

Global timing of hepatitis C virus elimination: estimating the year countries will achieve the World Health Organization elimination targets

Homie Razavi^a, Yuri Sanchez Gonzalez^b, Andreas Pangerl^b, Markus Cornberg^c

^a Center for Disease Analysis, Lafayette, CO, United States, ^b AbbVie Inc., North Chicago, IL, United States, ^c Department of Gastroenterology, Hepatology and Endocrinology, Medizinische Hochschule Hannover, Hannover, Germany

2019 AASLD/EASL HCV Special Conference
01–02 February 2019, Miami, FL

Background

- The introduction of highly efficacious pan-genotypic therapies for hepatitis C virus (HCV) infection has made the elimination of HCV an attainable goal
- This study assessed the progress made in 45 high-income countries and territories towards meeting the 2030 HCV elimination targets by the World Health Organization (WHO) for incidence, mortality, diagnosis, and treatment

Methods

- A previously published Markov disease progression model of HCV infection was populated with demographic and epidemiological inputs for 45 high-income countries and territories from the United Nations World Population Prospects and the Polaris Observatory, respectively
- Primary modification to the published model was the calculation of incidence:
 - Incident cases of HCV were separated into vertically and horizontally acquired infections
 - Future incidence was assumed to change at the same annual rate as prevalence
 - F0 (on METAVIR scale) prevalence was used where treatment was restricted by fibrosis score, and overall prevalence was used where treatment was not restricted to simulate the impact of treatment as prevention
- Maintaining the standard of care in 2017 (number of new diagnoses and antiviral treatments, treatment eligibility, and average sustained virologic response) was defined as the status quo
- Modeled outcomes for prevalence, incidence, liver-related deaths due to HCV infection, as well as reported data on diagnosis and antiviral treatment were analyzed to determine the year in which a country or territory would meet the WHO's 2030 targets to eliminate HCV:
 - 80% reduction in incidence of chronic HCV infections between 2015 and 2030
 - 65% reduction in liver-related deaths due to chronic HCV infection between 2015 and 2030
 - 90% diagnosis coverage of HCV-infected population in 2015
 - 80% treatment coverage of eligible HCV-infected population in 2015

Results

- Of 45 high-income countries and territories, 30 were projected to not eliminate HCV before 2050
 - Nine (Australia, France, Iceland, Italy, Japan, South Korea, Spain, Switzerland, and the United Kingdom) were on track towards eliminating HCV by 2030,
 - three (Austria, Germany, and Malta) were projected to eliminate HCV by 2040, and three more (Ireland, the Netherlands, and Saudi Arabia) by 2050
- The number of high-income countries and territories that failed to meet each WHO target were: 34 (incidence), 30 (mortality), 29 (treatment) and 22 (diagnosis)

Conclusions

Despite the introduction of curative therapies, 80% of high-income countries and territories are not on track to meet the WHO's targets that would eliminate HCV as a public health threat by 2030, while 67% are off-track by at least 20 years. Immediate action to improve HCV diagnosis and treatment is needed to make the global elimination of HCV by 2030 an attainable goal.

References

- WHO. Global Health Sector Strategy on Viral Hepatitis 2016–2021. Towards Ending Viral Hepatitis: World Health Organization, 2016.
- United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision
- The CDA Foundation. Hepatitis C. Lafayette, CO: CDA Foundation, 2019. Available from <http://cdafound.org/polaris/> (Accessed January 14, 2019)
- Blach S, Zeuzem S, Manns M, et al. Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modelling study. *The Lancet Gastroenterology & Hepatology* 2017; 2(3): 161–76.
- Benova L, Mohamoud YA, Calvert C, Abu-Raddad LJ. Vertical transmission of hepatitis C virus: systematic review and meta-analysis. *Clin Infect Dis* 2014; 59(6): 765–73.

Disclosures: The design, analysis, and financial support of this study were provided by AbbVie Inc.. AbbVie Inc. participated in the interpretation of data, review, and approval of the study. Homie Razavi is an employee of Center for Disease Analysis (CDA). CDA has received funding from AbbVie Inc. for this project. CDA has also received research funding from AbbVie, Gilead, and Intercept. Andreas Pangerl and Yuri Sanchez Gonzalez are employees of AbbVie Inc. and may own AbbVie stock or stock options. Markus Cornberg is an employee of Medizinische Hochschule Hannover and is a consultant for AbbVie Inc.. He is also a consultant/speaker for Gilead and MSD Sharp & Dohme.

