ABSTRACT THE N-HEP

These National Hepatitis Elimination Profiles (N-HEPs) bring together data on each country’s epidemiological burden, status of program delivery, and policy environment. Working with local partners, the profiles break down the essential components of effective public health initiatives and highlight achievements, challenges, and innovations for the 30 countries included. The N-HEPs serve as advocacy tools for catalyzing policy development and resource mobilization in pursuit of the 2030 hepatitis elimination goals.

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3 THE HEALTH BURDEN OF VIRAL HEPATITIS
4 PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS
7 POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS
16 NEXT STEPS TOWARD ELIMINATION

AT A GLANCE:

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>YES, 2030</td>
<td>YES, 2030</td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>139</td>
<td></td>
</tr>
</tbody>
</table>

BURDEN OF DISEASE

- Prevalence of HBsAg: 0.44%
- Prevalence of chronic HCV: 0.49%
- Deaths per 100,000: 0.5
- Deaths per 100,000: 2.5

OVERVIEW OF POLICY ENVIRONMENT

- The FOPH announced in 2018 that it would publish yearly reports on hepatitis via its mandatory notification system
- HBV and HCV screening strategies are risk-based
- All restrictions on prescriber type have been removed
- HBV and HCV screening and treatment are free for patients nationally

NOTABLE ACHIEVEMENT:
Swiss Parliament integrated viral hepatitis into the future National HIV Program

KEY CHALLENGE:
Securing HCV on the political agenda has been difficult, and receiving endorsements and substantial financial support from the Federal Office of Public Health remains an ongoing barrier to program scale-up.

KEY NEXT STEPS:
Evaluate alternative HBV and HCV approaches, such as universal testing or birth cohort testing, in the Swiss setting.
OVERVIEW

ELIMINATION GOAL: YES (2030)

HBV ACTION PLAN: YES

View their action plan online

ELIMINATION GOAL: YES (2030)

HCV ACTION PLAN: YES

View their action plan online

1) The first action plan was developed by stakeholder groups including Swiss Experts in Swiss Hepatitis, the Swiss Association for the Study of the Liver (SASL), the Swiss Society for Gastroenterology (SGGSSG), the Swiss Society for Infectiology (SGINF), the Positive Council and the Global Health Programme (GHP) of the Graduate Institute of International and Development Studies.1

2) In 2023, the Swiss Federal Public Health Office published a report on the consultation for developing a national program to eliminate HIV, HIV, and HCV. The program should be implemented in 2024. 34
OVERVIEW

THE HEALTH BURDEN OF VIRAL HEPATITIS

**Prevalence**

- **0.72% (0.32–0.89%)**
  - Prevalence of HBsAg, General population
  - Estimated

- **3.86% (1.62–7.83)**
  - Prevalence of HBsAg, Populations at high-risk
  - Estimated

- **0.45–0.54%**
  - Prevalence of chronic HCV, 2017
  - 75%
  - Prevalence of anti-HCV, Persons who inject drugs, 2016

**Incidence**

- **0.4**
  - New acute infections per year (per 100,000), 2015
  - Acute infection primarily affect men of Swiss origin aged 20 to 39 years, principally as a result of sexual contact with an infected person

- **17**
  - New chronic infections per year (per 100,000), 2015
  - Overall, 74% of chronic cases from 1988–2015 were among foreign-born

**Mortality**

- **NO DATA**
  - HBV related-deaths
  - **0.5**
    - Deaths per 100,000, 2014

- **193**
  - HCV related-deaths, 2014
  - Likely underestimated by a factor of at least 2

- **2.5**
  - Deaths per 100,000, 2015

**New HCV cases, 2018**

- **216**
  - Estimated
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections, 2015-2020

