Hepatitis C in the WHO European Region

World Health Organization
REGIONAL OFFICE FOR Europe

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What is hepatitis C?

Hepatitis C virus (HCV) causes both acute and chronic infection. Acute HCV infection is usually asymptomatic and is only very rarely associated with life-threatening disease. About 15–45% of infected persons spontaneously clear the virus within 6 months of infection without treatment; the remaining 55–85% develop chronic HCV infection. The risk for cirrhosis of the liver of people with chronic HCV infection is 15–30% within 20 years.

How is HCV transmitted?

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

- during injecting drug use, through the sharing of injection equipment;
- in health care settings, due to reuse or inadequate sterilization of medical equipment, especially syringes and needles; and
- in some countries, via transfusion of unscreened blood and blood products.

HCV can also be transmitted sexually and can be passed from an infected mother to her infant; however, these routes are less common.

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

In the WHO European Region, the most significant contribution to recent increases in HCV infection is transmission through sharing of needles, syringes and paraphernalia by people who inject drugs.

How can hepatitis C be prevented?

At present, no vaccine against HCV is available, and prevention of infection depends 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: screening, testing of blood and organ donors, good infection control and harm reduction, including needles and syringe exchange programmes and safe injection practices in health care settings.

Is there treatment?

Hepatitis C does not always require treatment, as the immune response in some people will clear acute infection. When treatment is necessary, the goal of hepatitis C treatment is cure. The standard of care for hepatitis C is changing rapidly. Direct acting antivirals (DAAs) – sofosbuvir, daclatasvir and the sofosbuvir/ledipasvir combination – are part of the preferred regiments in the WHO guidelines, and can achieve cure rates above 95%. These medicines are much more effective, safer and better-tolerated than the older therapies. Therapy with DAAs can cure most people with HCV infection and treatment is shorter (usually 12 weeks).

KEY FACTS AND FIGURES

- Hepatitis C is a viral infection of the liver, which can be acute (less common) or chronic, which can lead to serious complications such as liver cirrhosis and liver cancer.
- The virus is transmitted through contact with blood, for example, through unsafe injections or other invasive medical and non-medical practices (tattooing, piercing, etc.), when the skin is damaged.
- In the WHO European Region, people who inject drugs are at highest risk of acquiring hepatitis C infection due to sharing syringes, needles and other injecting equipment.
- In the WHO European Region, 14 million people are estimated to be chronically infected with hepatitis C virus and many of them are not aware of their infection. 112 500 people die due to hepatitis C-related liver disease each year.
- New antiviral medicines can cure more than 95% of persons with hepatitis C infection, greatly reducing the risk of complications and death.
- There is currently no vaccine for hepatitis C. Therefore, prevention should be focused on reducing the risk of exposure to the virus.
- In 2016, all 53 Member States of the WHO European Region committed to the global goal of elimination of viral hepatitis as a public health threat by 2030.

More information:

www.euro.who.int/hepatitis
www.who.int/hepatitis
https://ecdc.europa.eu/en/viral-hepatitis

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

Access to HCV treatment is improving, but remains limited. In 2015, of the 71 million people living with HCV infection globally, 20% (14 million) knew their diagnosis. 7.4% of those diagnosed (1.1 million) were started on treatment in 2015. Much needs to be done to ensure that these advances lead to greater access to treatment globally.

Hepatitis C in the WHO European Region

According to recent estimates, an estimated 71 million people around the world have been infected with HCV, of whom 399 000 die each year.

Hepatitis C is an important public health priority in the WHO European Region, where approximately 14 million people (overall one in every 50) are chronically infected with HCV, leading to about 112 500 deaths per year from hepatitis C-related liver cancer and cirrhosis.

The epidemiology of heapatitis C in the Region is diverse, with a prevalence of anti-HCV antibodies ranging from low in the countries of western and central Europe to intermediate and high in many countries of eastern Europe and central Asia.

The WHO global and regional response

WHO activities to prevent and control viral hepatitis include:

- raising awareness, promoting partnerships;
- formulating evidence-based policy and data for action;
- promoting prevention of transmission by safe injection practices, including harm reduction for people who inject drugs and blood safety; and
- promoting wider access to testing, care and treatement.

In April 2016, WHO updated its "Guidelines for the screening, care and treatement of people with chronic hepatitis C" to include the most recent advances in treatment.

WHO promotes access to treatement by including DAAs in the WHO Essential Medicines List and publishing an analysis of the patent situation for the new hepatitis C treatments.

The WHO Regional Office for Europe is providing technical support to Member States in planning and strengthening natinal response to viral hepatitis, including awareness raising, surveillance, prevention, laboratory capacity and guidance on testing and treatement, and is supporting regional partnerships.

The elimination of hepatitis as a public health threat by 2030 – namely a 90% reduction in new infections and a cut in mortality of 65% over the 15-year period leading up to 2030 – are core targets of the first Global health sector strategy on viral hepatitis 2016–2021 endorsed by the World Health Assembly in 2016.

Complementing the global strategy and adapting it to the distinctive profile of the European Region, an Action Plan for the health sector's response to viral hepatitis was adopted by 53 European countries in September 2016. The plan identifies priority actions needed to be taken by these countries along the continuum of viral hepatities services – including prevention, testing, treatment and care – and proposes targets for 2020.

The Regional Office, with WHO headquarters and partners, also organizes World Hepatitis Day on 28 July every year to increase awareness and understanding of viral hepatitis.