
Global status of hepatitis B and C infections among people who use drugs and key WHO recommendations

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Global HIV, Hepatitis and STI Programmes



Hepatitis B and C burden, incidence and mortality by WHO region, 2021

Global Burden
Hepatitis B - 296 m
Hepatitis C - 58 m

New data on incidence, prevalence

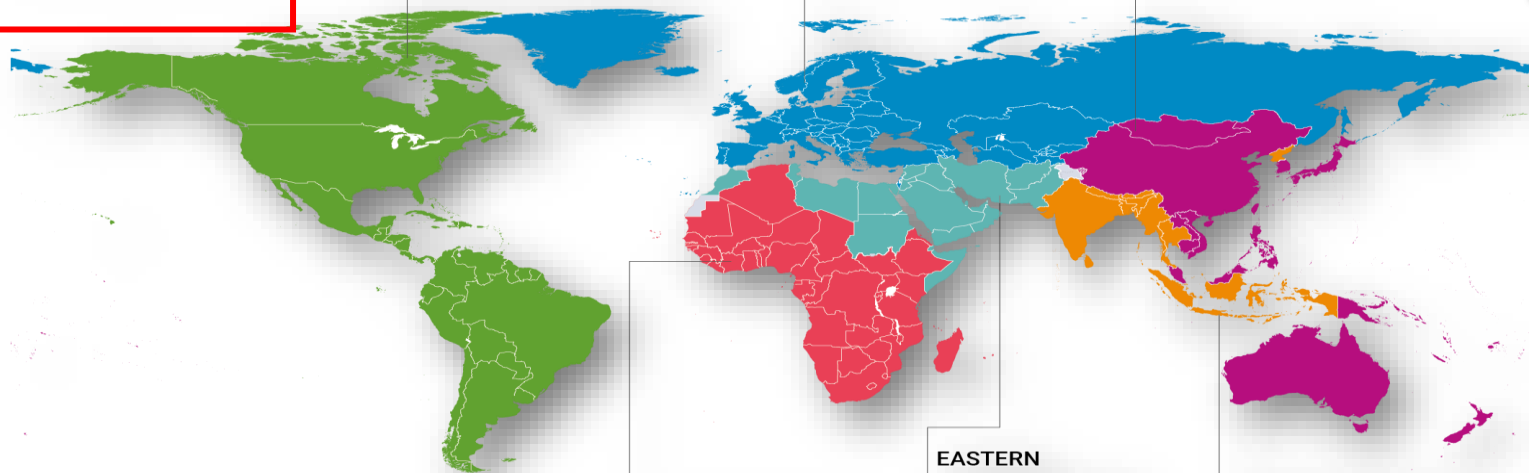
- **3.0 million** new HCV & HBV infections
- **1.1 million** HCV & HBV deaths with initial signs of HCV declines (290,000 deaths)
- **Achieved <5 yr HepB** prevalence SDG 2020 targets and GHSS goals

GLOBAL
Hepatitis B
 New Infection: **1 500 000**
 [1 100 000–2 600 000]
 Deaths: **820 000**
 [450 000–950 000]
Hepatitis C
 New Infection: **1 500 000**
 [1 300 000–1 800 000]
 Deaths: **290 000**
 [230 000–580 000]

REGION OF THE AMERICAS
Hepatitis B
 New infections: **10 000**
 [5 100–26 000]
 Deaths: **15 000**
 [8 500–23 000]
Hepatitis C
 New infections: **67 000**
 [63 000–73 000]
 Deaths: **31 000**
 [19 000–84 000]

EUROPEAN REGION
Hepatitis B
 New infections: **19 000**
 [9 400–38 000]
 Deaths: **43 000**
 [34 000–51 000]
Hepatitis C
 New infections: **300 000**
 [240 000–320 000]
 Deaths: **64 000**
 [39 000–72 000]

WESTERN PACIFIC REGION
Hepatitis B
 New infections: **140 000**
 [96 000–210 000]
 Deaths: **470 000**
 [200 000–490 000]
Hepatitis C
 New infections: **230 000**
 [220 000–260 000]
 Deaths: **77 000**
 [77 000–140 000]



WHO REGIONS

- African Region
- Region of the Americas
- South-East Asia Region
- European Region
- Eastern Mediterranean Region
- Western Pacific Region
- Not applicable

