**Action plan developed by stakeholder groups including Swiss Hepatitis, the Swiss Association for the Study of the Liver (SASL), the Swiss Society for Gastroenterology (SGGSSG), the Swiss Society for Infectiology (SGINF), the Positive Council and the Global Health Programme (GHP) of the Graduate Institute of International and Development Studies.**
### Incidence

<table>
<thead>
<tr>
<th>New acute infections per year (per 100,000), 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.4</td>
</tr>
</tbody>
</table>

Acute infection primarily affect men of Swiss origin aged 20 to 39 years, principally as a result of sexual contact with an infected person.

### Mortality

<table>
<thead>
<tr>
<th>HCV-related deaths, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>193</td>
</tr>
</tbody>
</table>

Likely underestimated by a factor of at least 2.

<table>
<thead>
<tr>
<th>New HCV cases, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>216</td>
</tr>
</tbody>
</table>

Estimated.

<table>
<thead>
<tr>
<th>New chronic infections per year (per 100,000), 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HBV-related deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DATA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deaths per 100,000, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deaths per 100,000, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
</tr>
</tbody>
</table>

Overall, 74% of chronic cases from 1988-2015 were among foreign-born.

<table>
<thead>
<tr>
<th>Deaths per 100,000, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HBV-related deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DATA</td>
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</thead>
<tbody>
<tr>
<td>0.5</td>
</tr>
</tbody>
</table>

Estimated.
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV Percentage change in new infections, 2015-2020
NO DATA
WHO 2020 Target -30%

HBV Percentage change in deaths, 2015-2020
NO DATA
WHO 2020 Target -10%

HCV Percentage change in new infections, 2015-2020
NO DATA
WHO 2020 Target -30%

HCV Percentage change in deaths, 2015-2020
NO DATA
WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%)
0.15% (0.10 - 0.20%)
SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

Hepatitis B vaccination coverage for newborns

WHO 2020 Target 50%
No universal HepB birth dose policy

72% HepB 3 dose vaccine coverage for infants, 2019
The care cascade for hepatitis C in Switzerland in 2020

- Viremic Infections Beginning of 2020: 32,100
- Diagnosed Through 2020: 18,600
- Treated During 2020: 1,000
- Cured During 2020: 970

Proportion of diagnosed HBV persons receiving appropriate treatment

- NO DATA

139

For persons who inject drugs (PWID), number of sterile needles per year, 2020

WHO 2020 Target 200

7,765

Number of persons on treatment for HBV, 2021

WHO 2020 Target 30%

58%

Proportion of persons living with HCV diagnosed, 2020

WHO 2020 Target 30%
5%
Proportion of diagnosed persons who have been cured (%), 2020

At least **14,942**
Cumulative number of persons treated for HCV, 2015-2021

**POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS**

**ACHIEVEMENT**

Routine official reports to monitor HBV and HCV

**INNOVATIONS**

HBV and HCV laboratory notifications sent to federal Ministry of Health. The FOPH mandatory reporting system is the only source for new infections (but most probably with significant underreporting)

**ROADBLOCKS**

Estimates of HBV and/or HCV economic burden

Monitoring of HBV and HCV diagnosis and treatment

**STRATEGIC INFORMATION**

Partially Adopted

For HCV

Partially Adopted

For tracking number of persons diagnosed with HCV
**ROADBLOCKS**

Additional epidemiological studies are needed, especially for HBV

**ACHIEVEMENTS**

The FOPH announced in 2018 that it would publish yearly reports on hepatitis via its mandatory notification system

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**PREVENTION OF MOTHER TO CHILDREN TRANSMISSION**

Universal policy for hepatitis B vaccination of newborns within 24 hours of birth \(^{16}\)  
- Partially Adopted

Selective policy for newborns born to HBsAg+ mothers

Recommendations for:

- HBV testing of pregnant women \(^{1}\)  
  - Adopted

- HCV testing of pregnant women \(^{17}\)  
  - Not Adopted

One survey reported 97% of physicians providing prenatal care reported testing for hepatitis B in all pregnant women

