**MEXICO CAN ELIMINATE HEPATITIS**

**NATIONAL HEPATITIS ELIMINATION PROFILE**

**Hepatitis B virus (HBV)**

**NO**

HBV elimination goal

Elimination of HBV mother to child transmission goal

**Hepatitis C virus (HCV)**

2030

HCV elimination goal

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**THE HEALTH BURDEN OF VIRAL HEPATITIS**

<table>
<thead>
<tr>
<th><strong>0.1-0.2%</strong></th>
<th><strong>0.4-2.2%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons living with HBsAg</td>
<td>Number of persons living with HCV infection</td>
</tr>
<tr>
<td>Based on modeled data</td>
<td>Based on modeled data and studies among blood donors</td>
</tr>
</tbody>
</table>

**803**

New HBV cases, 2019

New cases reported, not necessarily incidence

**2,100**

New HCV cases, 2019

New cases reported, not necessarily incidence
MEXICO • HEPATITIS ELIMINATION PROFILE

COALITION FOR GLOBAL HEPATITIS ELIMINATION

Mortality

2,125 HBV deaths, 2019
Deaths per 100,000

13,737 HCV deaths, 2019
Deaths per 100,000

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage change in new infections, 2015-2019</th>
<th>WHO 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>+7%</td>
<td>-30%</td>
</tr>
<tr>
<td>HCV</td>
<td>+13%</td>
<td>-10%</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Disease</th>
<th>Percentage change in deaths, 2015-2019</th>
<th>WHO 2020 Target</th>
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<tbody>
<tr>
<td>HBV</td>
<td>+30%</td>
<td>-10%</td>
</tr>
<tr>
<td>HCV</td>
<td>+19%</td>
<td>-10%</td>
</tr>
</tbody>
</table>

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

0.02%
SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

81% Hepatitis B vaccination coverage for newborns, 2020
WHO 2020 Target 50%
### Hepatitis Elimination Profile - Mexico

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Current Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB 3 dose vaccine coverage for infants, 2020</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Proportion of diagnosed HBV persons receiving appropriate treatment</td>
<td></td>
<td>NO DATA</td>
</tr>
<tr>
<td>For persons who inject drugs (PWID), number of sterile needles per year</td>
<td>200</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Proportion of persons living with HBV diagnosed</td>
<td>30%</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Proportion of persons living with HCV diagnosed</td>
<td>30%</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Proportion of persons who have cleared HCV infection</td>
<td></td>
<td>NO DATA</td>
</tr>
</tbody>
</table>
**POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS**

**Strategic Information**

Routine official reports to monitor HBV and HCV

Estimates of HBV and/or HCV economic burden

Monitoring of HBV and HCV diagnosis and treatment

**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

Recommendations for:

- HBV testing of pregnant women
- HCV testing of pregnant women

**Access and Registration of Medicines and Tests**

HCV: Registration of originator medicines

HCV: Eligible for generic medicines

HCV: Registration of generic medicines

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.
Testing recommendations for:

**HBV:** Risk-based  
Partially Adopted

**HCV:** Risk-based
Adopted

**HBV:** General population
Not Adopted

**HCV:** General population
Adopted

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

Hepatitis B is now included in the panel that is used for patients with hepatitis C at no cost
**HCV:**
- Local treatment guidelines
- Developed
- Simplified care algorithm: Less than 2 clinic visits during treatment
- Adopted
- Simplified care algorithm: Non-specialists can prescribe treatment
- Adopted
- Simplified care algorithm: No patient treatment co-pays
- Adopted
- No fibrosis restrictions
- Adopted
- No sobriety restrictions
- Adopted
- No genotyping
- 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>National strategy addresses populations most affected (that is, people who inject drugs, indigenous people, MSM, coinfected, etc.)</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C</td>
<td>Partially Adopted</td>
<td>The hepatitis B vaccine is recommended for “high risk” groups and healthcare workers.</td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>National policy for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Partially Adopted</td>
<td></td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>If yes, number of federal prisons implementing syringe exchange</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>5.235</td>
<td>WHO 2020 Target 200</td>
</tr>
<tr>
<td>Number of opioid substitution therapy recipients per 100 PWID</td>
<td>No Data</td>
<td></td>
</tr>
<tr>
<td>Decriminalization of possession of syringes &amp; paraphernalia</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Decriminalization of drug use</td>
<td>Partially Adopted</td>
<td></td>
</tr>
</tbody>
</table>

### 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

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

7. RDA, 2021
8. RDA, 2020
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.

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