THE HEALTH BURDEN OF VIRAL HEPATITIS

**Hepatitis B virus (HBV)**

- **NO** HBV elimination goal
- **NO** Elimination of HBV mother to child transmission goal

**Hepatitis C virus (HCV)**

- **2030** HCV elimination goal

---

**The Health Burden of Viral Hepatitis**

- **0.1-0.2%** Prevalence of HBsAg
  - Based on modeled data

- **0.4-2.2%** Prevalence of chronic HCV infection
  - Based on modeled data and studies among blood donors

**Region Average in the Americas:**

- HBV: 0.3%
- HCV: 0.7%

---

**Incidence**

- **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

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

Hepatitis B vaccination coverage for newborns, 2020: 81% (WHO 2020 Target 50%)

Mortality:
- 2,125 HBV deaths, 2019 (1.7 Deaths per 100,000)
- 13,737 HCV deaths, 2019 (11 Deaths per 100,000)
HepB 3 dose vaccine coverage for infants, 2020 \(^\text{10}\): 89%

Proportion of diagnosed HBV persons receiving appropriate treatment: NO DATA

Proportion of persons living with HBV diagnosed: NO DATA

Proportion of diagnosed HBV persons receiving appropriate treatment: NO DATA

For persons who inject drugs (PWID), number of sterile needles per year 2015 \(^\text{11}\): 5

WHO 2020 Target 200

WHO 2020 Target 30%

Proportion of persons living with HCV diagnosed: NO DATA

Proportion of persons who have cleared HCV infection: NO DATA
**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

- **Mortality**
- **Incidence**
- **Prevalence**

- SDG
- Only for HCV
- Survey-based estimates are older than 5 years

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

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

- **HBV**: Risk-based
  - Partially Adopted
- **HCV**: Risk-based
  - Adopted
- **HBV**: General population
  - Not Adopted
- **HCV**: General population
  - Not Adopted

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

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

- Simplified care: Simplified treatment and follow-up algorithm for primary care physicians
- 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[^12]  
  - Adopted
- Simplified care algorithm: Non-specialists can prescribe treatment[^12]  
  - Adopted
- Simplified care algorithm: No patient treatment co-pays[^12]  
  - Adopted
- No fibrosis restrictions[^12]  
  - Adopted
- No sobriety restrictions[^12]  
  - Adopted
- No genotyping[^12]  
  - 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.) | Adopted |
| National anti-discrimination laws against persons living with hepatitis B and/or C | Partially Adopted |
| National policy for adult hepatitis B vaccination | Adopted |

#### National policy for:

| Harm reduction for persons who inject drugs (PWID) | Partially Adopted |
| Syringe exchange in federal prisons | Not Adopted |

If yes, number of federal prisons implementing syringe exchange

| Number of needles/syringes per PWID per year | 5.235 |
| Number of opioid substitution therapy recipients per 100 PWID | No Data |

#### Decriminalization of possession of syringes & paraphernalia | Adopted |

#### Decriminalization of drug use | Partially 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

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, 2020
8. RDA, 2021

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 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.