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COVID-19 Pandemic Led to Shortfall in Hepatitis C Treatment

Disruptions in access to treatment and harm reduction services could set back effort to eliminate hep C in the U.S.

July 2, 2021 By Sukanya Charuchandra

Pandemic-related disruptions led to a 25% drop in the number of people starting treatment for hepatitis C, according to findings presented at the 2021 International Liver Congress virtual meeting. Despite the setback, a coordinated effort to increase access to treatment and harm reduction programs could save some 33,200 lives while bringing the United States closer to achieving the World Health Organization (WHO) 2030 targets for hepatitis C virus (HCV) elimination.

"The U.S. has made strides toward HCV elimination, but these gains could easily be lost in the wake of the pandemic if we become complacent," wrote the researchers. Even prior to the COVID-19 pandemic disrupting HCV testing and treatment services, the United States was not on track to meet WHO targets.

Sarah Blach, MHS, of the CDA Foundation in Colorado, and colleagues conducted a study to reevaluate the incidence of hepatitis C and related deaths in the United States. They modeled three different scenarios. First, they examined the impact of indefinite long-term disturbances in diagnoses and treatments. Next, they looked at the effect of returning back to pre-pandemic predictions for treatment levels. Lastly, the team examined what would happen if treatment was ramped up and access to harm reduction programs was improved to achieve WHO targets.

Between 2014 and 2019, some 1.2 million people received treatment for hepatitis C. This resulted in 50% fewer cases of hepatocellular carcinoma—the most common type of liver cancer—and a 65% drop in liver-related deaths in 2019 compared with 2014.

Compared with 2019, however, 25% fewer individuals began antiviral therapy for hepatitis C in 2020. While 160,000 to 170,000 individuals were expected to start HCV treatment since 2019, fewer than 150,000 individuals actually began receiving the medications.

On modeling various scenarios, the researchers found that anywhere from 780,000 to 2.3 million people would start receiving therapy between 2021 and 2030. In order to achieve WHO targets, at least 240,000 people every year would need to be treated in the U.S., along with improving access

to harm reduction programs.

If treatment levels bounced back to pre-COVID levels, 19,400 liver-related deaths and 9,500 cases of hepatocellular carcinoma between 2021 and 2030. If intensified efforts were made to reach WHO targets by 2030, some 33,200 deaths and 24,900 liver cancer cases would be prevented.

“There is time to regain momentum and avert more than 33, 000 deaths while reducing the viral pool to prevent new infections,” wrote the researchers. “This requires a swift and coordinated effort from the entire HCV community-including government, industry, patient groups and providers.”

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