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**ACCESS AND REGISTRATION OF MEDICINES AND TESTS**

Registration of originator DAAs \(^{33}\)  
- Adopted

Eligible for generic DAAs \(^{18}\)  
- Not Eligible

Licensed point-of-care PCR testing to detect HBV and HCV \(^{19}\)  
- Adopted
TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

- **HBV**: Risk-based
  - Adopted

- **HBV**: Age cohort or Universal
  - Not Adopted

- **HCV**: Risk-based
  - Adopted

- **HCV**: Age cohort or Universal
  - Not Adopted

No patient co-pays for HBsAg and anti-HCV testing

ROADBLOCKS

Alternative HBV and HCV approaches, such as universal testing or birth cohort testing, need to be evaluated in the Swiss setting.

Many patients currently diagnosed are late in their natural history and are at risk of advanced fibrosis.

ACCESS TO HBV AND HCV TREATMENT

- **HBV**: National treatment guidelines
  - Partially Developed
    - In a review article, leading clinicians adapted EASL guidelines to a Swiss Context (2010)
    - Simplified care: Simplified treatment and monitoring algorithm for primary care providers
      - Not Adopted
    - Simplified care: No patient treatment co-pays
      - Adopted

- **HCV**: National treatment guidelines
  - Developed
    - Simplified care algorithm: Less than 2 clinic visits during treatment
      - Partially Adopted
        - HCV RNA at week 2 or 4 (assessment of adherence, optional), week 8 or 12 (or 24) and 3–9 months later (i.e. 6 to 12 months after the end of treatment) is optional in the HCV treatment guidelines
<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simplified care algorithm: Non-specialists can prescribe treatment</td>
<td>Adopted</td>
</tr>
<tr>
<td>Simplified care algorithm: No patient treatment co-pays</td>
<td>Adopted</td>
</tr>
<tr>
<td>No fibrosis restrictions</td>
<td>Adopted</td>
</tr>
<tr>
<td>No sobriety restrictions</td>
<td>Adopted</td>
</tr>
<tr>
<td>No genotyping</td>
<td>Not Adopted</td>
</tr>
</tbody>
</table>

**INNOVATIONS**

- **The HepCare project of Swiss Hepatitis aims to expand capacity for HCV treatment by providing specialist consultations for general practitioners to initiate HCV treatment. This program is still being scaled nationwide.**
- **Since January 1, 2022, all physicians in Switzerland are allowed to prescribe HCV DAA’s (including general practitioners, psychiatrists, addiction doctors).**

**ROADBLOCKS**

- **Additional efforts are needed to train and engage general practitioners on HCV testing, linkage to care, and treatment. For many general practitioners, the cost of HCV treatment remains a hurdle because to begin treating patients they have to justify to insurance companies increased averaged spending.**
- **Many patients were diagnosed a long time ago but have never been treated or were insufficiently treated and have advanced fibrosis. New strategies to link these patients to care are needed as in many cases they have additional needs, including lack of stable housing, addiction to drugs or alcohol, lack of trust in the healthcare system, and/or limited financial means.**

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

- **National strategy addresses populations most affected.**
- **National anti-discrimination laws against people living with hepatitis B and/or C.**
- **National policy for adult hepatitis B vaccination.**

- **Vaccination at the age between 11 and 15 years is equally recommended for adolescents not yet vaccinated against hepatitis B as well as for certain risk groups, e.g. for health care professionals and drug users.**
National policy for:

- Harm reduction for persons who inject drugs (PWID) 26
  - Developed

- Syringe exchange in federal prisons 11,26
  - Partially Adopted

Number of needles/syringes per PWID per year 10
  - 139
  - WHO 2020 Target 200

Number of opioid substitution therapy recipients per 100 PWID 10
  - 67.7

Decriminalization of possession of syringes & paraphernalia 11
  - Adopted

Decriminalization of drug use 26
  - Partially Adopted

ACHIEVEMENTS

Swiss Parliament decided to integrate viral hepatitis into the future National HIV Program 28

INNOVATIONS

In the absence of the federal government creating a national strategy, civil society and clinical partners established one.

