

Hepatitis C in the WHO European Region

Fact sheet – July 2018

Hepatitis C virus (HCV) can cause 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 people spontaneously clear the virus within six 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.

Hepatitis C is an important public health problem in the Region, where approximately 14 million people (overall, one in every 50) are chronically infected with HCV, representing around 20% of the global burden of disease due to HCV infection. About 112 500 people die every year from hepatitis C-related cirrhosis or liver cancer in the Region.

Hepatitis C prevalence ranges from below 0.5% 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:

- 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
- where blood safety measures are suboptimal, 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, although these routes are less common.

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 viral infection of the liver, which can be acute (less common) or chronic. Chronic hepatitis C can lead to serious complications such as cirrhosis and liver cancer.
- The virus is transmitted through: contact with blood via, for example, 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.
- New antiviral medicines can cure more than 95% of people infected with hepatitis C, greatly 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.

Key facts and figures on hepatitis C in the European Region

- In most countries in the WHO European Region, people who inject drugs are at the highest risk of acquiring hepatitis C infection 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, good infection control and safe injection practices in health care settings, and harm reduction 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. All people at risk of hepatitis C should be offered testing.

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.

There is no specific treatment for acute hepatitis B, and only supportive care is used in symptomatic cases. Chronic HBV infection can be treated with medicines. It is estimated that only 10–15% of people living with hepatitis B may be eligible for treatment with antivirals. WHO recommends tenofovir or entecavir for treatment of chronic hepatitis B. While many of those infected will not require treatment, all should be regularly checked.

✓ 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
www.who.int/hepatitis