



ARGENTINA

CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED FEBRUARY 4, 2022



Hepatitis B virus (HBV)

2030

HBV elimination goal

YES

Elimination of HBV mother
to child transmission goal

Hepatitis C virus (HCV)

2030

HCV elimination goal

THE HEALTH BURDEN OF VIRAL HEPATITIS

0.4% (0.3-0.5%)

Prevalence of HBsAg, 2019 ³

*Based on surveillance data from
the blood bank. Official estimate
considered by the Ministry of Health*



Prevalence

REGIONAL AVERAGE
IN THE AMERICAS:
HBV: 0.3%
HCV: 0.7%

0.5% (0.40-0.60)

Prevalence
of chronic HCV ^{3,6,19}

*Based on surveillance data from
the blood bank. Official estimate
considered by the Ministry of Health*

480

New HBV
cases, 2019 ³

*Laboratory confirmed cases,
not necessarily incidence*



Incidence

538

New HCV
cases, 2019 ³

*Laboratory confirmed cases,
not necessarily incidence*

838

HBV deaths, 2018 ³

0.07 Deaths per 100,000 ³



Mortality

3,730

HCV deaths, 2019 ³

0.22 Deaths per 100,000 ³

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV

Percentage change in new infections, 2015-2019 ⁷



-33%



WHO 2020 Target -30%

HBV

Percentage change in deaths, 2015-2018 ³



+16%



WHO 2020 Target -10%

HCV

Percentage change in new infections, 2015-2019 ⁷



-25%



WHO 2020 Target -30%

HCV

Percentage change in deaths, 2015-2018 ³



-29%



WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%), 2019

0.02 (0.01-0.03)

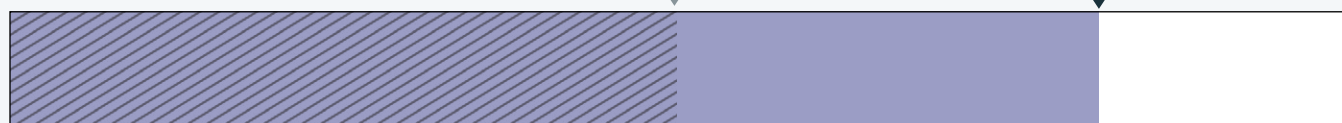
SDG 2020 Target 1% ⁵

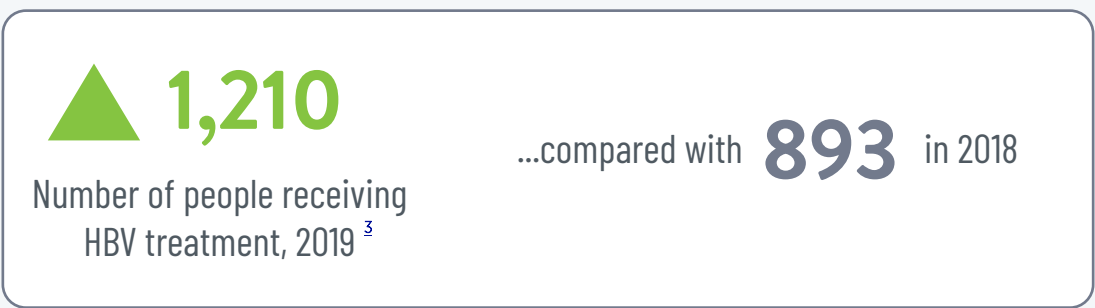
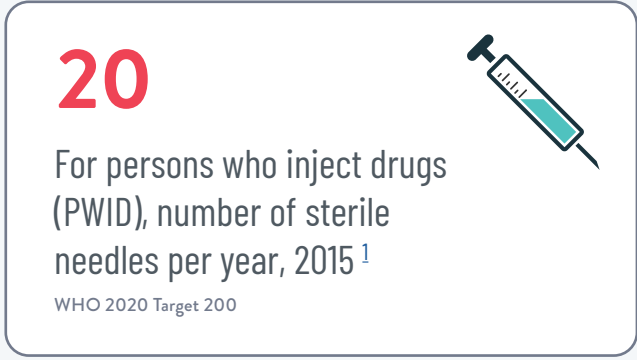
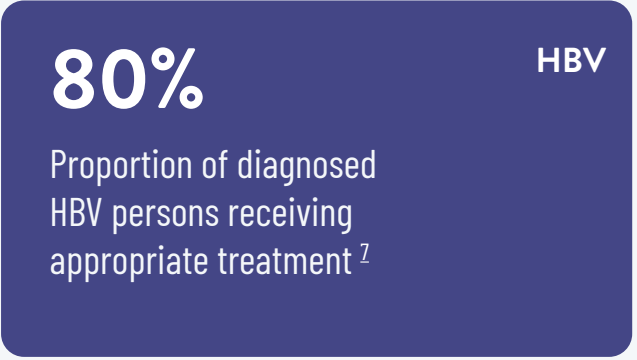
ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

