UK Health Security Agency

Hepatitis C in the UK 2023

Working to eliminate hepatitis C as a public health threat

Data up to end 2021

Reducing the incidence of HCV infection (WHO impact target)

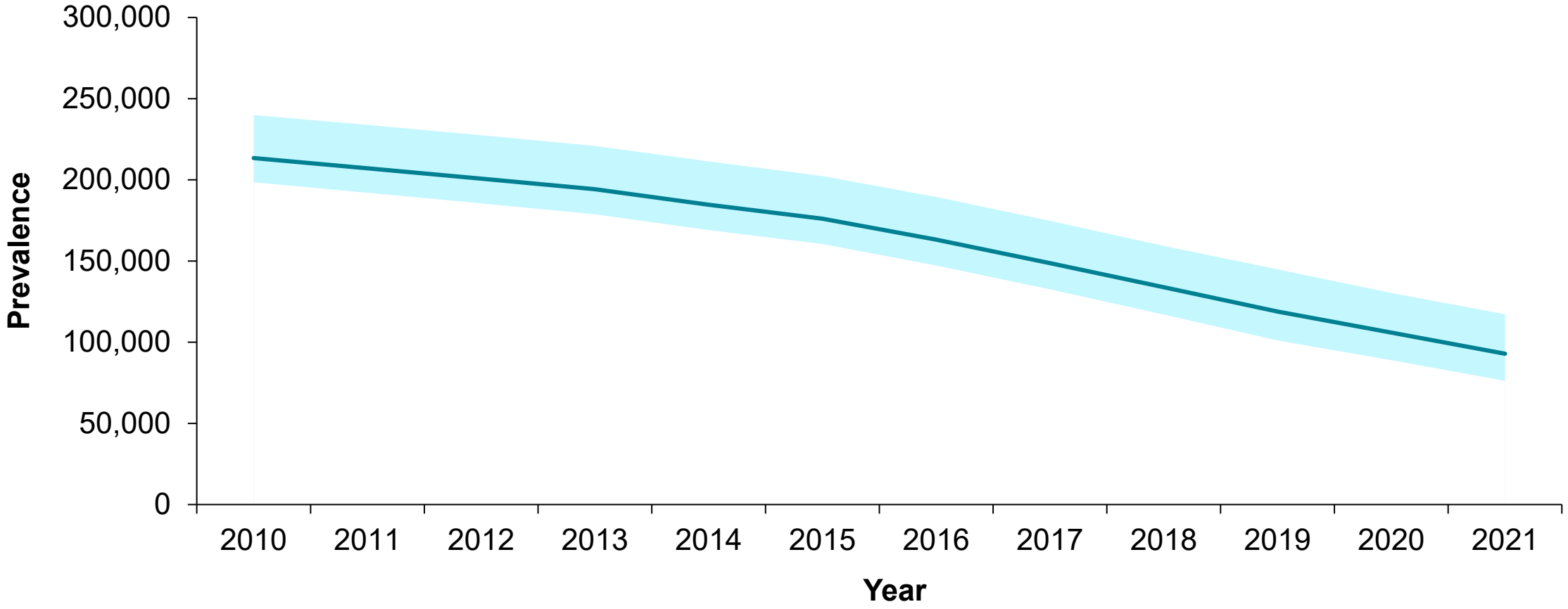
Table 1a. WHO impact targets for reducing incidence of HCV infection

Impact target area	**WHO GHSS 2020 target relative to 2015 baseline** (4)	**WHO GHSS 2030 target relative to 2015 baseline** (4)	**WHO interim guidance elimination validation target: annual absolute HCV incidence rates** (5)
Incidence: New cases of chronic viral hepatitis C infection	30% reduction	80% reduction	Less than or equal to 5 per 100,000 persons (less than or equal to 2 per 100 for PWID)
Alternative (proxy) measurement indicators			Reduction in HCV viraemia prevalence by 80% from 2015 baseline (in general population and PWID)