Acknowledgements: Medical writing support was provided by Ivane Gamkrelidze, employee of CDA, who contributed to the data analysis and/or the drafting of the poster. AbbVie Inc. provided funding for this medical writing support.

Table 1. Year of elimination of HCV by country or territory

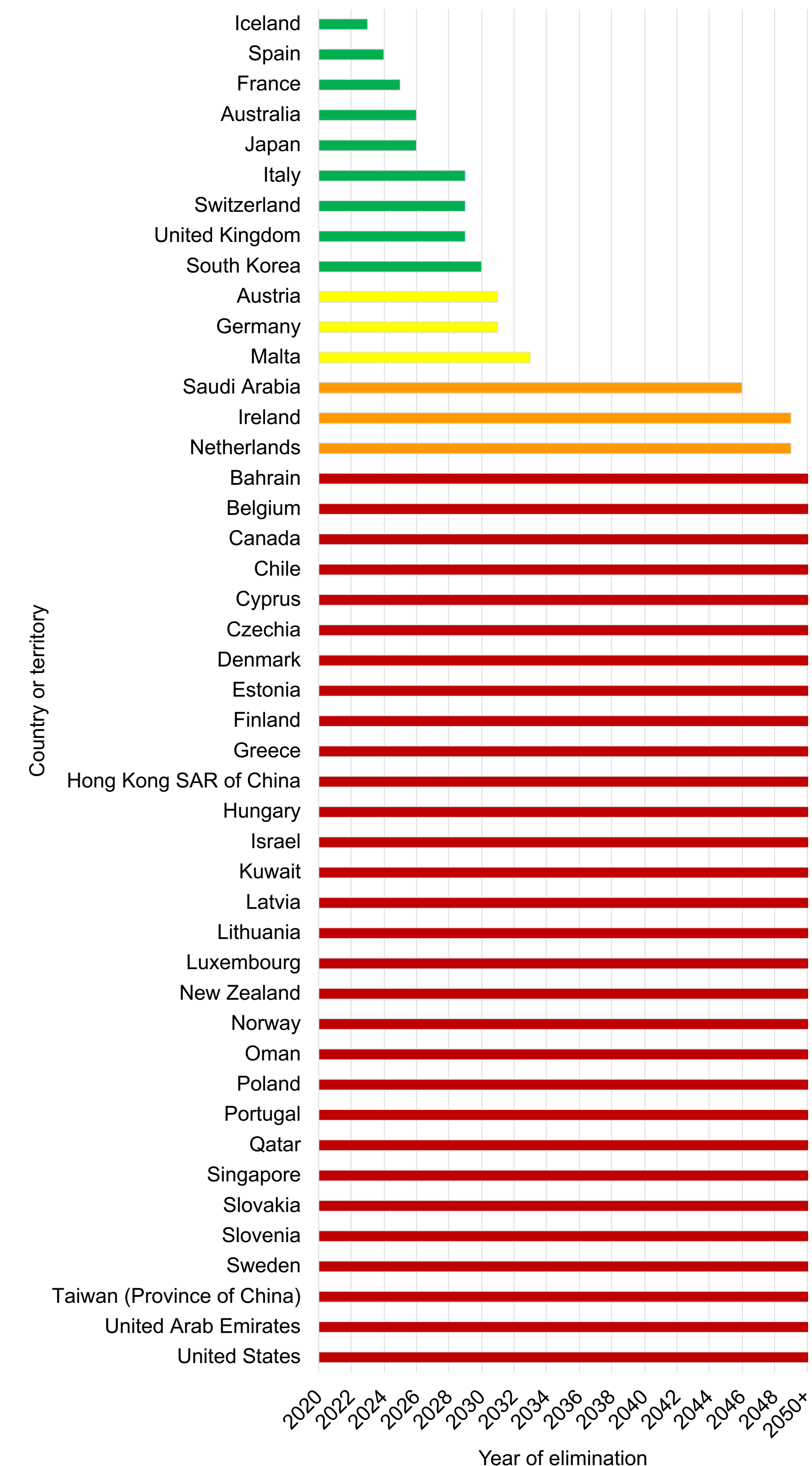
| Country or territory | Year in which the WHO's 2030 target was met | | | | Restrictions on treatment by fibrosis score in 2017 | Year of elimination |
|----------------------------|---|-----------|-----------|-----------|---|---------------------|
| | Incidence | Mortality | Diagnosis | Treatment | | |
| Australia | 2026 | 2024 | 2016 | 2021 | No | 2026 |
| Austria | 2031 | 2021 | 2026 | 2022 | No | 2031 |
| Bahrain | – | – | – | – | Yes | – |
| Belgium | 2042 | 2039 | 2029 | 2042 | Yes | – |
| Canada | 2043 | 2029 | 2022 | 2029 | Yes | – |
| Chile | 2050 | – | – | – | Yes | – |
| Cyprus | 2042 | – | – | – | Yes | – |
| Czechia | – | – | 2046 | – | Yes | – |
| Denmark | – | – | 2030 | – | Yes | – |
| Estonia | 2041 | – | – | 2048 | Yes | – |
| Finland | – | – | 2017 | 2046 | Yes | – |
| France | 2025 | 2023 | 2016 | 2021 | No | 2025 |
| Germany | 2027 | 2029 | 2031 | 2030 | No | 2031 |
| Greece | – | 2046 | 2028 | – | Yes | – |
| Hong Kong SAR of China | – | – | 2045 | – | Yes | – |
| Hungary | – | – | 2042 | 2044 | Yes | – |
| Iceland | 2023 | 2019 | 2016 | 2017 | No | 2023 |
| Ireland | 2046 | 2049 | 2028 | 2035 | No | 2049 |
| Israel | 2035 | – | – | – | Yes | – |
| Italy ^a | 2028 | 2023 | – | 2029 | No | 2029 |
| Japan ^b | 2026 | 2023 | – | – | No | 2026 |
| Kuwait | – | – | 2040 | – | No | – |
| Latvia | – | 2019 | 2023 | 2042 | Yes | – |
| Lithuania | – | – | 2040 | 2048 | Yes | – |
| Luxembourg | 2040 | – | 2032 | 2033 | No | – |