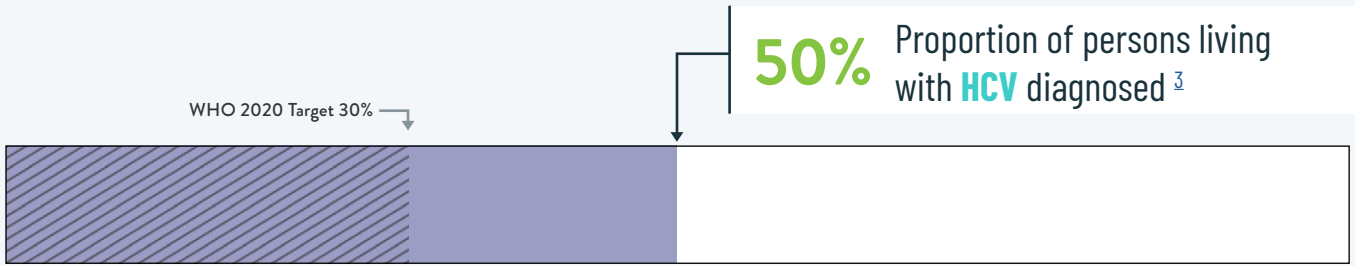
82%

Hepatitis B vaccination coverage for newborns, 2019 ⁸

WHO 2020 Target 50%







▲ 276,480

Number of tests for HCV, 2019 ⁷

...compared with 207,450 in 2018

4.5% Proportion of people diagnosed who were cured with new DAAs ³



▼ 1,971

Number of people treated for HCV, 2019 ^{3,7,18}

...compared with 2,241 in 2018



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS



ACHIEVEMENTS



INNOVATIONS



ROADBLOCKS

STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV ³

Estimates of HBV and/or HCV economic burden ¹⁴

Monitoring of HBV and HCV diagnosis and treatment ³

Mortality Incidence Prevalence

Partially Adopted

Adopted

Routine surveillance of blood banks is conducted, but no national survey was conducted to estimate prevalence in the past 5 years



ACHIEVEMENTS

Significant decreases in HCV incidence between 2015 and 2019, estimated HCV prevalence by HCV + organ donor and blood banks (2015-2019), and in mortality between 2015 and 2018.

HCV cost-effectiveness study conducted.

The National Health Surveillance System (SNVS 2.0), a program in which data on viral hepatitis are collected from all public, private and social security health centers.

Significant decrease in the percentage of inclusion in the list and liver transplantation for HCV (2015-2019).

Creation of sentinel units to facilitate monthly or annual notification of diagnoses and treatment.

Since 2018, a specific epidemiological bulletin for viral hepatitis has been prepared, where data from the entire country is displayed.



ROADBLOCKS

Need to improve the quality of hepatitis case reporting to better understand which populations are at risk.

Integration of health subsystems, which remain fragmented and makes it difficult to monitor progress in all sub-sectors.



PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns ¹

Adopted

Recommendations for:

HBV testing of pregnant women ¹

Adopted

HCV testing of pregnant women ¹

Adopted

Decided recently,
starts in 2022



ACHIEVEMENTS

Free universal vaccination for adults against HBV since 2012.

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

HCV: Registration of patented pangenotypic drugs ¹⁰

Adopted

HCV: Eligible for generic medicines ⁷

Adopted

HCV: Registration of generic medicines

No Data

Licensed point-of-care PCR testing to detect HBV and HCV ⁷

Not Adopted



ROADBLOCKS

There have been supply interruptions in treatments and diagnostic reagents since the start of the program until 2020.



TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based ¹

Adopted

HCV: Risk-based ¹

Adopted

HBV: Universal for adults > 18 years ³

Adopted

HCV: Universal for adults > 18 years ³

Adopted

No patient co-pays for HBsAg
and anti-HCV testing ⁷

Partially Adopted



ACHIEVEMENTS

Universal screening recommendations for HBV and HCV for all adults > 18 years



INNOVATIONS

Diagnostic approach of HCV reflex testing

HCV screening in all pregnant persons.

