PERU CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

NO
HBV elimination goal

YES
Elimination of HBV mother to child transmission goal

Hepatitis C virus (HCV)

NO
HCV elimination goal

THE HEALTH BURDEN OF VIRAL HEPATITIS

0.40%
Number of persons living with HBV infection, 2015
Based on national survey

0.10%
Number of persons living with HCV infection
Based on national survey

NO DATA
Incidence

NO DATA
Prevalence

REGIONAL AVERAGE IN THE AMERICAS:
HBV: 0.3%
HCV: 0.7%
**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

**HBV**
- Percentage change in new infections, 2015-2019: NO DATA
- Percentage change in deaths, 2015-2019: +0.36%

**HCV**
- Percentage change in new infections, 2015-2019: NO DATA
- Percentage change in deaths, 2015-2019: +14%

Prevalence of HBsAg in children < 5 years (%), 2019: 0.04%

**ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT**

Hepatitis B vaccination coverage for newborns, 2019: 88%

Hepatitis B vaccination coverage for newborns, 2019: 88%

Hepatitis C deaths, 2019: 887

Deaths per 100,000: 2.61
**HepB 3 dose vaccine coverage for infants, 2019**

- **82%**
- WHO 2020 Target: 90%

**Proportion of persons living with HBV diagnosed**

- **NO DATA**
- WHO 2020 Target: 30%

**Proportion of people diagnosed with HCV who have been cured**

- **NO DATA**
- WHO 2020 Target: 30%

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

- **NO DATA**
- WHO 2020 Target: 200

**Proportion of persons living with HCV diagnosed, 2019**

- **14%**
- WHO 2020 Target: -10%
**POLLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS**

### ACHIEVEMENTS

#### STRATEGIC INFORMATION

- Routine official reports to monitor HBV and HCV
  - Partially Adopted: Only HBV for pregnant women
- Estimates of HBV and/or HCV economic burden: Not Adopted
- Monitoring of HBV and HCV diagnosis and treatment: Not Adopted

#### ROADBLOCK

- There are no clear monitoring standards related to ministerial statements and technical guidance for hepatitis B and C.
- Improvement of the epidemiological information system.

#### PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

- Policy for hepatitis B vaccination of newborns: Adopted
- Recommendations for:
  - HBV testing of pregnant women: Adopted
  - HCV testing of pregnant women: Not Adopted

#### ACHIEVEMENTS

- The EMTCT Ministerial Declaration of HBV was signed in 2019 and updated HBV technical guidance on the prevention of mother-to-child transmission was published.
- Universal screening for HBV screening in pregnant women.
- Increased attention to the importance of hepatitis B vaccination, particularly for newborns with more than 80% coverage of hepatitis B vaccine administered at birth.
### TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

- **HBV**: Risk-based [10]  
  - Adopted

- **HCV**: Risk-based [8]  
  - Adopted

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

### ROADBLOCK

*Testing policies are not routinely implemented. The number of people who are tested for HBV and HCV is small, and there is limited follow-up of patients who are tested.*

### INNOVATIONS

*Use of multi-diagnostic molecular processing platforms.*

### SIMPLIFICATION OF HCV TREATMENT GUIDELINES

Local treatment guidelines [8]  
- Adopted

Cuidado simplificado: Se requieren menos de 2 visitas por curso de tratamiento [8]  
- Adopted

Simplified care algorithm: Less than 2 clinic visits during treatment [8]  
- Adopted

Simplified care algorithm: No patient treatment co-pays  
- No Data

No fibrosis restrictions [8]  
- Adopted

No sobriety restrictions [8]  
- Adopted

No genotyping [8]  
- Adopted
**ROADBLOCK**
Clinical guidelines for treatment are not implemented.

**INNOVATION**
Implementation of elastography for cirrhosis screening in endemic areas.

**ACHIEVEMENTS**
In 2018, the “Technical Standard for the Prevention, Diagnosis and Treatment of Viral Hepatitis C in Peru” was adopted with a Ministerial Declaration

### ACCESS AND REGISTRATION OF MEDICINES AND TESTS

**HCV:** Registration of originator medicines

- **Adopted**

**HCV:** Eligible for generic medicines

- **Adopted**

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

- **Adopted**

### FINANCING

Public budget line for HBV and HCV testing and treatment

- **Adopted**

GFTAM funds used to support the HBV or HCV program

- **Adopted**

### ROADBLOCK
Hepatitis has not always been considered a priority by the Government, compared to other diseases such as HIV.

### HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected (that is, people who inject drugs, indigenous people, MSM, coinfected, etc.)

- **Adopted**

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

- **Adopted**
Strategic information needs to be improved to allow a better understanding of barriers and progress towards goals at the national and regional levels.

A local coalition of stakeholders should be convened to advise the development of the action plan and policies to guide implementation, including representation from government, civil society, indigenous communities, and clinicians.

Improve links to care for people with positive HCV and HBV tests (for example, blood donors).

The Ministry of Health should prioritize hepatitis and develop a national action plan with specific tests and treatment goals.

Additional resources must be expanded to ensure indigenous people have access to hepatitis testing and treatment, including expanding training in indigenous languages.

Decentralization of antiviral treatment towards the first level of care to increase the number of people treated.

Technological transfer of serological marker testing to regional laboratories to improve the implementation of the testing guidelines.

Continue implementing regional focused plans in endemic areas to promote the diagnosis, monitoring and treatment of chronic HBV carriers.

NEXT STEPS TOWARD ELIMINATION
WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

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