U.S. Is Not on Track to Hit the WHO's Hep C Elimination Targets

Only three states are expected to meet the 2030 goal.

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The United States is not expected to reach the World Health Organization (WHO) hepatitis C elimination targets, according to findings presented at the Digital International Liver Congress. Instead of eradicating hep C as a public health threat by 2030, the United States is expected to do so by 2037.

Some 2.4 million Americans are living with hepatitis C—a significant cause of disease and death in the United States.

Mark Sulkowski, MD, of the Johns Hopkins University School of Medicine in Baltimore, and colleagues assessed the progress of the United States in eliminating hep C as a public health threat by 2030 according to targets for incidence, mortality, diagnosis and treatment set by the WHO.

To begin with, the team used data spanning January 2013 to December 2017 from two large testing laboratories in the United States. The data had been stripped of identifying information. The total study population included 23,569,897 people who had received hepatitis C virus (HCV) RNA viral load tests and hep C antibody tests. HCV RNA tests reveal current active infections, while antibody tests show whether a person has ever had the virus.

A total of 3,063,343 people with active hep C infection were diagnosed in the United States in 2017.

The researchers used a disease progression model to simulate hep C caseloads across all 50 states, Washington, DC, and Puerto Rico. The modeling helped predict annual infections, mortality and disease burden from conditions related to hep C, such as liver fibrosis, cirrhosis and hepatocellular carcinoma, the most common type of liver cancer.

The WHO’s targets for hepatitis C elimination include:

- Diagnosing 90% of the population with HCV infection;
- Treating 80% of the eligible population;
- Reducing new hep C infections by 80%;
- Reducing death from hep C by 65%.

Only three states (6%) —Connecticut, South Carolina and Washington—are set to reduce new infections by 80% and eliminate hep C by 2030. Sixteen states (32%) are on track to eliminate hep C by 2035, with 15 others (30%) aiming for 2040 and 10 states (20%) aiming for 2050. Eight states (16%) are unlikely to hit the targets by 2050.

By 2030, 16 states (31%) are set to treat 80% of the eligible population with hep C, 45 states (87%) are set to detect 90% of hep C infections and 46 (88%) states are set to lower deaths due to hep C by 65%. In order to reach the 2030 treatment goal, around 173,514 people would need to be treated annually between 2020 and 2030. Nine states (17%) limit treatment to only those with more severe liver fibrosis, and none of them is expected to achieve HCV elimination by 2030.

Further, the team found that the WHO’s hep C targets won’t be reached across the United States until 2037. The 80% reduction in incidence is set to occur in 2037, with targets for diagnosis and treatment expected to be met by 2027 and 2033, respectively. However, the target for reduction of HCV-related deaths is expected to be met in 2020.

The researchers noted that key barriers to hep C elimination include the lack of a national HCV elimination plan, limited health care resources devoted to screening and diagnosis, restricted access to treatment based on liver disease stage and substance use, stigma and discrimination and “limited political will.”

“As the year when all U.S. states are expected to achieve HCV elimination targets is beyond 2050, strategies must be implemented to reduce HCV incidence, which include increased rates of screening, linkage to care and unfettered access to curative therapy,” they wrote.

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