ACCESS TO HBV AND HCV TREATMENT

HBV: Local treatment guidelines ²⁰

Developed

Simplified care: Simplified
treatment and follow-up algorithm
for primary care physicians ²⁰

Adopted

Simplified care: No patient
treatment co-pays ⁷

Adopted

HCV: Local treatment guidelines ²⁰

Developed

Simplified care algorithm: Less than
2 clinic visits during treatment ²⁰

Adopted

Simplified care algorithm: Non-
specialists can prescribe treatment ²⁰

Adopted

Simplified care: No patient treatment co-pays ⁷

Adopted

No fibrosis restrictions ²⁰

Adopted

No sobriety restrictions ²⁰

Adopted

No genotyping ²⁰

Partially Adopted



ACHIEVEMENTS

Recommendation for the diagnosis, treatment and prophylaxis of HBV from the Ministry of Health in agreement with Scientific Societies and Patient Associations.

Since 2016, the Hepatitis Program has incorporated DAA treatments and grants them free of charge in the public health system.

Recommendation of diagnosis and simplified treatment of HCV from the Ministry of Health in agreement with Scientific Societies and Patient Associations. Since 2017, access to treatment has been expanded without restrictions due to fibrosis stages.



ROADBLOCKS

Need to expand the strategic training of the first level of care and of the community in the prevention, diagnosis and treatment of viral hepatitis.

HCV treatment is not fully covered for patients with social security or private insurance

Unsafe medical practices continue despite guidelines and training.

Maintain universal coverage of HCV treatments in the social and private security subsystems. Fibrosis restriction restrictions persist.

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected (i.e. people who inject drugs, indigenous people, MSM, co-infected, etc.) ¹³

Adopted

National anti-discrimination laws against persons living with hepatitis B and/or C ¹³

Partially Adopted

National policy for adult hepatitis B vaccination ¹⁴

Adopted



ACHIEVEMENTS

Development of an advisory committee with representation from the Scientific Society and Patient Associations.



INNOVATIONS

HCV microelimination program among hemodialysis patients.

Program for the micro-elimination of HCV for people who are incarcerated



ROADBLOCK

Control and eradication of unsafe medical practices (eg: uncontrolled cosmetic treatments), which continue despite guidelines and training.

FINANCING

Public budget line for HBV and HCV testing and treatment ²

Adopted

NEXT STEPS TOWARD ELIMINATION



Establish a clear and simplified HCV testing algorithm, training clinicians and the community.



Improve the quality and granularity of strategic information on mortality.



Strengthen vaccination coverage against HAV and HBV at birth.



Strengthen the safety of health care practices.



Expand the hemodialysis microelimination program.



Support the treatment of the new Law on HIV, Hepatitis and Tuberculosis, which guarantees the rights of people with chronic hepatitis.



Acquire rapid fingerstick tests for hepatitis C and identify opportunities to improve linkage to care by incorporating confirmatory tests and initiating treatment at a post-antibody test visit



Strengthen the system for purchasing treatments and diagnostic reagents, so that supply interruptions do not occur.



Implement ongoing training for first-level health care teams to include the offer of a hepatitis B or C diagnosis in their periodic review.



Implement a permanent campaign to offer diagnosis in Public Health Centers throughout the country.