The Swiss HCVree Trial (NCT02785666) was conducted in 2015-2017 with the goal of implementing a population-based systematic hepatitis C (HCV) micro-elimination program among men who have sex with men (MSM) living with HIV enrolled in the Swiss HIV Cohort Study (SHCS). After the treatment with DAAs, a behavioural intervention is offered to those at high risk of reinfection. The behavioural intervention was developed specifically for this trial. The trial led to a 91% and 77% decline of HCV prevalence and incidence, respectively. A systematic HCV RNA-based screening among MSM living with HIV conducted two years after the Swiss HCVree Trial revealed a sustained effect and further decline of the prevalence and incidence of replicating HCV infection, demonstrating the trial was successful in curbing the HCV epidemic among MSM living with HIV in Switzerland 29

Up to 2014, viral hepatitis was rarely been discussed in Switzerland’s leading media. Since then, through Swiss Hepatitis, more than 150 articles and broadcasts have been published on the topic. Most of them were initiated by press releases issued by the Swiss Hepatitis Strategy or by the network’s media connections. In 2017 the Swiss Hepatitis Strategy website registered over 100,000 visits.

Switzerland has developed a HepCare project (see www.hepcare.ch). It focuses on motivating and empowering general practitioners in order to conduct hepatitis C therapies themselves with the aid of a specialist. A strong focus is on the practitioners who care for patients in opioid agonist therapies. There are significant gaps in the care cascade of PWUD, which should be closed. HepCare will be an important activity in achieving this goal.
A survey of prisons in German-speaking Switzerland and Ticino reported that 39 out of 40 of them offered the possibility of testing for HCV or HBV, but only one offered universal testing. 34 of the institutions studied offered treatment against HCV and 35 against HBV. The reasons given for lack of treatment options were: no cost coverage, no health services available. 5 of the institutions that offered treatment for hepatitis B and C did not organize transfer of the medical file to ensure continuity of care at the end of the period of incarceration. 2

Securing HCV on the political agenda has been difficult, and receiving endorsements and substantial financial support from the Federal Office of Public Health remains an ongoing barrier to program scale-up. Substantial financing for the civil-society driven, Swiss Hepatitis Strategy remains lacking.

Public budget line for HBV and HCV testing and treatment 30

After reviewing epidemiological data of viral hepatitis in Switzerland, the Federal Office of Public Health decided in 2017 to support the national hepatitis elimination effort with a financial contribution. This financial contribution was only ~200,000 USD.
NEXT STEPS TOWARD ELIMINATION

1. Implement a surveillance response system for incidence, care cascade and disease burden of HBV and HCV
2. Increase government investments in HBV and HCV prevention, testing, and treatment
3. Secure political commitment from the government to implement the Swiss Hepatitis National Strategy
4. Increase vaccination coverage through universal vaccination in childhood (infancy or adolescence) and catch-up in adults, as well as identification and vaccination of uninfected populations at higher risk of exposure, transmission or complications
5. Launch national awareness campaigns around HBV and HCV
6. Improve access to HCV treatment for prisoners
7. Launch national awareness campaigns around HBV and HCV
8. Implement a surveillance response system for incidence, care cascade and disease burden of HBV and HCV
9. Improve HCV linkage to care, including developing strategies to re-engage in care persons previously diagnosed
10. Evaluate alternative HBV and HCV approaches, such as universal testing or birth cohort testing, in the Swiss setting.

SOURCES

11. Communication with Philip Bruggmann, Swiss Hepatitis on 11 April 2022 and 17 May 2022


27. HepCare. For basic providers: Hepatitis C in brief. https://www.hepcare.ch/de/grundversorger.php


32. Number of treatments with drugs against hepatitis B and hepatitis C - Data provided by Dr. Philip Bruggmann on 17 May 2022.


WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.

This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.

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