

Hepatitis C in the WHO European Region

Fact sheet – July 2019

Hepatitis C is a liver disease that affects the lives of 14 million people in the Region – approximately one in every 50 individuals. It is caused by the hepatitis C virus (HCV) and can cause acute and chronic infection leading to severe complications, including cirrhosis (liver scarring) and liver cancer.

Acute HCV infection is usually asymptomatic and is rarely associated with life-threatening disease. About 15–45% of infected people spontaneously clear the virus within six months of infection without treatment; the remaining 55–85% will develop chronic infection.

Chronic infection does not present symptoms until after many years, when the disease is already advanced. The risk for cirrhosis of the liver of people with chronic infection is 15–30% within 20 years.

Hepatitis C is an important public health problem in the Region, taking the lives of 112 500 people every year due to hepatitis C-related cirrhosis or liver cancer.

Hepatitis C can be found in less than 0.5% of the population in western northern and central Europe to as high as 3–6% in many countries of eastern Europe and central Asia.

In many countries in the Region, new HCV infections are largely due to transmission through sharing of needles, syringes and associated paraphernalia by people who inject drugs.

✓ Modes of transmission

HCV is a bloodborne virus. It is most commonly transmitted:

- in health care settings, due to reuse or inadequate sterilization of medical equipment, especially syringes and needles;
- dental procedures;
- when blood safety measures are suboptimal, via transfusion of unscreened blood and blood products, and
- during injecting drug use, through the sharing of injection equipment (for example, syringe, spoons, cotton and “cookers”).

HCV can also be transmitted sexually and can be passed from an infected mother to her infant.

HCV is not spread through breastmilk, food or water or by casual contact such as hugging, kissing or sharing food or drinks with an infected person.



Key facts on hepatitis C

- Hepatitis C is a preventable viral infection of the liver, which can be acute or chronic. Chronic hepatitis C can lead to serious complications such as cirrhosis, liver cancer and death.
- Hepatitis C virus (HCV) is transmitted through contact with blood of an infected person, unsafe injections or other invasive medical and non-medical practices (such as tattooing or piercing) when the skin is damaged; and, where blood safety measures are suboptimal, via transfusion of unscreened blood and blood products.
- Hepatitis C is curable and the new antiviral medicines can cure more than 95% of people, reducing the risk of complications and death.
- There is no vaccine for hepatitis C. Prevention should, therefore, be focused on reducing the risk of exposure to the virus.

Hepatitis C in the European Region

- In many countries in the WHO European Region, people who inject drugs are at the highest risk of acquiring hepatitis C due to sharing syringes, needles and other injecting equipment.
- In the Region, 14 million people are estimated to be chronically infected with the hepatitis C virus, with many of them unaware of their infection. Each year, 112 500 people die from hepatitis C-related liver disease.
- In 2016, all 53 Member States in the Region committed themselves to the global goal of eliminating viral hepatitis as a public health threat by 2030.

✓ Prevention

At present, no vaccine against HCV is available. Prevention is based on reducing exposure to the virus in health care settings and in high-risk populations, such as people who inject drugs.

Effective preventive measures include testing of blood and organ donors, appropriate infection prevention and control (IPC) and safe injection practices in health care settings.

Harm reduction is very effective in preventing transmission among people who inject drugs.

✓ Testing and treatment

Testing is important for appropriate diagnosis and any necessary treatment. Overall, less than one third of people living with HCV in the Region are aware of their infection.

Testing should be offered to all people at risk of hepatitis C, especially:

- recipients of potentially infected blood products or invasive procedures in health-care facilities with inadequate infection control practices;
- children born to mothers infected with HCV;
- people with sexual partners who are HCV-infected;
- people with HIV infection;
- people who use drugs;
- prisoners or previously incarcerated persons; and
- people who have had tattoos or piercings.

Acute hepatitis C does not always require treatment, as in some people the immune response will clear the infection.

All people with chronic hepatitis C should, however, be offered treatment, with the goal of curing the disease.

Treatment of hepatitis C is improving rapidly. Direct-acting antivirals (DAAs) can achieve cure in more than 95% of cases with a shorter treatment period (usually 12 weeks). They are the preferred regimens according to the most recent WHO guidelines. DAAs are much more effective, safer and better tolerated than previously used therapies; their use is approved for people aged 12 years and above.

Although the production cost of DAAs is low, these medicines remain very expensive in many high- and middle-income countries. Several such countries in the Region have succeeded in negotiating lower prices, but much remains to be done both at global and at regional level to ensure greater access to treatment. Prices have dropped dramatically in some countries (primarily low- income) due to the introduction of generic versions of these medicines.

In recent years, an increasing number of Member States in the Region have substantially improved access to hepatitis C treatment through national programmes, and some have set national goals for eliminating HCV infection in line with the WHO Global Health Sector Strategy on Viral Hepatitis 2016–2021. WHO promotes access to treatment by including DAAs in the WHO Essential Medicines List and publishing an analysis of the patent situation for new hepatitis C treatments.

✓ WHO response

The WHO Regional Office for Europe is providing technical support to Member States in planning and strengthening national responses to viral hepatitis, including awareness-raising, surveillance, prevention, strengthening of laboratory capacity and provision of guidance on testing and treatment. The Office is also supporting regional partnerships.

The Action plan for the health sector's response to viral hepatitis in the WHO European Region complements the WHO Global Health Sector Strategy on Viral Hepatitis 2016–2021 and adapts it to the distinctive profile of the Region. The plan identifies priority actions for countries in the Region along the continuum of viral hepatitis services and sets regional targets and milestones for the elimination of hepatitis C as a public health threat by 2030.

Member States in the Region committed themselves to work towards halting the transmission of new hepatitis infections, making testing accessible and ensuring that all people living with chronic hepatitis have access to care as well as to affordable and effective treatment.

More information:

www.euro.who.int/hepatitis

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