**HBV** Percentage change in deaths, 2015-2020

**HCV** Percentage change in new infections, 2015-2020

**HCV** Percentage change in deaths, 2015-2020

Prevalence of HBsAg in children < 5 years (%) 3

0.15%

(0.10-0.20)%

SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION

Hepatitis B vaccination coverage for newborns

73%

HepB 3 dose vaccine coverage for infants, 2019 6
ACCESS TO RECOMMENDED TESTING

**Proportion of persons living with HBV diagnosed, 2020**

58%

**Proportion of persons living with HCV diagnosed, 2020**

58%

**35%**

Proportion of diagnosed HBV persons receiving appropriate treatment

139

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

WHO 2020 Target 200
ACCESS TO RECOMMENDED TREATMENT

### ACCESS TO RECOMMENDED TREATMENT

**7,765**

Number of persons on treatment for HBV, 2021

**5%**

Proportion of diagnosed persons who have been cured (%), 2020

The care cascade for hepatitis C in Switzerland in 2020

- **Viremic Infections Beginning of 2020**: 32,100
- **Diagnosed Through 2020**: 18,600
- **Treated During 2020**: 1,000
- **Cured During 2020**: 970

At least **14,942**

Cumulative number of persons treated for HCV, 2015-2021

- **2014**: 807
- **2015**: 2,287
- **2016**: 1,930
- **2017**: 3,039
- **2018**: 3,234
- **2019**: 1,784
- **2020**: 979
- **2021**: 883
### STRATEGIC INFORMATION

<table>
<thead>
<tr>
<th>Routine official reports to monitor HBV and HCV</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor mortality</td>
<td>Not Adopted</td>
<td>HBV and HCV laboratory notifications sent to federal Ministry of Health. The FOPH mandatory reporting system is the only source for new infections (but most probably with significant underreporting)</td>
</tr>
<tr>
<td>Incidence</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Prevalence</td>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>

| Estimates of HBV and/or HCV economic burden     | Partially Adopted | For HCV                                                                                                                                |
| Monitoring of HBV and HCV diagnosis and treatment | Partially Adopted | For tracking number of persons diagnosed with HCV                                                                                  |

### LEARN MORE ABOUT STRATEGIC INFORMATION:

- **ROADBLOCKS**: Additional epidemiological studies are needed, especially for HBV
- **ACHIEVEMENTS**: The FOPH announced in 2018 that it would publish yearly reports on hepatitis via its mandatory notification system
### PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal policy for hepatitis B vaccination of newborns within 24 hours of birth</td>
<td>Partially Adopted</td>
<td>Selective policy for newborns born to HBsAg+ mothers</td>
</tr>
</tbody>
</table>

**Recommendations for:**

- **HBV** testing of pregnant women
  - Status: Adopted
  - Notes: One survey reported 97% of physicians providing prenatal care reported testing for hepatitis B in all pregnant women

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

### ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration of originator DAAs</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Eligible for generic DAAs</td>
<td>Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>
TESTING TO DIAGNOSE HBV AND HCV INFECTION

<table>
<thead>
<tr>
<th>Testing recommendations for:</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong>: Risk-based 17</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HBV</strong>: Age cohort or Universal</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Risk-based 17</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Age cohort or Universal</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>No patient co-pays for HBsAg and anti-HCV testing 11</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

LEARN MORE ABOUT SWITZERLAND’S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION

ROADBLOCKS

Alternative HBV and HCV approaches, such as universal testing or birth cohort testing, need to be evaluated in the Swiss setting.

