



# BRAZIL

CAN ELIMINATE HEPATITIS

## NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED AUGUST 11 2021



Hepatitis B virus (HBV)

Hepatitis C virus (HCV)

**NO**

HBV elimination goal

**YES**

Elimination of HBV mother to child transmission goal <sup>24</sup>

**2030**

HCV elimination goal

Plan to eliminate hepatitis C in Brazil <sup>1</sup>

### THE HEALTH BURDEN OF VIRAL HEPATITIS

**0.52%**

Number of persons living with HBsAg, 2017 <sup>2</sup>

*Based on modeled data*



Prevalence

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

**0.53%**

Number of persons living with chronic HCV (%), 2017 <sup>2</sup>

*Based on modeled data*

**6,064**

New HBV cases, 2020 <sup>3</sup>

As in most cases the diagnosis does not occur at the time of infection, Brazil adopts the concept of detection rate, which indicates the date on which the diagnosis of the infection was known. This estimate reflects the number of confirmed cases.



Incidence

This number was heavily impacted by Covid 19, it is well below the averages of previous years

**9,286**

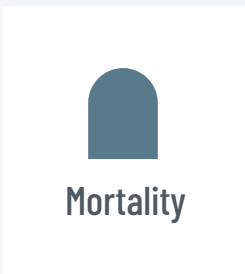
New HCV cases, 2020 <sup>4</sup>

As in most cases the diagnosis does not occur at the time of infection, Brazil adopts the concept of detection rate, which indicates the date on which the diagnosis of the infection was known. This estimate reflects the number of confirmed cases.

368

HBV deaths, 2020 <sup>3</sup>

0,2 Deaths per 100,000, 2019



1,405

HCV deaths, 2020 <sup>3</sup>

0,7 Deaths per 100,000, 2019

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections, 2015-2020 <sup>3</sup>



**-138%** ↓ \*

WHO 2020 Target -30%  
New cases based on detection rate (time when cases were diagnosed/reported). <sup>3</sup>

**HBV** Percentage change in deaths, 2015-2020 <sup>3</sup>



**-20%** ↓

WHO 2020 Target -10% <sup>3</sup>

**HCV** Percentage change in new infections, 2015-2020 <sup>4</sup>



**-63%** ↓ \*

WHO 2020 Target -30%  
New cases based on detection rate (time when cases were diagnosed/notified) <sup>4</sup>

**HCV** Percentage change in deaths, 2015-2020 <sup>3</sup>



**-31%** ↓

WHO 2020 Target -10% <sup>3</sup>

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

**0,12 (0,1-,16)**

SDG 2020 Targets 1% <sup>5</sup>

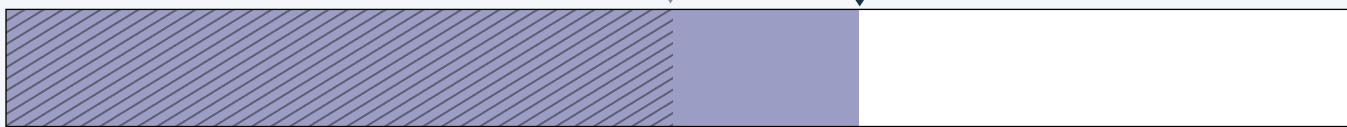
\* This number was heavily impacted by Covid 19, it is well below the averages of previous years



## ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

**63%** Hepatitis B vaccination coverage for newborns, 2020 <sup>6</sup>

WHO 2020 Target 50% <sup>6</sup>



**77%** HepB 3 dose vaccine coverage for infants, 2020 <sup>6</sup>

WHO 2020 Target 90%



Proportion of persons living with **HBV** diagnosed

WHO 2020 Target 30%



**NO DATA** HBV

Proportion of diagnosed HBV persons receiving appropriate treatment

**NO DATA**

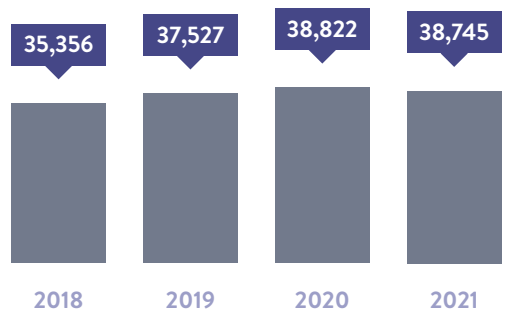
For persons who inject drugs (PWID), number of sterile needles per year

WHO 2020 Target 200

Note that the prevalence of injecting drug use is very small in Brazil. The use of oral drugs is much more common.

