GLOBAL VIRAL HEPATITIS SITUATION AND RESPONSE

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Overview

✓ Key findings from the WHO Global Hepatitis Report

✓ Strategic Information: the key to monitoring the response at country, regional and global levels

✓ Concrete guidance from WHO

✓ Conclusion
HEPATITIS MORTALITY IS INCREASING

96% hepatitis deaths from HBV and HCV (cirrhosis and hepatocellular carcinoma)

Sources – WHO Global Health Estimates
Global Strategy on Viral Hepatitis (2016): Roadmap to Elimination

Goal = Eliminate viral hepatitis as a major public health threat by 2030
Eliminate viral hepatitis as a major public health threat by 2030, as defined by:
STATUS OF HEPATITIS B

Incidence:
Chronic HBV infection in children under 5 reduced from 4.7% to 1.3% (immunization)

Prevalence:
257 million people living with HBV
68% in Africa/Western Pacific

Sources – WHO (LSHTM)
STATUS OF HEPATITIS C

Incidence:
1.75 million new infections / year
(Unsafe health care and injection drug use)

Prevalence:
71 million infected, all regions

Sources – WHO (Center for Disease Analysis)
HEPATITIS / HIV CO-INFECTIONS

The prevalence of HIV is low among those with HBV and HCV infection

Of the 36.7 million with HIV, 2.3 million are anti-HCV + 2.7 million are HBsAg +

Sources – Easterbrook, IAS conference, 2015 (HBV)
Platt et al., Lancet Infect Dis, 2016 (HCV)
The Lancet Global Health – 23 October, 2017

- Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. Louisa Degenhardt et al.

- 179 of 206 countries or territories report IDU (31 new compared to 2008)
- 15.6 million PWID worldwide
  - 17.8% HIV+
  - 52.3% HCV+ (8.2 million people)
  - 9% Hepatitis B surface antigen (HBsAg)+
  - 83% mainly opioids
  - 33% mainly stimulants
  - 58% history of incarceration
DATA SYSTEMS NEEDED IN-COUNTRY FOR VIRAL HEPATITIS ELIMINATION

HEPATITIS SURVEILLANCE
1. Acute hepatitis that reflect new infections
2. Chronic infections
3. Sequelae

PROGRAMME DATA
• Prevention indicators
• Patient registries for the cascade of care and cure
10 CORE INDICATORS ALONG THE RESULT CHAIN

**Context**
- Epidemic

**Inputs**
- System
  - C1. Prevalence
  - C2. Testing facilities
  - C3. Vaccine coverage
  - C4. Needle syringe for PWID
  - C5. Injection safety

**Output & outcomes**
- Cascade of care
  - Prevent
  - Test
  - Treat
  - Heal
  - C.9 Incidence
  - C.10 Mortality from HCC, cirrhosis

**Impact**
- Elimination

- C.6 People diagnosed
- C.7 Treatment coverage / initiation
- C.8 Viral suppression (HBV) or cure (HCV)

**HBV**
- C1. Prevalence
  - C2. Testing facilities
  - C3. Vaccine coverage
  - C4. Needle syringe for PWID
  - C5. Injection safety

**HCV**
- C1. Prevalence
  - C2. Testing facilities
  - C3. Vaccine coverage
  - C4. Needle syringe for PWID
  - C5. Injection safety
A Public Health Approach needs to Deliver to All

• Vulnerability and needs vary greatly among different population groups – civil society is a critical partner

• Certain groups and settings require special attention for prevention and care services:
  – Persons who inject drugs (PWID)
  – Health care workers and clinics
  – Indigenous populations
  – Prisoners
  – Migrants
  – Men who have sex with men (MSM)
* Measurement of progress on HBV treatment target currently limited by the absence of data on the proportion of persons eligible and the absence of a functional cure
Conclusions

✓ The hepatitis B and C epidemics are not yet under control and 325 million people are in need of diagnosis and appropriate treatment

✓ Gaps in prevention also need to be urgently closed

✓ WHO is monitoring the global response; however, key data are still missing from many countries

The next presentation will focus on an analysis of ‘country profiles’