Many patients currently diagnosed are late in their natural history and are at risk of advanced fibrosis.
## ACCESS TO HBV AND HCV TREATMENT

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No adopted</td>
<td>In a review article, leading clinicians adapted EASL guidelines to a Swiss Context (2010)</td>
</tr>
<tr>
<td>Adopted</td>
<td>HCV RNA at week 2 or 4 (assessment of adherence, optional), week 8 or 12 (or 24) and 3-9 months later (i.e. 6 to 12 months after the end of treatment) is optional in the HCV treatment guidelines</td>
</tr>
<tr>
<td>Adopted</td>
<td>HCV: Simplified care algorithm: Non-specialists can prescribe treatment 12,23</td>
</tr>
<tr>
<td>Adopted</td>
<td>HCV: Simplified care: No patient co-pays for treatment 22,23</td>
</tr>
<tr>
<td>Partially adopted</td>
<td>HCV: Simplified care algorithm: Less than 2 clinic visits during treatment 11</td>
</tr>
<tr>
<td>Not adopted</td>
<td>HBV: Simplified care: Simplified treatment and monitoring algorithm for primary care providers 20</td>
</tr>
<tr>
<td>Partially developed</td>
<td>HBV: National treatment guidelines 20</td>
</tr>
<tr>
<td>Developed</td>
<td>HCV: National treatment guidelines 21</td>
</tr>
</tbody>
</table>

**HBV:**
- National treatment guidelines 20
- Simplified care: Simplified treatment and monitoring algorithm for primary care providers 20
- No patient co-pays for treatment 11

**HCV:**
- National treatment guidelines 21
- Simplified care algorithm: Less than 2 clinic visits during treatment 11
- Simplified care algorithm: Non-specialists can prescribe treatment 12,23
- No patient co-pays for treatment 22,23
**OVERVIEW**

- **HEALTH BURDEN**
- **PROGRESS**
- **POLICY ENVIRONMENT**
- **NEXT STEPS**

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**No fibrosis restrictions** \[^{21,24}\]  
- **Adopted**

**No sobriety restrictions** \[^{21,24}\]  
- **Adopted**  
  - Persons who use drugs are prioritized for treatment

**No genotyping** \[^{21}\]  
- **Not Adopted**

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**LEARN MORE ABOUT SWITZERLAND’S WORK IN ACCESS TO HBV AND HCV TREATMENT:**

**ROADBLOCKS**

Additional efforts are needed to train and engage general practitioners on HCV testing, linkage to care, and treatment. For many general practitioners, the cost of HCV treatment remains a hurdle because to begin treating patients they have to justify to insurance companies increased averaged spending.

Many patients were diagnosed a long time ago but have never been treated or were insufficiently treated and have advanced fibrosis. New strategies to link these patients to care are needed as in many cases they have additional needs, including lack of stable housing, addiction to drugs or alcohol, lack of trust in the healthcare system, and/or limited financial means.

**INNOVATIONS**

The HepCare project of Swiss Hepatitis aims to expand capacity for HCV treatment by providing specialist consultations for general practitioners to initiate HCV treatment. This program is still being scaled nationwide \[^{22}\].

Since January 1, 2022, all physicians in Switzerland are allowed to prescribe HCV DAA’s (including general practitioners, psychiatrists, addiction doctors).
# Health Equity and Addressing Disparities

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>Vaccination at the age between 11 and 15 years is equally recommended for adolescents not yet vaccinated against hepatitis B as well as for certain risk groups, e.g. for health care professionals and drug users.</td>
</tr>
<tr>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>

## National Policy for:

- **Harm reduction for persons who inject drugs (PWID)**
  - Status: Developed

- **Syringe exchange in federal prisons**
  - Status: Partially Adopted
    - Notes: A few prisons offer NSP programs

## Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>139</td>
<td>WHO 2020 Target 200</td>
</tr>
<tr>
<td>Number of opioid substitution therapy recipients per 100 PWID</td>
<td>67.7</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>
LEARN MORE ABOUT SWITZERLAND’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:

ROADBLOCKS

Despite progress, additional awareness raising at all levels at society is needed

A survey from 2011-2013 of 16-year-olds found two-dose HBV vaccination coverage to be only 28%.