Table 1b. Progress in the UK

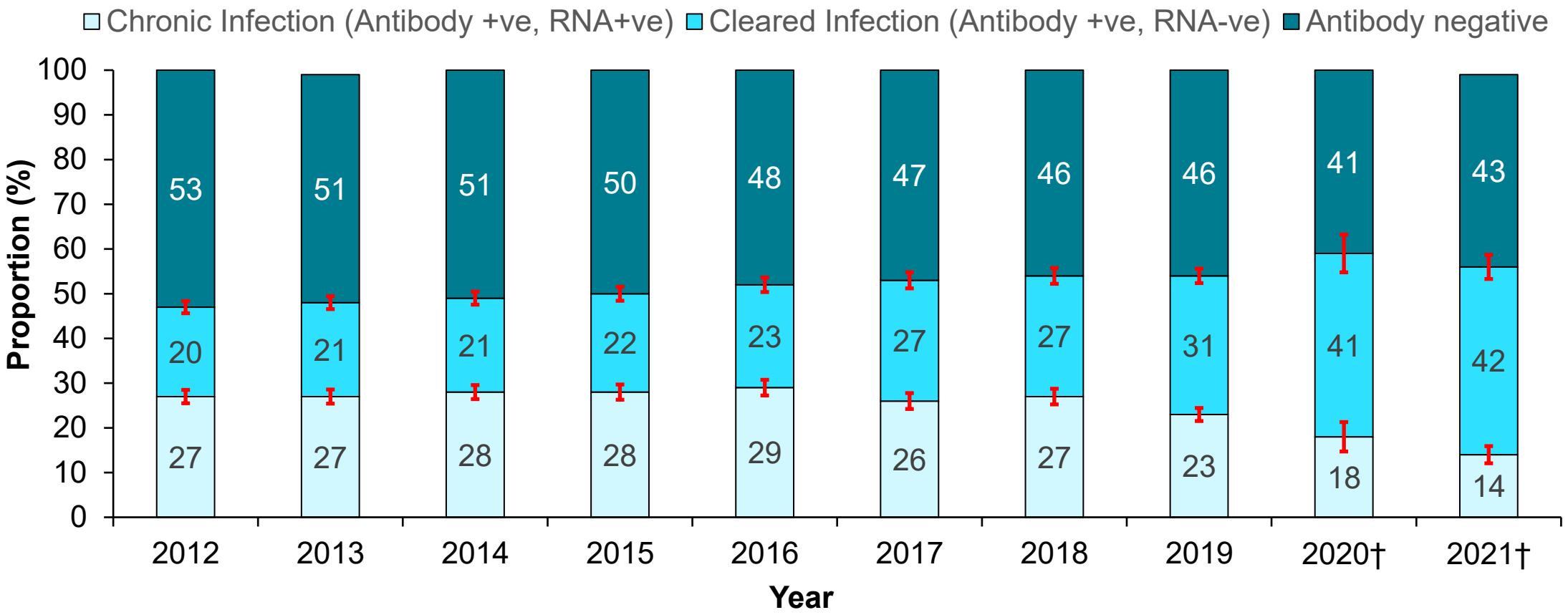
Measure	**Progress in the UK**	**Progress in England**	**Progress in Northern Ireland**	**Progress in Scotland**	**Progress in Wales**
Proxy measure: reduction in HCV viraemia prevalence from 2015 baseline (in general population)	47.2% to 2021	43.3% to 2021* (36.8% to 2020)	Not available	Not available	Not available
Proxy measure: reduction in HCV viraemia prevalence from 2015 baseline (in PWID)	Not available	55.1% to 2021** (34.8% to 2020)	Not available	51.3% to 2019 to 2020***	Not available

Figure 1. Estimated prevalence of chronic HCV infection in the UK (with 95% credible intervals), 2010 to 2021 general population*