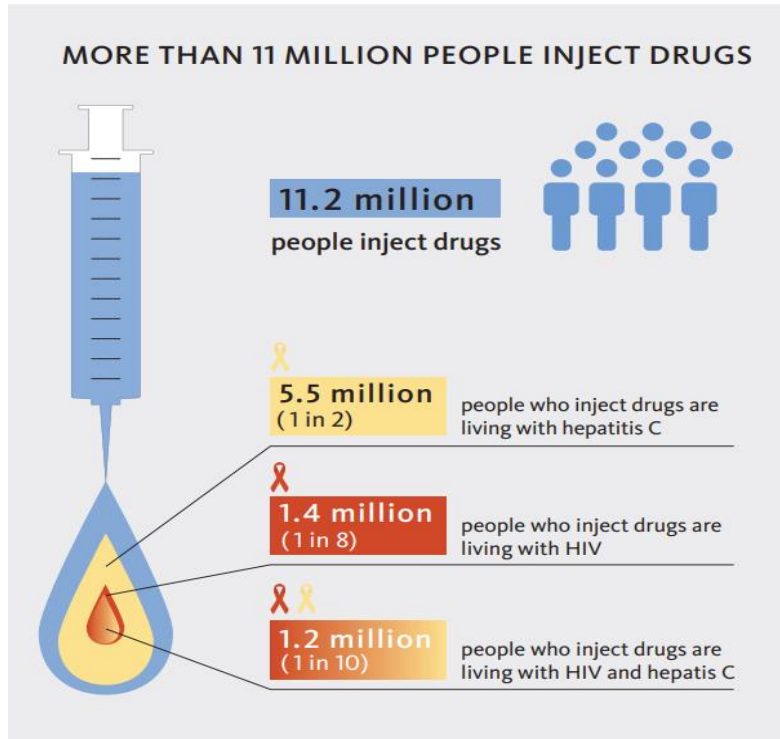
AFRICAN REGION
Hepatitis B
 New infections: **990 000**
 [660 000–1 600 000]
 Deaths: **80 000**
 [47 000–110 000]
Hepatitis C
 New infections: **210 000**
 [150 000–370 000]
 Deaths: **45 000**
 [23 000–72 000]

EASTERN MEDITERRANEAN REGION
Hepatitis B
 New infections: **100 000**
 [79 000–140 000]
 Deaths: **33 000**
 [26 000–60 000]
Hepatitis C
 New infections: **470 000**
 [240 000–520 000]
 Deaths: **31 000**
 [31 000–74 000]

SOUTH-EAST ASIA REGION
Hepatitis B
 New infections: **260 000**
 [180 000–590 000]
 Deaths: **180 000**
 [140 000–300 000]
Hepatitis C
 New infections: **230 000**
 [200 000–430 000]
 Deaths: **38 000**
 [37 000–130 000]



HCV and HBV prevalence in PWID



Source: World Drug Report 2022
<https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html>

World Drug Report:
in 2021, 1 in 2 people who inject
drugs living with hepatitis C

THE LANCET Global Health

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Epidemiology of injecting drug use, prevalence of injecting-related harm, and exposure to behavioural and environmental risks among people who inject drugs: a systematic review

Prof Louisa Degenhardt, PhD • Paige Webb, BPsych[Hons] • Samantha Colledge-Frisby, PhD • Jeremy Ireland, MPH • Alice Wheeler, BPsych[Hons] • Sophie Ottaviano, MPH • et al. [Show all authors](#)

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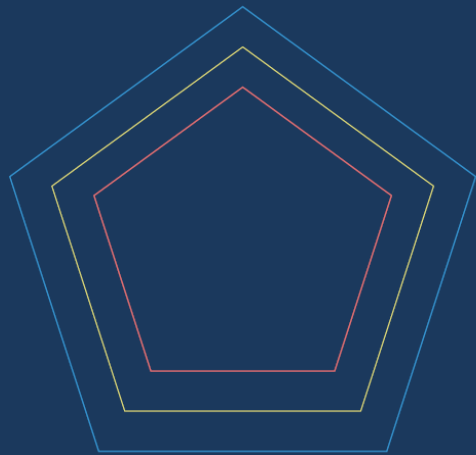
[Open Access](#) • Published: March 27, 2023 • DOI: [https://doi.org/10.1016/S2214-109X\(23\)00057-8](https://doi.org/10.1016/S2214-109X(23)00057-8)

Degenhardt et al. estimate that globally in people who inject drugs:

- 1:6 living with HIV
- 4:10 currently have hepatitis C infection
- 1:12 have chronic hepatitis B infection with large regional variations

Recommended package for people who inject drugs

Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations



Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs

Policy brief



These interventions are not in order of priority.

