The health burden of viral hepatitis

**Hepatitis B virus (HBV)**

- **2030**
  - HBV elimination goal ¹
  - Elimination of HBV mother to child transmission goal ¹

**Hepatitis C virus (HCV)**

- **2030**
  - HCV elimination goal ¹

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**Prevalence**

- **0.73%**
  - Prevalence of HBsAg, 2019 ¹²

**Prevalence**

- **0.66%**
  - Prevalence of chronic HCV infection, 2017 ¹⁸

Regional average in the Americas
HBV: 0.70%
HCV: 0.73%
(0.52-0.87%)

¹ Modelled
² Prevalence of HBsAg, 2019
³ HCV elimination goal
**NEW INFECTIONS**

- **HBV**
  - Incidence: 3.9 new infections per 100,000, 2021
  - Mortality: 355 (245 - 500) HBV-related deaths, 2019

- **HCV**
  - Incidence: 1.7 new infections per 100,000, 2021
  - Mortality: 1,451 (1,023 - 1,960) HCV-related deaths, 2019

**MORTALITY**

- **HBV**
  - Mortality: 0.74 (0.51 - 1.05) deaths per 100,000, 2019

- **HCV**
  - Mortality: 3.04 (2.14 - 4.10) deaths per 100,000, 2019

**MODELLED**

- **HBV**
  - Prevalence of HBsAg in children < 5 years (%), 2019: <0.1%

- **HCV**
  - Prevalence of HBsAg in children < 5 years (%), 2019: <0.1%

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**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

- **HBV**
  - Percentage change in new infections, 2015-2021: -7%
  - WHO 2020 Target: -30%

- **HBV**
  - Percentage change in deaths, 2015-2019: -6%
  - WHO 2020 Target: -10%

- **HCV**
  - Percentage change in new infections, 2015-2021: 70%
  - WHO 2020 Target: -30%

- **HCV**
  - Percentage change in deaths, 2015-2019: -10%
  - WHO 2020 Target: -10%

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2021 data used instead of 2020 due to COVID-19 pandemic related discrepancies in 2020 data.
ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

81% Hepatitis B vaccination coverage for newborns, 2020

88% HepB 3 dose vaccine coverage for infants, 2020

WHO 2020 Target 50%

WHO 2020 Target 90%

9% Proportion of persons living with HBV diagnosed, 2018

WHO 2020 Target 30%

9.5% Proportion of diagnosed HBV persons receiving appropriate treatment, 2018

22 For persons who inject drugs (PWID), number of sterile needles per year, 2020

WHO 2020 Target 200

30,559 Number of persons diagnosed with HBV by 2018

2,912 Number of persons on treatment in 2018 (monoinfected and coinfected)
Number of persons tested for HBsAg, 2017-2019

- 2017: 393,369
- 2018: 504,214
- 2019: 640,408

40.20%
Proportion of persons co-infected with HIV who received ART based on tenofovir, 2017 (%)

82.4%
Proportion of people coinfected with HIV and HCV starting HCV treatment, 2019

11%
Proportion of persons living with HCV diagnosed, 2019

WHO 2020 Target 30%
**COLOMBIA • HEPATITIS ELIMINATION PROFILE**

**COALITION FOR GLOBAL HEPATITIS ELIMINATION**

**35,820**

Number of patients diagnosed by 2019 **21**

Estimated from 33,300 up to 2015, identified mainly in blood banks, more than an average of 630 new viremic patients reported annually 2016-2019

**Number of persons treated for HCV, 2017-2019** **20,21**

- **1,140** 2017 - 2018
- **630** 2019

**14%** Proportion of diagnosed persons who have been cured (%), 2019 **20,21**

Note: the denominator includes persons that may not have been confirmed with viral load and people who did not initiate treatment.

**5,171**

Cumulative number treated 2004-2019

This number includes an estimated 2,743 patients cured with interferon based therapies from 2004 to 2015 **18** and 2,428 patients treated with DAAs between 2016 and 2019 **27**
Routine official reports to monitor HBV and HCV \(1^{12}\)

New diagnosis of hepatitis A, B, C, and D are reported to SIVIGILA (National surveillance system on Public Health) and reports are available from the following link: [https://www.ins.gov.co/buscador-eventos/Paginas/Info-Evento.aspx](https://www.ins.gov.co/buscador-eventos/Paginas/Info-Evento.aspx)

Estimates of HBV and/or HCV economic burden \(1^{7,18}\)

Monitoring of HBV and HCV diagnosis and treatment \(1\)

The national HBV and HCV action plan is integrated with STIs, HIV, and TB/HIV co-infection

The national registry for tracking HCV patients diagnosed and receiving treatment allows for close program monitoring and evaluation

A hemosurveillance system has been established to identify blood donors that have had previous positive results for HIV, HBV, HCV, syphilis, and chagas disease