| Malta | 2028 | 2033 | 2015 | 2023 | No | 2033 |
| Netherlands | 2045 | 2049 | 2033 | 2028 | No | 2049 |
| New Zealand | 2041 | 2037 | 2033 | 2027 | No | – |
| Norway | – | – | 2020 | 2033 | Yes | – |
| Oman | – | 2042 | 2037 | 2041 | Yes | – |
| Poland | – | – | 2047 | 2041 | No | – |
| Portugal | – | – | – | 2048 | No | – |
| Qatar | 2041 | – | 2026 | – | Yes | – |
| Saudi Arabia | 2042 | 2046 | 2034 | 2030 | No | 2046 |
| Singapore | 2049 | – | 2030 | – | Yes | – |
| Slovakia | – | – | – | – | Yes | – |
| Slovenia | – | – | 2029 | 2040 | Yes | – |
| South Korea | 2025 | 2029 | 2029 | 2030 | No | 2030 |
| Spain | 2024 | 2020 | 2021 | 2020 | No | 2024 |
| Sweden | – | 2022 | 2016 | 2031 | Yes | – |
| Switzerland | 2029 | 2026 | 2024 | 2024 | No | 2029 |
| Taiwan (Province of China) | – | 2031 | 2041 | – | Yes | – |
| United Arab Emirates | – | – | 2030 | – | No | – |
| United Kingdom | 2029 | 2028 | 2025 | 2023 | No | 2029 |
| United States | – | 2022 | 2025 | 2026 | Yes | – |

HCV — hepatitis C virus; WHO — World Health Organization; “–” — elimination target was not met by 2050; Hong Kong SAR of China — Hong Kong Special Administrative Region of China.

^a Due to high all-cause and liver-related mortality among the HCV-infected population, caused by an older prevalent population, the diagnosis target was excluded while assessing the year of elimination

^b Due to high all-cause and liver-related mortality among the HCV-infected population, caused by an older prevalent population, the diagnosis and treatment targets were excluded while assessing the year of elimination

Figure 1. Year of elimination of HCV by country or territory



HCV — hepatitis C virus; Hong Kong SAR of China — Hong Kong Special Administrative Region of China.