**▼ 38,745**

Number of people receiving HBV treatment, 2021 <sup>7</sup>

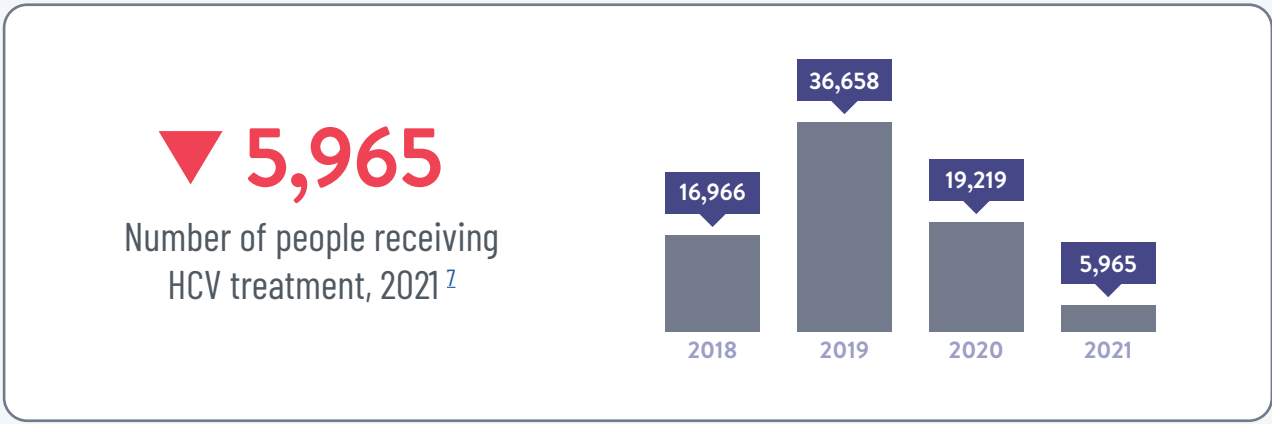


Proportion of persons living with **HCV** diagnosed

WHO 2020 Target 30% →



Proportion of persons who have cleared **HCV** infection



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

**ACHIEVEMENTS**

**INNOVATIONS**

**ROADBLOCKS**

**STRATEGIC INFORMATION**

Routine official reports to monitor HBV and HCV <sup>2,3,4</sup>

● Mortality   ● Incidence   ● Prevalence

Estimates of HBV and/or HCV economic burden <sup>2</sup>

Partially Adopted

Only for HBV

Monitoring of HBV and HCV diagnosis and treatment <sup>7</sup>

Adopted





**INNOVATIONS**

*Development and start of implementation of the Information System that will allow better logistical and clinical follow-up of patients being treated for hepatitis B, C and D.*

**PREVENTION OF MOTHER TO CHILDREN TRANSMISSION**

Policy for hepatitis B vaccination of newborns <sup>6</sup>

Adopted

Recommendations for:

HBV testing of pregnant women <sup>11</sup>

Adopted

HCV testing of pregnant women <sup>11</sup>

Adopted



**ACHEIVEMENTS**

*Note that informs distribution of prophylactic TDF for the prevention of TV-HBV in UDM since 2019 - facilitating access to the input.*

*Development of an investigation protocol for cases of vertical transmission of viral hepatitis.*



**INNOVATIONS**

*A mathematical modeling approach to estimate the vertical transmission of HCV in Brazil was carried out. From 2007 to 2017, it was estimated that there were about 81,000 pregnant women with hepatitis C. Of the 81,000 children exposed to the hepatitis C virus, approximately 5,800 children may have become infected with the hepatitis C virus.*



**ROADBLOCKS**

*During the COVID-19 pandemic, vaccine coverage for the hepatitis B birth dose dropped from 77% in 2019 to 63% in 2020.*

**ACCESS AND REGISTRATION OF MEDICINES AND TESTS**

**HCV:** Registration of originator medicines <sup>12</sup>

Adopted

Eligible for generic medicines

Not Eligible

**HCV:** Registration of generic medicines <sup>12</sup>

Adopted

Licensed point-of-care PCR testing to detect HBV and HCV <sup>13</sup>

Adopted



## TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

**HBV:** Risk-based <sup>14</sup>

Adopted

**HCV:** Risk-based <sup>14</sup>

Adopted

**HBV:** Persons aged 20 and over who have not been properly vaccinated <sup>14</sup>

Adopted

**HCV:** Single test for people aged 40 and over <sup>14</sup>

Adopted

No patient co-pays for HBsAg and anti-HCV testing <sup>15</sup>

Adopted

### ACHIEVEMENTS



*Training of nurses to expand the tracking and diagnosis of viral hepatitis; The department issued a technical note to guide the performance of professional nurses in the strategy for accessing the diagnosis of hepatitis B and C. The document provides legal support for nurses to carry out rapid tests and request additional exams; nursing care in the care of viral hepatitis in health units; support in care, teaching and research; the possibility of these professionals to identify people with hepatitis B and C or at risk of infection.*

