

Hepatitis C in the WHO European Region

Fact sheet – July 2021

Hepatitis C is a liver disease that affects the lives of 12 million people in the WHO European Region – approximately one in every 75 individuals. It is caused by the hepatitis C virus (HCV) and can cause acute and chronic infection leading to severe complications, including cirrhosis (liver scarring), liver cancer and death.

Acute HCV infection is usually asymptomatic and rarely associated with life-threatening disease. About 15–45% of infected people spontaneously clear the virus within six months of infection without treatment; the remaining 55–85% will develop chronic infection.

Chronic infection does not present symptoms for many years, by which time the disease is already advanced. The risk of cirrhosis in people with chronic infection is 15–30% within 20 years.

Hepatitis C is an important public health problem in the Region. Recent estimates indicate that there are 300 000 new cases each year and 64 000 deaths each year due to hepatitis C and complications resulting from infection.

HCV can be found in less than 0.5% of the population in western, northern and central Europe, while in many countries of eastern Europe and central Asia the figure can be as high as 3–5%.

In many countries in the Region, new HCV infections are now largely due to transmission through sharing of needles, syringes and associated paraphernalia by people who inject drugs.



Modes of transmission

HCV is a bloodborne virus. It is most commonly transmitted:

- in health-care settings, as a result of reuse or inadequate sterilization of medical equipment, especially syringes and needles;
- as a result of unsafe dental procedures;
- when blood safety measures are suboptimal, as a result of transfusion of unscreened blood and blood products;
- during injecting drug use, as a result of sharing of injection equipment (for example, syringe, spoons, cotton and “cookers”); and
- as a result of unsafe tattooing or piercing.

HCV can also be transmitted sexually and can be passed from an infected mother to her infant.

HCV is not spread through breastmilk, food or water or by casual contact such as hugging, kissing or sharing food or drink with an infected person.

Key facts on hepatitis C

- Hepatitis C is a preventable viral infection that damages the liver. It can be acute or chronic. Chronic hepatitis C can lead to serious complications such as cirrhosis, liver cancer and death.
- HCV is transmitted through contact with the blood of an infected person; as a result of unsafe injections or other invasive medical and nonmedical practices (such as tattooing and piercing) when the skin is damaged; and, where blood safety measures are suboptimal, as a result of transfusion of unscreened blood and blood products.
- Hepatitis C is curable; new antiviral medicines can cure more than 95% of infected people, reducing the risk of complications and death.
- There is currently no vaccine for hepatitis C. Prevention should therefore focus on reducing the risk of exposure to the virus.
- It is possible to eliminate hepatitis C as a public health threat by 2030.



Hepatitis C in the WHO European Region

In the WHO European Region, it is estimated that 12 million people are chronically infected with HCV. Many were infected years previously as a result of unsafe medical procedures, and a majority are unaware of their infection. Each year, 64 000 people die from liver disease related to hepatitis C.

In many countries in the WHO European Region, people who inject drugs are at the highest risk of acquiring hepatitis C as a result of sharing syringes, needles and other injecting equipment.

Since 2016, all 53 Member States of the Region have committed themselves to the global goal of eliminating viral hepatitis as a public health threat by 2030.

Prevention

There is no vaccine for hepatitis C at present. Prevention is based 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 testing of blood and organ donors, appropriate infection prevention and control, and safe injection practices in health-care settings.

Harm reduction is very effective in preventing transmission among people who inject drugs.

Testing and treatment

Testing is important for appropriate diagnosis and any necessary treatment. Overall, less than one third of people living with HCV in the WHO European Region are aware of their infection.

Testing should be offered to all people affected by or at risk of hepatitis C, especially:

- people from population groups known to have higher prevalence of HCV infection;
- recipients of potentially infected blood products;
- individuals undergoing invasive procedures in health-care facilities with inadequate infection control practices;
- people who use or have used drugs;
- people in prisons or previously incarcerated persons;
- men who have sex with men;
- people with sexual partners who are HCV-infected;
- children born to mothers infected with HCV;
- people with HIV infection; and
- people who have had tattoos or piercings.

Acute hepatitis C does not always require treatment, as in some people the immune response will clear the infection.

All people with chronic hepatitis C should, however, be offered treatment, with the goal of curing the disease. Treatment of hepatitis C has drastically improved.

Direct-acting antivirals (DAAs) can achieve cure in more than 95% of cases with a shorter treatment period (usually 12 weeks). DAAs are the preferred regimens according to the most recent WHO guidelines; they are much more effective, safer and better tolerated than previously used therapies.

Although the production cost of DAAs is low, these medicines remain very expensive in many high- and middle-income countries. Several such countries in the Region have succeeded in negotiating lower prices, but much remains to be done both at global and at regional level to ensure greater access to treatment.

Prices have dropped dramatically in some countries (primarily low-income) as a result of the introduction of good-quality generic versions of these medicines.

In recent years, an increasing number of Member States in the Region have substantially improved access to hepatitis C treatment through national programmes. Some have also set national goals for eliminating HCV infection in line with the WHO Global Health Sector Strategy on Viral Hepatitis 2016–2021.

Impact of COVID-19 on continuity of services

Since the start of the COVID-19 pandemic in early 2020, many countries have reported considerable disruptions or decline in essential health services, including those responsible for the viral hepatitis response.

It is important that viral hepatitis prevention, diagnosis and treatment services continue to be fully operational during the pandemic. Interrupting these necessary health services is harmful to the health of patients, their close family members and friends and to the progress achieved so far in tackling the disease.

WHO response

The WHO Regional Office for Europe provides technical support to Member States in planning and strengthening their national response to viral hepatitis, including with awareness-raising, surveillance, prevention, strengthening of laboratory capacity, and provision of guidance on testing and treatment. The Regional Office also supports regional partnerships.

The first Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region, adopted by all Member States in 2016, identifies priority actions for countries along the continuum of viral hepatitis services and sets regional targets and milestones for the elimination of hepatitis C as a public health threat by 2030.

Member States of the WHO European Region have committed themselves to work towards halting the transmission of new viral hepatitis infections, making testing accessible, and ensuring that all people living with chronic hepatitis have access to care as well as affordable and effective treatment.

More information:

www.euro.who.int/hepatitis
www.who.int/hepatitis