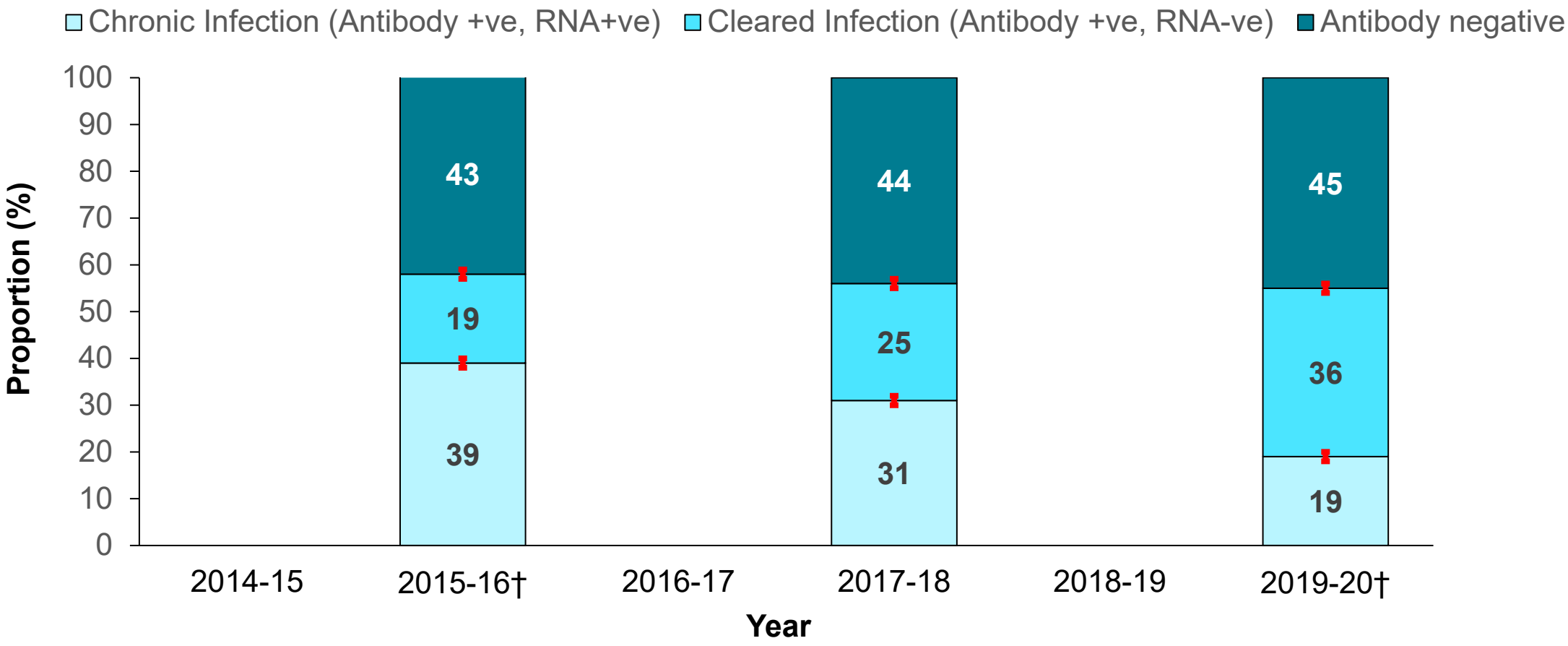
Data source: Estimates are based on available data in each nation on: the size of at-risk populations (such as PWID), HCV prevalence and incidence data among risk groups, HCV diagnoses, treatment data and incidence of severe liver disease (from hospital data).
See (6-11) for approaches used to generate estimates.

Figure 2a. Trend in HCV prevalence among people injecting psychoactive drugs (with 95% Confidence Intervals): 2012 to 2021 (England, Northern Ireland, and Wales*, **, ***,†)



