MEXICO

CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED AUGUST 6 2021

COALITION FOR GLOBAL HEPATITIS ELIMINATION

Hepatitis B virus (HBV)		Hepatitis C virus (HBV)
NO	**NO**	**2030**
HBV elimination goal	Elimination of HBV mother to child transmission goal	HCV elimination goal

Action Plan [1]

THE HEALTH BURDEN OF VIRAL HEPATITIS

Prevelance

0.1-0.2%

Number of persons living with HBsAg [3,4]

Based on modeled data

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

0.4-2.2%

Number of persons living with HCV infection [4]

Based on modeled data and studies among blood donors

Incidence

803

New HBV cases, 2019 [5]

New cases reported, not necessarily incidence [5]

2,100

New HCV cases, 2019 [5]

New cases reported, not necessarily incidence [5]

Mortality

2,125
HBV deaths, 2018 [4]

1.7 Deaths per 100,000 [4]

13,737
HCV deaths, 2019 [4]

11 Deaths per 100,000 [4]

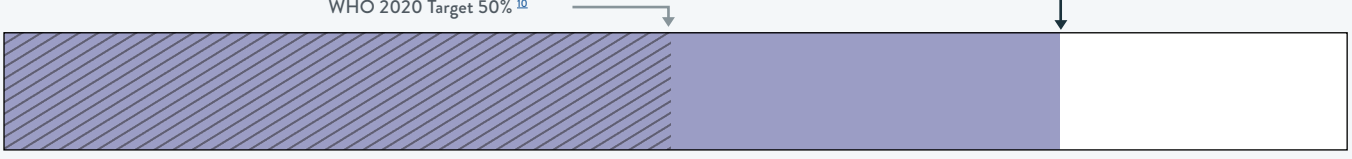
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV Percentage change in new infections, 2015-2019 [3]		**+7%** ↑ WHO 2020 Target -30% [5]
HBV Percentage change in deaths, 2015-2019 [4]		**+30%** ↑ WHO 2020 Target -10% [4]
HCV Percentage change in new infections, 2015-2019 [3]		**+13%** ↑ WHO 2020 Target -30% [5]
HCV Percentage change in deaths, 2015-2019 [4]		**+19.4%** ↑ WHO 2020 Target -10% [4]
Prevalence of HBsAg in children < 5 years (%), 2019 [4]		**0.02%** SDG 2020 Target 1% [4]

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

81% Hepatitis B vaccination coverage for newborns, 2020 [10]



89% HepB 3 dose vaccine coverage for infants, 2020 [10]

WHO 2020 Target 90%

Proportion of persons living with **HBV** diagnosed

WHO 2020 Target 30%

HBV

NO DATA

Proportion of diagnosed HBV persons receiving appropriate treatment

5

For persons who inject drugs (PWID), number of sterile needles per year 2015 [11]

WHO 2020 Target 200

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 [11]	Mortality ● Incidence ● Prevalence ●	● SDG ● Only for HCV ● Survey-based estimates are older than 5 years
Estimates of HBV and/or HCV economic burden [13,14]	No Adoptado	
Monitoring of HBV and HCV diagnosis and treatment [15,16]	Partially Adopted	Only for HCV

INNOVATIONS

Development of a sectoral information system, "AAMATES", which will include information from public health institutions on the results of HCV treatment and tests.

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns [1a]	Adopted
Recommendations for:	
HBV testing of pregnant women [1]	Partially Adopted
HCV testing of pregnant women [17]	Adopted

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

HCV: Registration of orginator medicines [31]	Adopted	Country not included in the DCV license (or for SOF and G / P). However, provision by MPP licensees is permitted if no patent is infringed and the licensee does not rely on BMS technology.
HCV: Eligible for generic medicines	Not Applicable	
HCV: Registration of generic medicines	Not Adopted	

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

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based	Partially Adopted	Hepatitis B is now included in the panel that is used for patients with hepatitis C at no cost
HCV: Risk-based [14]	Adopted	
HBV: For the population [14]	Not Adopted	
HCV: For the population [14]	Adopted	
No patient co-pays for HBsAg and anti-HCV testing [14]	Partially Adopted	

ACHIEVEMENTS

More than 98,000 people living with HIV have been screened for hepatitis C, diagnosing more than 1,200 people living with both HIV and HCV and initiating treatment.

ROADBLOCKS

Need to improve diagnosis rates and reach vulnerable populations.

No hepatitis B testing strategy developed.

ACCESS TO HBV AND HCV TREATMENT

HBV: Local treatment guidelines [30]	No Data
Simplified care: Simplified treatment and follow-up algorithm for primary care physicians	No Data
Simplified care algorithm: No patient treatment co-pays	No Data

HCV:	Local treatment guidelines [17]	Developed
	Simplified care algorithm: Less than 2 clinic visits during treatment [17]	Adopted
	Simplifed care algorithm: Non-specialists can prescribe treatment [17]	Adopted
	Simplified care algorithm: No patient treatment co-pays [17]	Adopted
	No fibrosis restrictions [17]	Adopted
	No sobriety restrictions [17]	Adopted
	No genotyping [17]	Adopted

INNOVATIONS

Implementation of a telementoring program and networks, with evaluation of complex cases by a multidisciplinary team through information technologies, with the aim of bringing specialist doctors and other health professionals, experts on the subject, to remote places; enables the training of first-level personnel and creates effective care networks.

ACHIEVEMENTS

More than 90% of people with a diagnosis of HIV and hepatitis C coinfection have access to treatment.

394 strategic units of care for the HCV program established.

