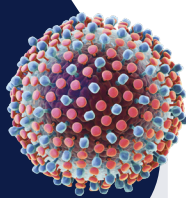


Estimating the Year Each State in the United States Will Achieve the World Health Organization's Elimination Targets for Hepatitis C

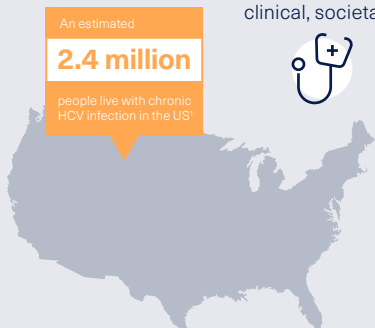
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1. THE BURDEN OF HCV

Chronic HCV infection is a **major public health burden** associated with substantial clinical, societal, and economic burdens.



WITHOUT TREATMENT, patients with chronic HCV are at risk for serious liver and extrahepatic disease, and mortality

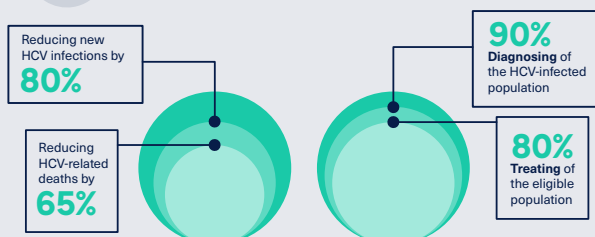


WITH APPROPRIATE ACCESS TO CARE, HCV can be treated and cured in nearly all individuals

Yet, very few countries including the **US** are on track to achieve the 2030 HCV elimination targets set by the WHO

2. HCV ELIMINATION

The WHO has developed set targets relative to 2015 benchmark levels with the goal of eliminating HCV as a public health threat by 2030:²



Identification of states not on track to meet elimination targets provides an opportunity for states to reconsider barriers to screening, assessment, and linkage of care

3. THIS STUDY ASSESSED THE PROGRESS TOWARDS HCV ELIMINATION IN THE US



In **2017**, an estimated total prevalence of 3 million patients had HCV

Less than 50% were diagnosed

Nationally, the US is not currently projected to collectively meet HCV elimination targets until

2037

The target for diagnosis is projected to be achieved by

2027

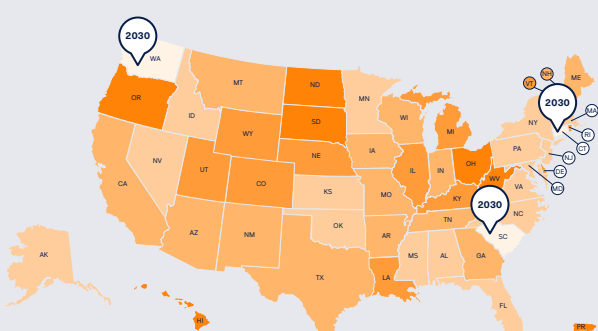


INCIDENCE by 2037



TREATMENT by 2033

Year ■ ≤2030 ■ 2031–2035 ■ 2036–2040 ■ 2041–2049 ■ ≤2050



Only 3 states (6%) are on track to achieve elimination **by 2030**

18 states (35%) are not expected to meet these targets before

2040

NINE STATES (17%)

had treatment restrictions based on liver fibrosis severity in 2017 and none of these states were expected to achieve HCV elimination by 2030

AN ANNUAL ESTIMATION OF 173,514 TREATMENTS are required nationally during 2020–2030 to reach the treatment target for HCV elimination by 2030



2020



2030

4. BARRIERS TO ELIMINATION



This study highlights the disparity between treatment targets and restrictions and offers an opportunity for states to reconsider barriers to treatment

BARRIERS TO HCV ELIMINATION INCLUDE:



Lack of a national HCV elimination plan and awareness of HCV status



Stigma and discrimination



Limited health care system resources for screening and diagnosis



Restricted access to treatment based on the stage of liver disease

EFFECTIVE STRATEGIES MUST BE IMPLEMENTED TO:



REDUCE

overall prevalence by preventing new infections



INCREASE

rates of screening per the universal screening guidelines^{3–5}



IMPROVE

linkage to care and access to treatment for all

in order to make further progress towards achieving HCV elimination

Abbreviations
HCV, hepatitis C virus; US, United States; WHO, World Health Organization

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