Essential for impact: enabling interventions

- Removing punitive laws, policies and practices
- Reducing stigma and discrimination
- Community empowerment
- Addressing violence

Essential for impact: health interventions

Prevention of HIV, viral hepatitis and STIs

- Harm reduction (NSPs, OAMT and naloxone for overdose management)
- Condoms and lubricant
- Pre-exposure prophylaxis for HIV²⁴
- Post-exposure prophylaxis for HIV and STIs
- Prevention of vertical transmission of HIV, syphilis and HBV
- Hepatitis B vaccination
- Addressing chemsex

Diagnosis

- HIV testing
- STI testing
- Hepatitis B and C testing

Treatment

- HIV treatment
- Screening, diagnosis, treatment and prevention of HIV associated TB
- STI treatment
- HBV and HCV treatment

Essential for broader health: health interventions

- Conception and pregnancy care
- Contraception
- Mental health
- Prevention, assessment and treatment of cervical cancer
- Safe abortion
- Screening and treatment for hazardous and harmful alcohol and other substance use
- TB prevention, screening, diagnosis and treatment

New HCV-related recommendations:



New GRADE recommendation

People at ongoing risk and a history of treatment-induced or spontaneous clearance of HCV infection may be offered 3–6-monthly testing for presence of HCV viremia (*conditional recommendation, very low certainty of evidence*).



New GRADE recommendation

Pan-genotypic DAA-HCV treatment should be offered without delay to people with recently acquired HCV infection and ongoing risk (*strong recommendation, very low certainty of evidence*).

Further details on evidence, decision-making, implementation

Moving HCV testing and treatment out of specialist clinics

Decentralization

We recommend **delivery** of HCV testing and treatment at **peripheral health or community-based facilities**, and ideally at the same site, to increase access to diagnosis, care and treatment. These facilities may include **primary care, harm reduction sites, prisons** and HIV/ART clinics as well as community-based organizations and outreach services.

Integration

We recommend **integration** of HCV testing and treatment with existing care services at peripheral health facilities. These services may include primary care, **harm reduction (needle and syringe programme / opioid agonist maintenance therapy sites), prisons** and HIV/ART services.

Task-sharing

We recommend delivery of HCV **testing, care and treatment** by **trained non-specialist doctors and nurses** to expand access to diagnosis, care and treatment.

<https://www.who.int/publications/i/item/9789240052697>



What is required to achieve the WHO's HCV elimination targets in countries with concentrated epidemics?

Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings—what is required to achieve the WHO's HCV elimination targets?

Scaling up high-coverage **needle and syringe provision + opioid substitution therapy + effective HCV treatment would reduce the incidence of HCV infection by 90% by 2030.**

Ward Z et al. Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings – what is required to achieve the WHO's HCV elimination targets? *Addiction*, Sep 2018

Scaling up prevention and treatment towards the elimination of hepatitis C: a global mathematical model

Alastair Heffernan, Graham S Cooke, Shevanthi Nayagam, Mark Thursz, Timothy B Hallett

By 2030, interventions that reduce risk of transmission in non-PWID by 80% and increase coverage of harm reduction services to 40% of PWID could avert 14.1 million (95% credible interval 13.0–15.2) new infections.

Heffernan A, Cooke GS, Nayagam S, Thursz M, Hallett TB. Scaling up prevention and treatment towards the elimination of hepatitis C: a global mathematical model. *Lancet* (London, England). 2019.

3 key messages

1. **Elimination of hepatitis will not be achievable** without prioritizing people who inject drugs
2. **Combining** needle and syringe provision + opioid substitution therapy + effective HCV treatment would reduce the incidence of HCV infection in people who inject drugs by 90% by 2030
3. **Decentralization and integration of hepatitis services,** especially with the harm reduction services, can increase the uptake, linkage to care, and success of hepatitis C treatment among people who inject drugs

Acknowledgments:

- Niklas Luhmann
- Annette Verster
- Virginia Macdonald
- Rachel Baggaley