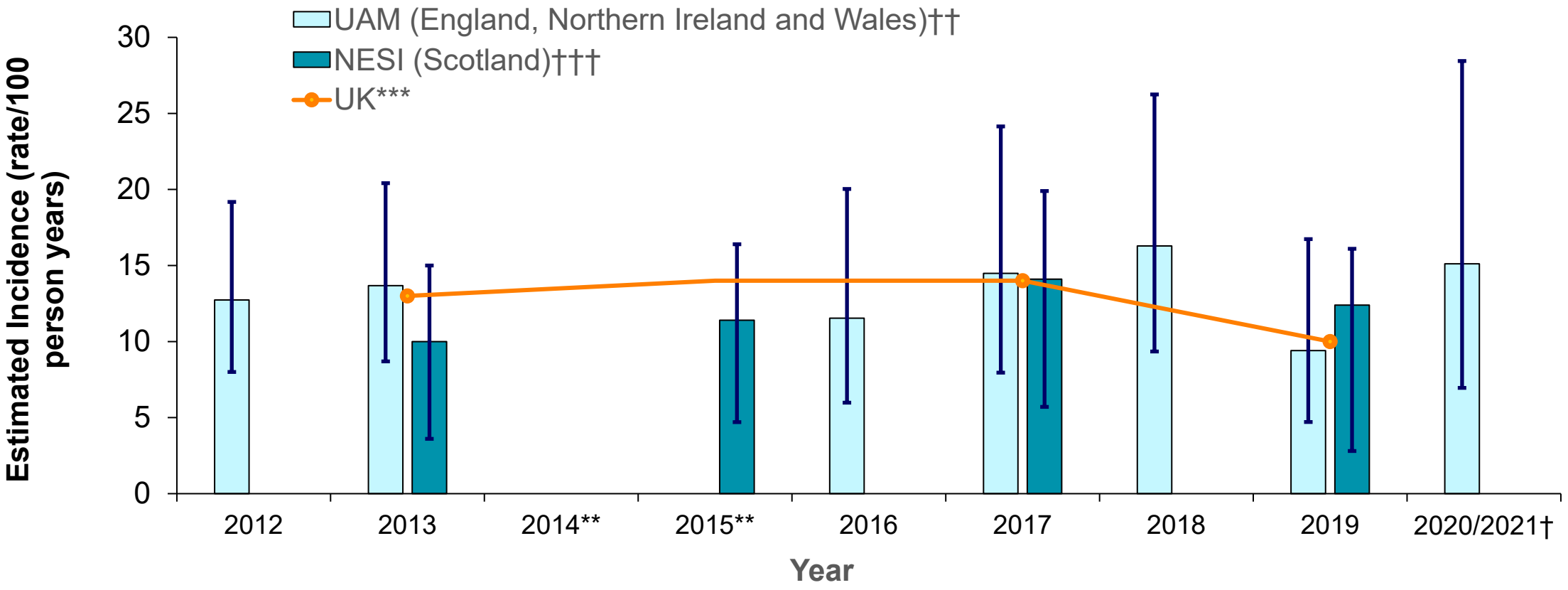
Data sources: Unlinked Anonymous Monitoring survey of people who inject psychoactive drugs (16) conducted by UKHSA with assistance from Public Health Wales and the Public Health Agency Northern Ireland

Figure 2b. Trend in HCV prevalence among people injecting psychoactive drugs (with 95% confidence intervals): 2015/2016 to 2019/2020 (Scotland *,**,***,†)



