

Free Hepatitis C Treatment Program Reduces Community Viral Load

The program in rural Kentucky lowered the proportion of people with detectable HCV RNA by 69% over five years

May 7, 2024 By [Sukanya Charuchandra](#)

In a rural Kentucky county, free medical care and direct-acting antiviral treatment for people with [hepatitis C](#) greatly reduced the proportion of people with hepatitis C virus (HCV) viremia, or detectable viral load, researchers reported at [The Liver Meeting 2023](#). People with a sustained undetectable viral load after treatment are considered cured and do not transmit the virus.

In order to meet World Health Organization HCV elimination goals by 2030, dedicated programs are needed to target high-risk populations. Jennifer Havens, PhD, of the University of Kentucky College of Medicine, and colleagues assessed the benefits of [Kentucky Viral Hepatitis Treatment \(KeY Treat\)](#), which provided free medical care and [antiviral therapy](#) for people with chronic hepatitis C in a rural Appalachian county. In particular, the research team analyzed the program's effect on community viral load, or the proportion of people with active HCV infection, from 2019 through 2023.

The study initially screened 748 people, of whom 77% tested positive for HCV antibodies. Of these, 65% were viremic, meaning they tested positive for HCV RNA in their blood. Antibody positivity indicates that a person has ever been infected with HBV, while a positive HCV RNA test shows that a person has current active infection and could benefit from treatment.

Study participants were treated with Epclusa (sofosbuvir/velpatasvir). At The Liver Meeting 2022, [Havens and colleagues reported early findings showing that most people who tested positive for HCV RNA opted for treatment](#), and among those who completed treatment, more than 90% were cured.

Over the course of the study, the researchers observed that the proportion of viremic participants dropped significantly. The likelihood of testing positive for HCV RNA declined during every follow-up period compared with the first six months of the study. During the last six months, the odds of a participant being viremic were 69% lower compared with the first six months. These results held even after adjusting for age and injection drug use. Women were 39% less likely to be viremic compared with men.

“These data point to a reduction in the proportion of viremic individuals over time, suggesting that the community viral load may have been significantly reduced as a result of an increase in the number of cured individuals in the county,” the researchers concluded. “Continued treatment of those at greatest risk for HCV viral transmission is necessary to eliminate the virus from this high-risk community.”

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