ARGENTINA CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

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

0.5% (0.40-0.60)
Prevalence of chronic HCV
Regional average in the Americas: HBV: 0.3%, HCV: 0.7%
Based on surveillance data from the blood bank. Official estimate considered by the Ministry of Health

480
New HBV cases, 2019
Laboratory confirmed cases, not necessarily incidence

538
New HCV cases, 2019
Laboratory confirmed cases, not necessarily incidence
### Mortality

<table>
<thead>
<tr>
<th></th>
<th>HBV deaths, 2018</th>
<th>HCV deaths, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>838</td>
<td>3,730</td>
</tr>
<tr>
<td>Deaths per 100,000</td>
<td>0.07</td>
<td>0.22</td>
</tr>
</tbody>
</table>

### 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>Percentage Change in Deaths, 2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>-33%</td>
<td>-25%</td>
</tr>
<tr>
<td>HCV</td>
<td>-29%</td>
<td>-25%</td>
</tr>
</tbody>
</table>

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

0.02 (0.01-0.03)

SDG 2020 Target 1%

### Access to Recommended Vaccination, Testing and Treatment

- Hepatitis B vaccination coverage for newborns, 2019: 82%

WHO 2020 Target 50%
**86%**  
HepB 3 dose vaccine coverage for infants, 2019 \(^8\)

**60%**  
Proportion of persons living with HBV diagnosed \(^3\)

**960,000**  
Number of tests for HBsAg, 2019 \(^2\)

**80%**  
Proportion of diagnosed HBV persons receiving appropriate treatment \(^2\)

**20**  
For persons who inject drugs (PWID), number of sterile needles per year, 2015 \(^1\)

**1,210**  
Number of people receiving HBV treatment, 2019 \(^3\)

...compared with 857,400 in 2018

WHO 2020 Target 90%

WHO 2020 Target 30%

WHO 2020 Target 30%

WHO 2020 Target 200

...compared with 893 in 2018
**Proportion of persons living with HCV diagnosed**

- WHO 2020 Target: 30%
- Proportion: 50%

**Number of tests for HCV, 2019**

- **276,480** (compared with 207,450 in 2018)

**Proportion of people diagnosed who were cured with new DAAs**

- **4.5%**

**Number of people treated for HCV, 2019**

- **1,971** (compared with 2,241 in 2018)
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

ACHIEVEMENTS


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.

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.

INNOVATIONS

Mortality Incidence Prevalence

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

Partially Adopted

Adopted

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.
### PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

<table>
<thead>
<tr>
<th>Policy for hepatitis B vaccination of newborns</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations for:</td>
<td></td>
</tr>
<tr>
<td>HBV testing of pregnant women</td>
<td>Adopted</td>
</tr>
<tr>
<td>HCV testing of pregnant women</td>
<td>Adopted</td>
</tr>
</tbody>
</table>

### ACHIEVEMENTS

Free universal vaccination for adults against HBV since 2012.

### ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>HCV: Registration of patented pangenotypic drugs</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV: Eligible for generic medicines</td>
<td>Adopted</td>
</tr>
<tr>
<td>HCV: Registration of generic medicines</td>
<td>No Data</td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>Not Adopted</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Infection</th>
<th>Recommendation</th>
<th>Adoption Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV: Risk-based 1</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>HCV: Risk-based 1</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>HBV: Universal for adults &gt; 18 years 3</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>HCV: Universal for adults &gt; 18 years 3</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

No patient co-pays for HBsAg and anti-HCV testing 2

## 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

<table>
<thead>
<tr>
<th>Infection</th>
<th>Local Treatment Guidelines</th>
<th>Adoption Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV:</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td>HCV:</td>
<td>Developed</td>
<td></td>
</tr>
</tbody>
</table>

*Hepatitisatitis Alimente* 20

- **Simplified care: Simplified treatment and follow-up algorithm for primary care physicians** 20
- **Simplified care: No patient treatment co-pays** 2

## ACCESS TO HCV TREATMENT

<table>
<thead>
<tr>
<th>Infection</th>
<th>Local Treatment Guidelines</th>
<th>Adoption Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV:</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td>HCV:</td>
<td>Developed</td>
<td></td>
</tr>
</tbody>
</table>

*Hepatitisatitis Alimente* 20

- **Simplified care algorithm: Less than 2 clinic visits during treatment** 20
- **Simplified care algorithm: Non-specialists can prescribe treatment** 20
<table>
<thead>
<tr>
<th>Recommendation for the diagnosis, treatment and prophylaxis of HBV from the Ministry of Health in agreement with Scientific Societies and Patient Associations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since 2016, the Hepatitis Program has incorporated DAA treatments and grants them free of charge in the public health system.</td>
</tr>
</tbody>
</table>

### Achievements

- Simplified care: No patient treatment co-pays
- No fibrosis restrictions
- No sobriety restrictions
- No genotyping

### 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

### Health Equity and Addressing Disparities

- National strategy addresses populations most affected (i.e. people who inject drugs, indigenous people, MSM, co-infected, etc.)
- National anti-discrimination laws against persons living with hepatitis B and/or C
- National policy for adult hepatitis B vaccination
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 (e.g., uncontrolled cosmetic treatments), which continue despite guidelines and training.

FINANCING

Public budget line for HBV and HCV testing and treatment

NEXT STEPS TOWARD ELIMINATION

- Establish a clear and simplified HCV testing algorithm, training clinicians and the community.
- Strengthen vaccination coverage against HAV and HBV at birth.
- Expand the hemodialysis microelimination program.
- 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.
- Implement ongoing training for first-level health care teams to include the offer of a hepatitis B or C diagnosis in their periodic review.
- Improve the quality and granularity of strategic information on mortality.
- Strengthen the safety of health care practices.
- Support the treatment of the new Law on HIV, Hepatitis and Tuberculosis, which guarantees the rights of people with chronic hepatitis.
- Strengthen the system for purchasing treatments and diagnostic reagents, so that supply interruptions do not occur.
- Implement a permanent campaign to offer diagnosis in Public Health Centers throughout the country.
WORKING TOGETHER,
WE WILL ACHIEVE 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 Dr. Ezequiel Mauro from the Ministry of Health, María Eugenia from HCV sin Fronteras and Marcelo Silva from the Latin American Association for the Study of the Liver (ALEH).