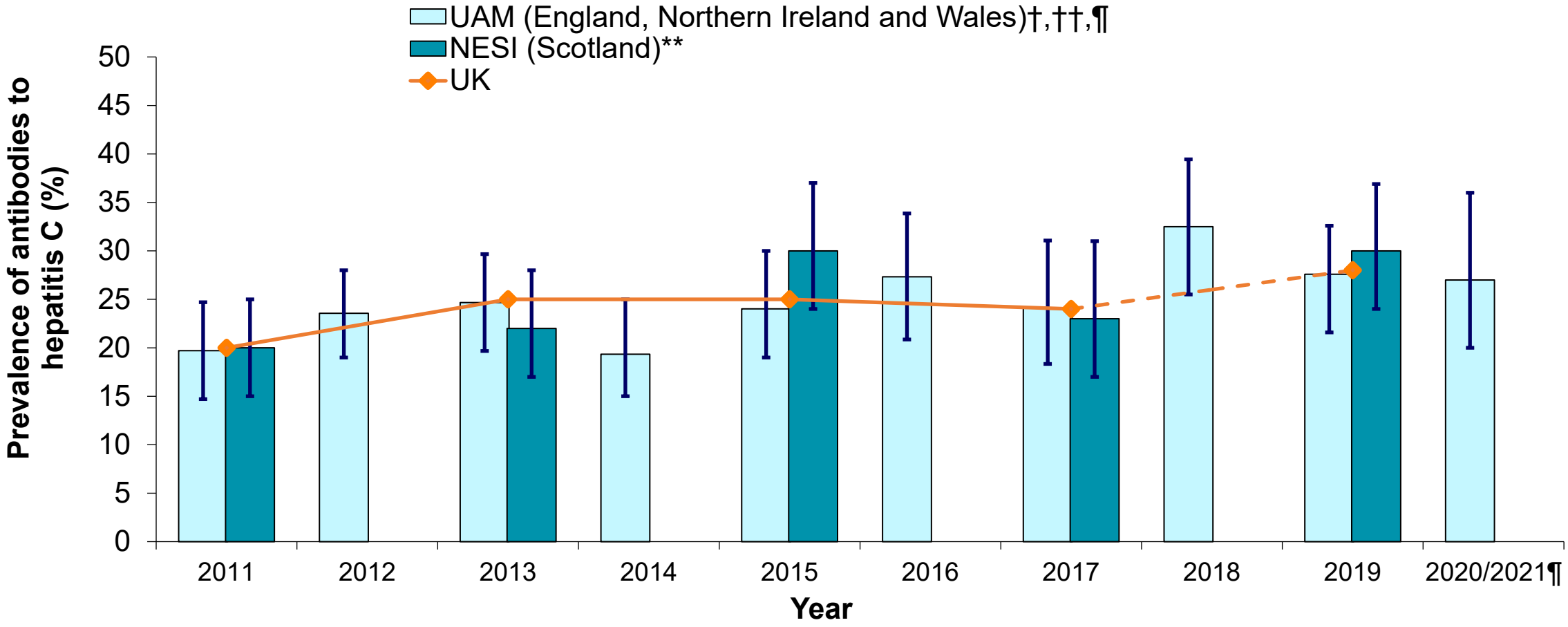
Data sources: Needle Exchange Surveillance Initiative, Glasgow Caledonian University, University of West of Scotland and Public Health Scotland. (42)

Figure 3. Estimated UK-wide incidence *,**,*** of HCV among PWID, 2012 to tax year 2020 to 2021†



Data sources: (i) Needle Exchange Surveillance Initiative, Glasgow Caledonian University, University of West of Scotland and Public Health Scotland (42), and (ii) Unlinked Anonymous Monitoring survey of people who inject psychoactive drugs,(16) conducted by UKHSA with assistance from Public Health Wales and the Public Health Agency Northern Ireland.

Figure 4. Estimated UK-wide prevalence of antibodies to HCV among recent initiates to injecting, 2011 to 2021 *,**,***



