Slowly but surely: how to reduce hepatitis C prevalence

Modest increases in hepatitis C treatment rates amongst people who inject drugs will significantly reduce infection prevalence, resulting in benefits for both individuals and the public.

THE ISSUE

Chronic hepatitis C infection confers significant morbidity and mortality due to liver cirrhosis and liver cancer. In high-income countries, people who inject drugs (PWID) are at greatest risk of being infected with hepatitis C.[1] Hence, PWID are the priority population for prevention and treatment if we are to eliminate hepatitis C.

WHAT OUR WORK FOUND

In 2012, Professor Hellard and colleagues used mathematical modelling to estimate the prevalence of chronic hepatitis C infection and determine what impact treatment could have on prevalence over time amongst people who are currently injecting drugs in Victoria, Australia.

- The model suggested that treatment of 625 PWID in Victoria (25 out of every 1000 PWID) would reduce the prevalence of hepatitis C amongst PWID by half within 30 years.
- Immediate implementation of high treatment rates would result in lower hepatitis C prevalence after 10-15 years than slow scale-up over 5 years.
- Increasing hepatitis treatment rates above 25/1000 resulted in greater estimated reductions in hepatitis C prevalence.

CONCLUSION

Relatively modest increases in treatment rates amongst PWID in Victoria could significantly reduce hepatitis C prevalence over 10–15 years.

Policy Implications

Interventions to increase access to hepatitis C treatment have benefits for individuals and reduce hepatitis C prevalence at a population level.

References
1. Nelson P et al. *Lancet* 2011;378:571-583

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