on all European countries to take immediate action to implement a six step Hepatitis C national public health action plan:

1

Increase awareness amongst health professionals, patients, policy-makers, the media and the public (especially high risk groups), whilst combating the stigma and discrimination that is associated with HCV infection

2

Implement harm reduction strategies, such as access to opioid substitution therapy and safe injecting equipment for people who inject drugs, and safe sex education

3

Make DAAs available at reasonable prices, to avoid any further reimbursement restrictions and to allow governments to implement a comprehensive elimination strategy

4

Improve access to treatment and care by increasing the number of authorised prescribers, promoting telemedicine and by increasing input from allied health professionals during and after treatment

5

Treat every Hepatitis C patient at the earliest opportunity, especially those at high risk

6

Offer rapid testing, in all relevant settings, with priority given to high-risk persons

➔ Hepatitis C can, and should, be eliminated as a public health threat across the whole of Europe by 2030.

➔ EASL believes that medical associations and clinicians, in collaboration with other key stakeholders and policy makers, have a public duty to making this goal a reality and eliminate HCV in Europe.