

Hepatitis C in the WHO European Region

Fact sheet

July 2015

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, virus-inactivating processing of plasma-derived products, good infection control, needle 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 will often clear the infection. For some people, however, treatment is necessary. Until recently, the only treatment available was combination therapy containing pegylated forms of interferon plus ribavirin. This treatment has been associated with frequent severe side-effects, and its effectiveness is highly variable, depending on the virus serotype and other factors. Recently, a new, safer, better-tolerated treatment has been introduced, consisting of “direct-acting antivirals”, which are much more effective, curing over 90% of patients.

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. 84 000 people die due to hepatitis C-related liver disease each year.
- New antiviral medicines can cure more than 90% 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.

More information:

www.euro.who.int/hepatitis

www.who.int/hepatitis



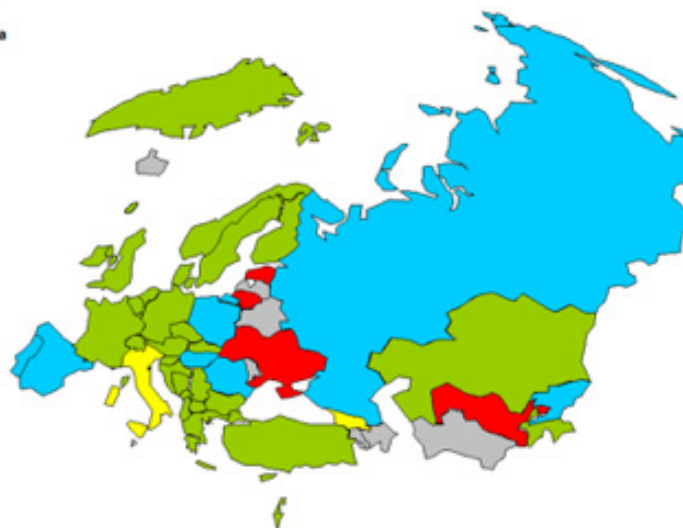
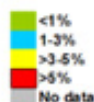
Although the cost of producing direct-acting antivirals is low, the prices set by the production companies are very high, making access to these drugs difficult even in high-income countries. Several countries have succeeded in negotiating lower prices, but much remains to be done to ensure greater access to treatment globally.

Hepatitis C in the WHO European Region

According to recent estimates, more than 185 million people around the world have been infected with HCV, of whom 350 000 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 84 000 deaths per year from hepatitis C-related liver cancer and cirrhosis.

The epidemiology of hepatitis C in the Region is diverse, with a prevalence of anti-HCV antibodies ranging from very low (0.1% in Ireland) to high (5% in Italy and 13% in Uzbekistan). The map below shows the estimated prevalence of anti-HCV antibodies in countries of the Region.¹



Estimated prevalence of chronic HCV infection, WHO European Region, 2013.

The WHO global and regional response

WHO activities to prevent and control viral hepatitis include:

- raising awareness, promoting partnerships and mobilizing resources;
- formulating evidence-based policy and data for action;
- preventing transmission; and
- ensuring screening, care and treatment.

In April 2014, WHO issued its first recommendations on treatment of hepatitis C, and updated guidelines will be published later in 2015 to include the most recent advances in treatment.

WHO is attempting to improve access to treatment by including direct-acting antivirals 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 prevention activities and is supporting regional partnerships.

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.

¹ Hope VD, Eramova I, Capurro D, Donoghoe MC. Prevalence and estimation of hepatitis B and C infections in the WHO European Region: a review of data focusing on the countries outside the European Union and the European Free Trade Association. *Epidemiol Infect* 2013;29:1–17.