A survey of prisons in German-speaking Switzerland and Ticino reported that 39 out of 40 of them offered the possibility of testing for HCV or HBV, but only one offered universal testing. 34 of the institutions studied offered treatment against HCV and 35 against HBV. The reasons given for lack of treatment options were: no cost coverage, no health services available. 5 of the institutions that offered treatment for hepatitis B and C did not organize transfer of the medical file to ensure continuity of care at the end of the period of incarceration.

ACHIEVEMENTS

Swiss Parliament decided to integrate viral hepatitis into the future National HIV Program

INNOVATIONS

In the absence of the federal government creating a national strategy, civil society and clinical partners established one. Now the government is developing a national hepatitis elimination strategy.

The Swiss HCVree Trial (NCT02785666) was conducted in 2015-2017 with the goal of implementing a population-based systematic hepatitis C (HCV) micro-elimination program among men who have sex with men (MSM) living with HIV enrolled in the Swiss HIV Cohort Study (SHCS). After the treatment with DAAs, a behavioural intervention is offered to those at high risk of reinfection. The behavioural intervention was developed specifically for this trial. The trial led to a 91% and 77% decline of HCV prevalence and incidence, respectively. A systematic HCV RNA-based screening among MSM living with HIV conducted two years after the Swiss HCVree Trial revealed a sustained effect and further decline of the prevalence and incidence of replicating HCV infection, demonstrating the trial was successful in curbing the HCV epidemic among MSM living with HIV in Switzerland.

Up to 2014, viral hepatitis was rarely discussed in Switzerland’s leading media. Since then, through Swiss Hepatitis, more than 150 articles and broadcasts have been published on the topic. Most of them were initiated by press releases issued by the Swiss Hepatitis Strategy or by the network’s media connections. In 2017 the Swiss Hepatitis Strategy website registered over 100,000 visits.

Switzerland has developed a HepCare project (see www.hepcare.ch). It focuses on motivating and empowering general practitioners in order to conduct hepatitis C therapies themselves with the aid of a specialist. A strong focus is on the practitioners who care for patients in opioid agonist therapies. There are significant gaps in the care cascade of PWUD, which should be closed. HepCare will be an important activity in achieving this goal.
**FINANCING**

**Public budget line for HBV and HCV testing and treatment**

Status: Partailly Adopted

Notes: After reviewing epidemiological data of viral hepatitis in Switzerland, the Federal Office of Public Health decided in 2017 to support the national hepatitis elimination effort with a financial contribution. This financial contribution was only ~200,000 USD.

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**LEARN MORE ABOUT SWITZERLAND’S WORK IN FINANCING:**

**ROADBLOCKS**

Securing HCV on the political agenda has been difficult, and receiving endorsements and substantial financial support from the Federal Office of Public Health remains an ongoing barrier to program scale-up. Substantial financing for the civil-society driven, Swiss Hepatitis Strategy remains lacking.
SWITZERLAND'S
NEXT STEPS TOWARD ELIMINATION

- Implement a surveillance response system for incidence, care cascade and disease burden of HBV and HCV
- Launch national awareness campaigns around HBV and HCV
- Increase government investments in HBV and HCV prevention, testing, and treatment
- Secure political commitment from the government to implement the Swiss Hepatitis National Strategy
- Increase vaccination coverage through universal vaccination in childhood (infancy or adolescence) and catch-up in adults, as well as identification and vaccination of uninfected populations at higher risk of exposure, transmission or complications
- Evaluate alternative HBV and HCV approaches, such as universal testing or birth cohort testing, in the Swiss setting.
- Improve access to HCV treatment for prisoners
- Improve HCV linkage to care, including developing strategies to re-engage in care persons previously diagnosed
SOURCES


11. Communication with Philip Bruggmann, Swiss Hepatitis on 11 April 2019 and 1 May 2019


15. Government of Switzerland (2015). Ordinance of the DFI on the declaration of observations in relation to the transmissible diseases of man. https://www-fedlex-admin-ch.translate.goog/eli/cc/2015/89f/tr?_x_tr_sl=auto&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=wapp


WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.

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