SOURCES

1. Dirección de Sida, ETS, Hepatitis y TBC, Secretaría de Gobierno de Salud, Ministerio de Salud y Desarrollo Social Argentina. Respuesta a las hepatitis virales: Plan Estratégico Nacional 2018-2021. 2018. https://www.globalhep.org/sites/default/files/content/action_plan_article/files/2020-04/Argentina%20Hepatitis%20National%20Strategic%20Plan%202018-2021%20%28Spanish%29.pdf
2. Pan-American Health Organization and WHO. Hepatitis B and C in the Spotlight: A public health response in the Americas. 2017. <https://iris.paho.org/handle/10665.2/34257>
3. Dirección de Respuesta al VIH, ITS, Hepatitis Virales y Tuberculosis Argentina. Boletín N° 2: Hepatitis virales en la Argentina: Año II - Diciembre 2020. <https://www.globalhep.org/sites/default/files/content/resource/files/2021-07/Boletin%20N%C2%B0%202%20Hepatitis%20virales%20en%20la%20Argentina%202020%20%281%29.pdf>
4. Angeleri, P., Levite, V., Vidiella, G. et al. Viral hepatitis and Treponema pallidum prevalence in persons who underwent premarital blood tests in Argentina. Sci Rep 9, 9611 (2019). <https://doi.org/10.1038/s41598-019-45891-9> <https://www.nature.com/articles/s41598-019-45891-9#Tab2>
5. IHME. Global Burden of Disease Study. 2019 <https://www.globalhep.org/country-progress/argentina>
6. Polaris Observatory Collaborators (2018). Global prevalence, treatment, and prevention of hepatitis B virus infection in 2016: a modelling study. The lancet. Gastroenterology & hepatology, 3(6), 383–403. [https://doi.org/10.1016/S2468-1253\(18\)30056-6](https://doi.org/10.1016/S2468-1253(18)30056-6) [https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(18\)30056-6/fulltext](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(18)30056-6/fulltext)
7. Communications with Argentina Ministry of Health
8. WHO/UNCIEF Joint Reporting Form.2019 <https://www.globalhep.org/country-progress/argentina>
9. Pan-American Health Organization and WHO. Hepatitis B and C in the Spotlight: A public health response in the Americas <https://iris.paho.org/bitstream/handle/10665.2/31449/9789275119297-eng.pdf?sequence=5&isAllowed=y>
10. MapCrowd. <https://mapcrowd.org/>
11. Medicines Patent Pool. MedsPaL Database. 2019. [https://www.medsdal.org/?disease_area%5B%5D=Hepatitis+C+\(HCV\)&page=1](https://www.medsdal.org/?disease_area%5B%5D=Hepatitis+C+(HCV)&page=1)
12. Gaité LA, Marciano S, Galdame OA, Gadano AC. Hepatitis C in Argentina: epidemiology and treatment. Hepat Med. 2014;6:35-43. Published 2014 May 27. doi:10.2147/HMER.S57774 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4043810/>
13. Georgetown HIV Policy Lab. Argentina. 2021. <https://hivpolicylab.org/ar>
14. Roperó Álvarez, A.M., Pérez-Vilar, S., Pacis-Tirso, C. et al. Progress in vaccination towards hepatitis B control and elimination in the Region of the Americas. BMC Public Health 17, 325 (2017). <https://doi.org/10.1186/s12889-017-4227-6> <https://link.springer.com/article/10.1186/s12889-017-4227-6>
15. Kanevsky D. et al. Early treatment of hepatitis C virus improves health outcomes and yields cost savings: A modeling study in Argentina. Abstract at the EASL European Association for the Study of the Liver's 55th Annual International Liver Congress, London, United Kingdom. Aug 27-29 2020. https://www.natap.org/2020/EASL/EASL_04.htm
16. WHO. Hepatitis B Fachsheet. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-b>
17. "Pan American Health Organization Hepatitis B and C in the Spotlight. A public health response in the Americas, 2016. Washington, D.C. : PAHO; 2016." [https://iris.paho.org/bitstream/handle/10665.2/31449/9789275119297-eng.pdf?sequence=5&isAllowed=y#:~:text=An%20estimated%207.2%20million%20\(5.2,people%20live%20with%20hepatitis%20C.](https://iris.paho.org/bitstream/handle/10665.2/31449/9789275119297-eng.pdf?sequence=5&isAllowed=y#:~:text=An%20estimated%207.2%20million%20(5.2,people%20live%20with%20hepatitis%20C.)
18. Dirección de Respuesta al VIH, ITS, Hepatitis Virales y Tuberculosis Argentina. Boletín sobre las hepatitis virales en la Argentina: Año I - Octubre 2019. https://bancos.salud.gob.ar/sites/default/files/2020-01/0000001592cnt-2019-10_boletin-hepatitis.pdf
19. Polaris Observatory HCV Collaborators (2017). Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modelling study. The lancet. Gastroenterology & hepatology, 2(3), 161–176. [https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(16\)30181-9/fulltext](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(16)30181-9/fulltext)
20. Dirección de Respuesta al VIH, ITS, Hepatitis Virales y Tuberculosis, Ministerio de Salud de la Nación (2021). Hepatitis Virales: Guía para el diagnóstico y tratamiento de la infección por el virus de las hepatitis B y C. <https://www.globalhep.org/sites/default/files/content/resource/files/2022-02/Argentina-hepatitis-virales-diagnostico-tratamiento-de-infeccion-por-el-virus-de-hepatitis-B-y-C%20%281%29.pdf>

WORKING TOGETHER, WE WILL **ACHIEVE ELIMINATION.**

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