### INNOVATIONS



*A demonstrative study for the use of the oral fluid anti-HCV test was initiated.*

### ROADBLOCKS



*Due to COVID-19, there was a 28% reduction in distributed rapid tests for hepatitis B and 42% for hepatitis C in 2020, resulting in a decrease in new diagnoses and, therefore, in the number of treatments.*



## ACCESS TO HBV AND HCV TREATMENT

**HBV:** Local treatment guidelines

Adopted

Simplified care: Simplified treatment and monitoring algorithm for primary care physicians

Not Adopted

Simplified care: No co-payments for treatment

Adopted

**HCV:** Local treatment guidelines <sup>16</sup>

Developed

Simplified care algorithm: Less than 2 clinic visits during treatment <sup>17</sup>

Adopted

Simplified care algorithm: Non-specialists can prescribe treatment <sup>18</sup>

Adopted

Simplified care algorithm: No patient treatment co-pays <sup>1</sup>

Adopted

No fibrosis restrictions <sup>16</sup>

Adopted

No sobriety restrictions <sup>16</sup>

Partially Adopted

Based on local treatment guidelines, not reimbursement criteria

Current recommendations indicate the need for sobriety during treatment and for a period after treatment. However, there is no recommendation to restrict the start of treatment due to the state of sobriety

No genotyping <sup>19</sup>

Not Adopted

Based on local treatment guidelines, not reimbursement criteria



### ACHIEVEMENTS

All restrictions on the treatment of HCV have been removed, making treatment universally accessible. Guidelines for the treatment of hepatitis B have also been simplified to improve and remove barriers.

Hepatitis drugs were on the list of essential drugs, now being distributed through the list of strategic drugs, which allows for a simplified distribution, as happens in the treatment of people living with HIV.

Treatment of cases of hepatitis C without cirrhosis in primary healthcare, with prescription by non-specialist physicians.



**ROADBLOCK**

The COVID-19 pandemic had a major impact on the program. Brazil’s goal was to treat 50,000 patients with hepatitis C by 2020, but it treated only 19,219 patients. The country is already mobilizing to establish strategies to resume testing actions to diagnose and treat more people.

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

National strategy addresses populations most affected (i.e., IDU, indigenous, homosexual men, co-infected etc.)<sup>1</sup>

Adopted

National anti-discrimination laws against persons living with hepatitis B and/or C<sup>20</sup>

Partially Adopted

National policy for adult hepatitis B vaccination<sup>28</sup>

Universal

National policy for:

Harm reduction for persons who inject drugs (PWID)<sup>21</sup>

Adopted

Syringe exchange in federal prisons<sup>21</sup>

Not Adopted

If “yes”, number of federal prisons that implement needle exchange<sup>22</sup>

No Data

Number of needles/syringes per PWID per year<sup>22</sup>

No Data

Number of opioid substitution therapy recipients per 100 PWID<sup>22</sup>

No Data

Decriminalization of possession of syringes & paraphernalia<sup>21</sup>

Not Adopted

Decriminalization of drug use<sup>21</sup>

Not Adopted

Decriminalization of hepatitis infection

No Data

The Brazilian labor courts have determined that discriminatory dismissal of employees may result in reinstatement and compensation for pain and suffering. For example, the dismissal of an employee with HIV or any other serious illness is considered discriminatory and invalid, and the employee is entitled to reinstatement.





## FINANCING

Public budget line for HBV and HCV testing and treatment <sup>24</sup>

Adopted

Global Fund for Tuberculosis, AIDS and Malaria funds used for co-infected patients as relevant <sup>24</sup>

Adopted



### INNOVATIONS

Acquisition of medicines for hepatitis C through competition and cost-minimization criteria.

## NEXT STEPS TOWARD ELIMINATION



Establish mandatory notification of pregnant women and children exposed to hepatitis B and C.



Strengthen training for physicians who are non-specialists in the treatment of hepatitis C.



Expand databases to monitor hepatitis policy.



Train nurses to diagnose viral hepatitis.

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# WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.



COALITION  
FOR  
**GLOBAL  
HEPATITIS  
ELIMINATION**

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