Why We Need to Treat Everyone Who Has Hepatitis C

March 20, 2017 By Lucinda K. Porter, RN

Recently, I read a report forecasting the global prevalence of hepatitis C virus (HCV) to the year 2025. (EpiCast Report: Hepatitis C Virus - Epidemiology Forecast to 2025) Before discussing it, I’ll start with a disclosure. I read a sample of the report, not the full report. The full report cost $3995. Yes, you read that correctly; I got a magnifying glass out to be sure I hadn’t missed a decimal point. That rate was low. The corporate rate was $11,985. Needless to say, I didn’t buy it.

Quite frankly, it crossed my mind that I was reading a swindle rather than a report, but then decided that it would be a lousy scam. Anyway, I requested a sample, making it clear that I was curious but not shopping. A polite salesperson tried to sell me the report and asked if I knew anyone who might purchase it. Do people really spend that kind of money for a single report? Yes, stock analysts do. Enough digressing, back to the report...

I read the sample, found it well written, but since the source data wasn’t included in the sample, I can’t verify the veracity of the report. Let’s assume it is factual. According to the EpiCast Report: Hepatitis C Virus - Epidemiology Forecast to 2025,1 there will be more than a million new hepatitis C infections by 2025 in 9 major countries: US, France, Germany, Italy, Spain, UK, Japan, Brazil, and China.

And here is why I am using this report despite the fact that I can’t say with 100 percent certainty that it is true: this shouldn’t be true. Hepatitis C is curable. All the major world organizations, shareholders, some countries, and the state of New York are committed to the elimination of hepatitis C. But even if these projections are too high, what we do know is this:

- The World Health Organization (WHO) estimates that as many as 130 to 150 million people worldwide are living with chronic hepatitis C viral infection.
- More than one million people die of cirrhosis, mostly caused by viral hepatitis. (Note: In the United States, non-alcoholic fatty liver disease (NAFLD) is moving into the number one slot for the most common liver disease. NAFLD and alcoholic liver disease are on the rise in terms of cirrhosis and cause for liver transplantation.)
More than 500,000 people die every year from hepatocellular carcinoma (the most common form of liver cancer). It is the third leading cause of cancer deaths.

You may ask, “What about the high cost of hep C treatment? Surely we can’t treat everyone?” In my January 2017 column, I cite data presented at the 2016 Liver Meeting by Andrew Hill and colleagues. They showed that HCV treatment could cost under $100 per person. They analyzed production costs for generic HCV treatments from India. The cost of 12 weeks of treatment using sofosbuvir and daclatasvir can be manufactured for around $76; sofosbuvir/ledipasvir priced at $96. Velpatasvir was more expensive at $119 to $154. These prices included a 50 percent profit margin for generic suppliers.

Hepatitis C can be eliminated without forcing countries to go broke. Where do we start? We need to start with people who inject drugs. They shouldn’t be the last to be treated; they should be the first. Treatment is prevention.

A French study by Anthony Cousien* and colleagues published data to support this in Hepatitis C Treatment as Prevention of Viral Transmission and Liver-Related Morbidity in Persons Who Inject Drugs (PWID). They looked at standard treatment in France, which treats at stage 2 fibrosis or higher for PWID, and found that would decrease HCV prevalence from nearly 43 percent to roughly 25 percent in 10 years. If the threshold for treatment was lowered to stage zero fibrosis, the projected prevalence dropped to nearly 12 percent in the same time frame. Fortify this with better testing, linkage to care, and support for treatment adherence, the prevalence could drop to 7 percent.

Imagine the impact this would have on projected rates of cirrhosis, liver cancer and liver-related death. Talk about a good investment! That $3995 report now seems like a good deal.


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