### Prevention of Mother to Child Transmission

**Universal policy for hepatitis B vaccination of newborns within 24 hours of birth**
- **Adopted**

**Recommendations for:**

- **HBV testing of pregnant women**
  - **Adopted**

- **HCV testing of pregnant women**
  - **Not Adopted**

### Access and Registration of Medicines and Tests

- **Registration of originator DAAs**
  - **Adopted**

- **Eligible for generic DAAs**
  - **Not Eligible**

- **Licensed point-of-care PCR testing to detect HBV and HCV**
  - **Not Adopted**

### Testing to Diagnose HBV and HCV Infection

**Testing recommendations for:**

- **HBV: Risk-based**
  - **Adopted**

- **HCV: Risk-based**
  - **Adopted**

- **HBV: Universal or other policy**
  - **Not Adopted**

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**Achievement**

Colombia has achieved the WHO goal of <0.1% for children less than five years old. Colombia has adopted and implemented the regional Elimination of Mother to Child Transmission Strategy for HIV, Syphilis, Hepatitis B, and Chagas disease.
HCV: Age-cohort

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

Achievements

Resolution 1314 in 2020 permitted rapid diagnostic testing for HIV, syphilis, Hepatitis B and Hepatitis C

Resolution 3280 in 2018 promoted expanded HCV screening among older age cohorts, adults 50 years+

Roadblocks

Community awareness on hepatitis B and C remains limited

Training of providers medical care about tests hepatitis B and C remains limited

Access to HBV and HCV Treatment

HBV:
National treatment guidelines

Simplified care: Simplified treatment and monitoring algorithm for primary care providers

Simplified care: No patient treatment co-pays

Developed

Partially Adopted

Partially Adopted

HCV:
National treatment guidelines

Simplified care algorithm: Less than 2 clinic visits during treatment

Simplified care algorithm: Non-specialists can prescribe treatment

Developed

Not Adopted

Not Adopted
Simplified care algorithm: No patient treatment co-pays

Adopted

No fibrosis restrictions

Adopted

No sobriety restrictions

Partially Adopted

No genotyping

Adopted

Patients from both insurance systems do not pay co-pays for HCV treatment because treatment is provided by the Ministry of Health.

There are no official restrictions based on sobriety, but in clinical practice restrictions are sometimes applied.

No genotyping is needed to start treatment when pangenotypic medicines are available. However, it’s recommended for patients that did not have virological response (to rule out genotype 3), or renal disease with low creatinine depuration and HIV patients for epidemiological purposes.

INNOVATIONS

On World Hepatitis Day 2022, a new course was launched for primary care health care workers on HIV, TB, TB/HIV co-infection, and hepatitis B and C, with the support of PAHO: https://cursospaíses.campusvirtualsp.org/course/index.php?categoryid=51

The Colombian Association for Hepatology developed a course on hepatitis C available free of charge in the platform HepCampus.

ROADBLOCKS

General practitioners are not permitted to treat hepatitis C.

Simplified care algorithms are needed to ensure all patients have access to care.

The monitoring and follow-up of HBV patients remain limited.

There is a need to ensure care effective for people with hepatitis B or C identified in blood banks.

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected, 2021

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

National policy for adult hepatitis B vaccination, 2020

National policy for:
- Harm reduction for persons who inject drugs (PWID)
- Syringe exchange in federal prisons

Number of needles/syringes per PWID per year

Number of opioid substitution therapy recipients per 100 PWID

Decriminalization of possession of syringes & paraphernalia

Decriminalization of drug use

Decriminalization of hepatitis infection

Adopted

Partially Adopted

Adopted

Developed

Not Adopted

WHO 2020 Target 200

ACHIEVEMENTS

Successful joint HBV and HCV promotion and prevention activities implemented by scientific societies and civil society

Availability of hepatitis B vaccination for adult populations at risk of infection
The Global Fund resources are currently not used in Colombia for care and treatment. Only for promotion, prevention and HIV testing activities.

FINANCING

Public budget line for HBV and HCV testing and treatment

Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant

Adopted

Partially Adopted

ACHIEVEMENTS

Hepatitis B and C testing, care and treatment are included on the national health benefits plan. Information available at: https://www.minsalud.gov.co/salud/POS/Paginas/plan-obligatorio-de-salud-pos.aspx

A centralized procurement mechanism has been established for hepatitis C medicines since 2017

NEXT STEPS TOWARD ELIMINATION

Update clinical and programmatic guidelines to include decentralization of hepatitis B and C care to the primary care level, especially for vulnerable populations

Train general practitioners to prescribe HCV treatment and decentralize care

Increase screening efforts across the country to find those that are not aware of their diagnosis

Improve follow-up, especially with populations at risk of non-adherence to treatment

Promote the microelimination of hepatitis C among key populations

Make the necessary regulatory adjustments for the implementation of these measures.
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WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.

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