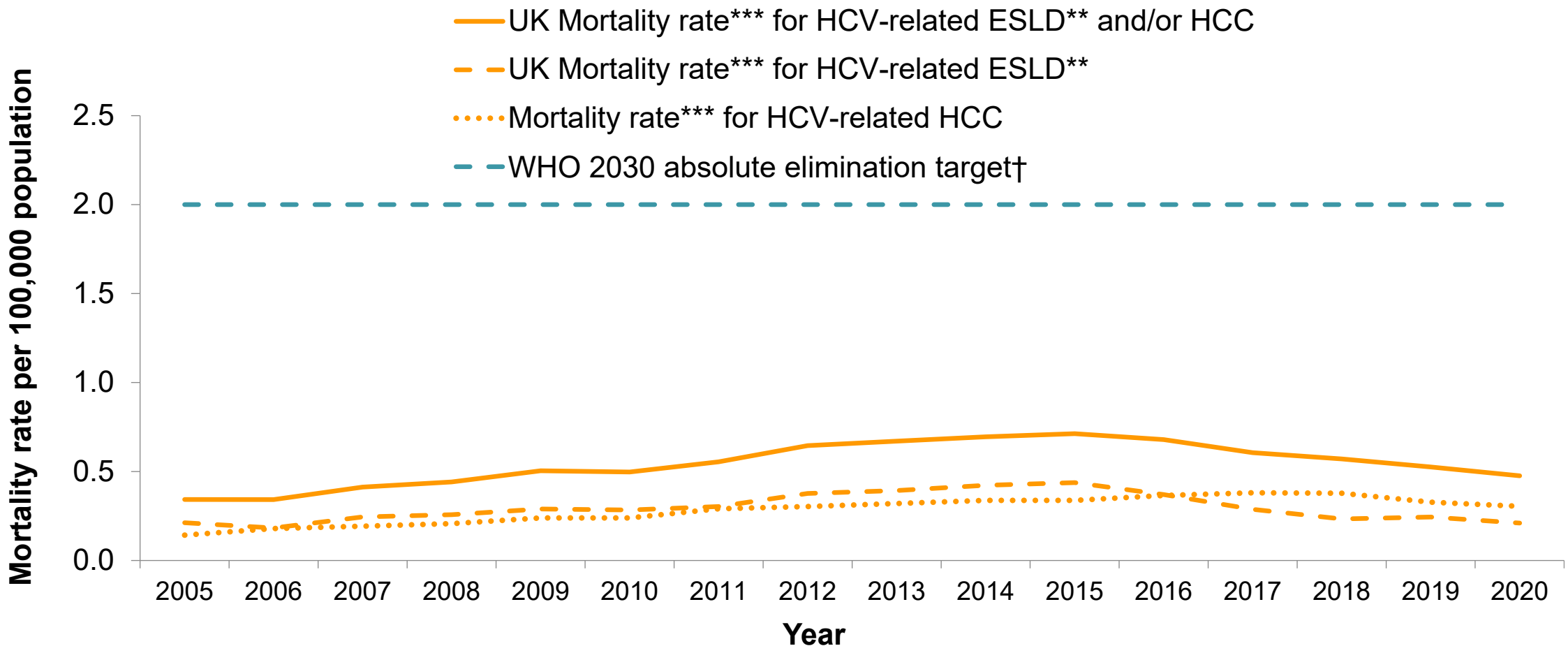
Data sources: (i) Needle Exchange Surveillance Initiative, Glasgow Caledonian University, University of West of Scotland and Public Health Scotland (42), and (ii) Unlinked Anonymous Monitoring survey of people who inject psychoactive drugs, (16) conducted by UKHSA with assistance from Public Health Wales and the Public Health Agency Northern Ireland.

Reducing HCV-related mortality (WHO impact target)