Diagnosis and treatment is now authorized in the public sector to the entire population at no out-of-pocket cost to any individual.

I EDUCADs course to increase national capacity for HCV testing and treatment with primary care physicians

ROADBLOCKS

Greater dissemination of hepatitis C treatment guidelines and action plan is needed.

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected (that is, people who inject drugs, indigenous people, MSM, coinfected, etc.) [1]	Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C [1]	Partically Adopted	
National policy for adult hepatitis B vaccination	Adopted	The hepatitis B vaccine is recommended for "high risk" groups and healthcare workers.
National policy for:		
Harm reduction for persons who inject drugs (PWID) [15]	Partically Adopted	
Syringe exchange in federal prisons [15]	Not Adopted	
If yes, number of federal prisons implementing syringe exchange	Not Applicable	
Number of needles/syringes per PWID per year	5.235	WHO 2020 Target 200
Number of opioid substitution therapy recipients per 100 PWID	No Data	
Decriminalization of possession of syringes & paraphernalia [15]	Adopted	
Decriminalization of drug use [15]	Partically Adopted	

INNOVATIONS

Development of Care Guide for patients living with hepatitis C.

The incorporation of community leaders into the elimination program, with the aim of expanding the program by facilitating and expanding access.

Creation of detection programs focused on populations with the highest prevalences of the disease, and adjusted to the individual needs of these populations, including people who use injection drugs, people living with HIV and people deprived of their liberty, blood donors.

FINANCING

Public budget line for HBV and HCV testing and treatment [24]	Adopted

NEXT STEPS TOWARD ELIMINATION

- Develop a HBV action plan and set HBV elimination goals.
- Ensure efficient recording of information from data systems to inform planning and implementation.
- Add new technologies to track people with a cure and implement programs for hard-to-reach people (homeless, people who inject drugs, migrants).
- Identify strategies for screening by regions and priority groups.
- Encourage the publication of epidemiological and clinical evidence, already generated through the program
- Evaluate the program one year after it is implemented with the participation of those affected
- Optimize the process of diagnosis and access to treatment.
- Expand the EDUCADS program.
- Continue socializing the elimination program.
- Consolidate the elimination program by setting annual targets.
- Implement a program that allows the activation of people's health, to reduce the risk of new infections.
- Ensure the transparency and fairness of the elimination program at all steps.

SOURCES

1. Secretaría de Salud de México. Programa de Acción Específico: Virus de Hepatitis C 2020-2024. 2020 https://www.gob.mx/cms/uploads/attachment/file/626762/Programa_de_Acci_n_Espec_fico_VHC2020-2024.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/bitstream/handle/10665.2/31449/9789275119297-eng.pdf?sequence=5&isAllowed=y
3. IHME. Global Burden of Disease Study. 2019 https://www.globalhep.org/country-progress/mexico
4. 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://doi.org/10.1016/S2468-1253(16)30181-9 https://www.thelancet.com/journals/langas/article/PIIS2468-1253(16)30181-9/fulltext
5. Secretaria de Salud México. Sistema Nacional de Vigilancia Epidemiológica. SINAVE/DGE/SUAVE 2009-2019.
6. Gower, E., Estes, C., Blach, S., Razavi-Shearer, K., & Razavi, H. (2014). Global epidemiology and genotype distribution of the hepatitis C virus infection. Journal of hepatology, 61(1 Suppl), S45–S57. https://doi.org/10.1016/j.jhep.2014.07.027 https://www.journal-of-hepatology.eu/article/S0168-8278(14)00526-1/fulltext
7. RDA, 2021
8. RDA, 2020
9. Larney S, Peacock A, Leung J, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. Lancet Glob Health 2017; published online Oct 23.
10. Comunicación con La Secretaria de Salud.
11. :Secretaría de Salud de México. BOLETÍN: PROGRAMA NACIONAL DE ELIMINACIÓN DE LA HEPATITIS C. 2021"
12. WHO. Progress report on access to hepatitis C treatment: focus on over coming barriers in low- and middle-income countries. 2018. https://apps.who.int/iris/handle/10665/260445
13. Medicines Patent Pool. MedsPaL Database. 2019.. https://www.globalhep.org/country-progress/mexico https://www.medspal.org/?countries%5B%5D=Mexico&disease_area%5B%5D=Hepatitis+C+(HCV)&page=1
14. "Secretaría de Salud de México. BOLETÍN: PROGRAMA NACIONAL DE ELIMINACIÓN DE LA HEPATITIS C. 2020" https://www.gob.mx/cms/uploads/attachment/file/593524/Boletin_VHC_Vol2_Noviembre_2020.pdf
15. Georgetown HIV Policy Lab. México. 2021. https://hivpolicylab.org/mx
16. Gobierno de México. Fondo de Salud para el Bienestar https://www.asf.gob.mx/Trans/Informes/IR2019b/Documentos/Auditorias/2019_0174_a.pdf
17. "GUÍA RÁPIDA PARA LA ATENCIÓN DE PERSONAS CON VIRUS DE LA HEPATITIS C (VHC) EN LOS ESTABLECIMIENTOS DE SALUD" Secretaría de Salud de México

WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

COALITION FOR GLOBAL HEPATITIS 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.

The Coalition thanks the National Observatory for the Elimination of Hepatitis C of Mexico for its review and comments on the data. The Coalition also thanks Dr. Kershenobich of the National Institute of Medical Sciences and Nutrition "Salvador Zubirán" (INCMNSZ) and Nicole Finkelstein of the AIDS Healthcare Foundation for their contributions. The Coalition also thanks the Pan American Health Organization for its technical review and guidance in developing the national hepatitis elimination profiles.

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