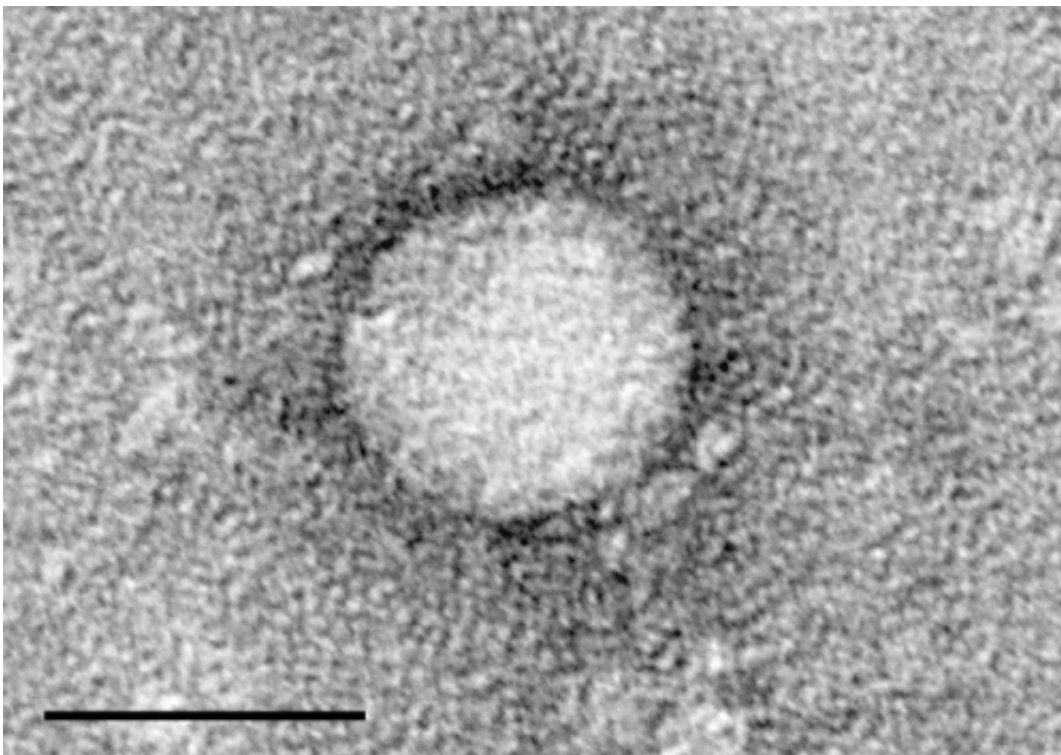


# Countries risk 'running out' of hepatitis C patients to treat, says World Hepatitis Alliance

November 1 2017

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Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

The latest data on the global hepatitis C epidemic, released today at the World Hepatitis Summit in Sao Paulo, Brazil (1-3 November) reveal that

most countries (especially high-income countries) are running out of patients to treat because of the low diagnosis rates worldwide.

Globally, just one in five patients with hepatitis C knows they are infected (14 million out of 69 million). The proportion ranges from 44% across high-income countries down to just 9% across low-income countries. And while a record 1.76 million people with hepatitis C were treated in 2016, countries cannot hope to achieve elimination without boosting diagnosis rates.

"Hepatitis C is a silent killer and there are nearly 70 million people worldwide who need treatment, but we must find them," said Charles Gore, President of the World Hepatitis Alliance. "Yet, because of the historic lack of national and international investment in viral hepatitis programmes, the vast majority of patients with hepatitis C - some 80% —remain undiagnosed, and less than 5% are able to access treatment."

The data, released by the CDA Foundation's Polaris Observatory (led by Dr Homie Razavi in Lafayette, CO, USA), show that new diagnoses of hepatitis C must triple from 1.5 million to 4.5 million each year and treatment rates from 1.76 million to 5 million in order achieve WHO's elimination targets by 2030.

"We have the right to know if we are living with a cancer-causing virus" said Raquel Peck, CEO of World Hepatitis Alliance. "In addition to the need for people to be diagnosed to access treatment, a high proportion of the 1.5 million new hepatitis C infections last year could have been avoided if people were aware of their health status."

To confront this challenge a number of countries are using innovative strategies to improve their diagnosis rates, from testing at dental appointments and in [hospital emergency rooms](#) to screening entire villages, alongside offering financial incentives.

In Egypt, the entire village of El Othmanya (population 3,500 people) was screened, with 215 cases of hepatitis C detected. So far, this same methodology has now been extended to 50 villages in 26 regions of Egypt, as the country targets screening 30 million of its 90 million population by the end of 2018.

In New Zealand's remote Northland region, the local health board provided NZ\$300 to general practices for each patient successfully diagnosed and treated for hepatitis C infection, allowing them to waive the co-payment fees that patients are required to pay for doctors' appointments. The New Zealand government has also recently announced a nationwide programme to pay the medical transport costs of all people with hepatitis C.

In Chicago, USA, Mount Sinai Hospital ran a program up to March 2017 that automatically screened any patient over 16 years entering the emergency department and needing blood tests. This resulted in a diagnosis of nearly 200 patients with hepatitis C in the six-month program.

Emergency room screening is also helping detect some 70% of new cases in the Cherokee Nation American Indian Tribe in Oklahoma, USA, which has its own elimination plan. All [patients](#) visiting the doctor or the dentist are also offered a test for hepatitis C.

"Only with a combination of political will, increased access to diagnostics and greater awareness of the disease can we vastly improve diagnosis rates," says Dr Razavi. "Unless we crack this diagnosis challenge, the ambitious elimination targets for [hepatitis](#) set by WHO will remain out of reach for decades to come."

Provided by World Hepatitis Alliance

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