Table 2. WHO impact targets for reducing HCV-related mortality and UK progress

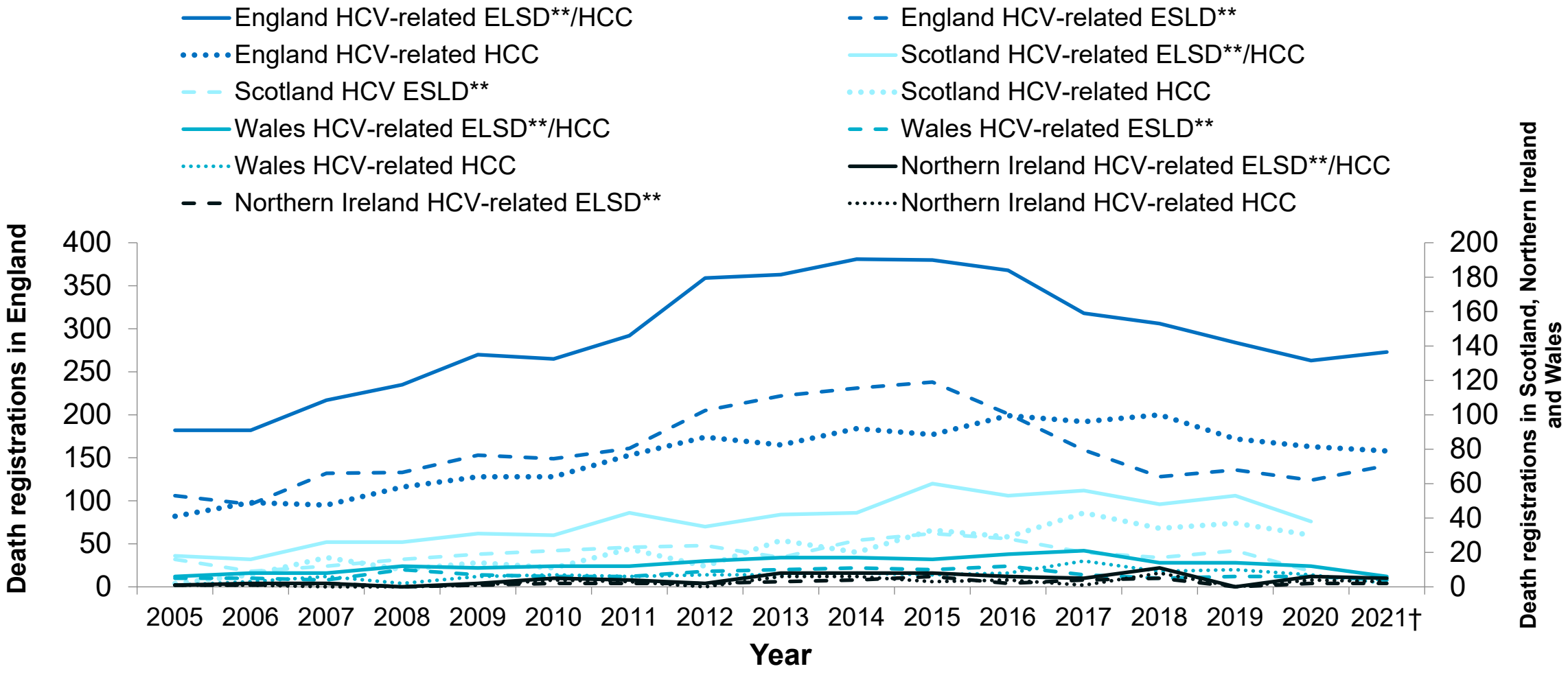
Impact target area	**WHO GHSS 2020 target relative to 2015 baseline** (4)	**WHO GHSS 2030 targets relative to 2015 baseline** (4)	**WHO interim guidance elimination validation target: annual absolute HCV-related mortality rate** (5)
Mortality: Viral hepatitis C deaths (target)	10% reduction	65% reduction	Equal to or less than 2 per 100,000 persons
Progress in the UK Mortality: HCV-related End Stage Liver Disease (ESLD)/Hepatocellular Carcinoma (HCC) deaths	31.3% reduction		0.48 per 100,000 population* (2020)**
Progress in England Mortality: HCV-related ESLD/HCC deaths	30.8% reduction		0.47per 100,000 population* (2020)**
Progress in Northern Ireland Mortality: HCV-related ESLD/HCC deaths	25.0% reduction		0.19 per 100,000 population* (2020)
Progress in Scotland *** Mortality: HCV-related ESLD/HCC deaths †	36.7% reduction		0.70 per 100,000** population * (2020)
Progress in Wales Mortality: HCV-related ESLD/HCC deaths	25.0% reduction		0.63 per 100,000 population * (2020)

Figure 5. Death registrations* for HCV-related ESLD** and HCC in the UK: 2005 to 2020¶



Data source: Office for National Statistics for England and Wales; Deaths registration data as supplied by Hospital Information Branch in the Department of Health, Public Health Agency (Health Intelligence) and NI Statistics and Research Agency; Public Health Scotland in association with the Information Services Division.

Figure 6: Death registrations* for HCV-related ESLD** and HCC in UK countries: 2005 to 2021***



Data source: Office for National Statistics for England and Wales; Deaths registration data as supplied by Hospital Information Branch in the Department of Health, Public Health Agency (Health Intelligence) and NI Statistics and Research Agency; Public Health Scotland.

Proportion of people with chronic HCV diagnosed (WHO programme target) and aware of their infection

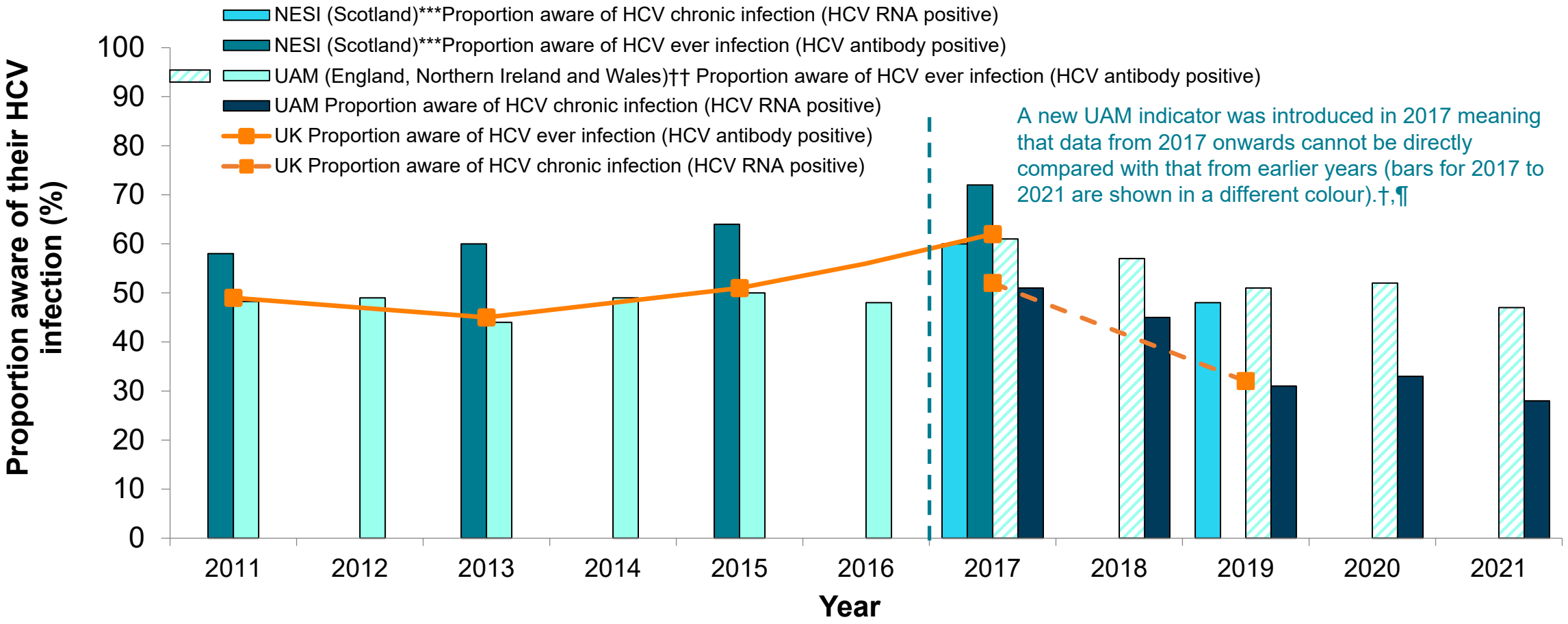
Table 3a. WHO programme targets for HCV diagnosis and awareness of infection

Service coverage or programme target area	**WHO GHSS 2030 target** (4)	**WHO interim guidance elimination validation target** (5)
Proportion of people with chronic HCV diagnosed*	Greater than or equal to 90%	Greater than or equal to 90%

Table 3b. Progress in the UK

Measure	**Progress in the UK**	**Progress in England**	**Progress in Northern Ireland**	**Progress in Scotland**	**Progress in Wales**
Proxy measure: For UAM Survey, proportion of PWID (who injected in the past year) testing positive for HCV RNA who are aware of their current HCV infection (HCV RNA positive). For NESI, proportion of PWID (who had injected in the past 6 months) with chronic HCV reporting being aware of their infection.	Not available	34.4% in 2021**,*** (39.0% in 2020)	Not available	48.4% in 2019 to 2020 (59.9% in 2017 to 2018)	Not available

Figure 7. Estimated UK-wide proportion of PWID testing positive for HCV* who are aware of their infection, 2011 to 2021**



Data sources: (i) Needle Exchange Surveillance Initiative , Glasgow Caledonian University, University of West of Scotland and Public Health Scotland (42), and (ii) Unlinked Anonymous Monitoring survey of people who inject psychoactive drugs (16) conducted by UKHSA with assistance from Public Health Wales and the Public Health Agency Northern Ireland.

Prevention of infection by ensuring adequate harm reduction in PWID (WHO programme targets) (1)

Table 4a. WHO programme targets for harm reduction

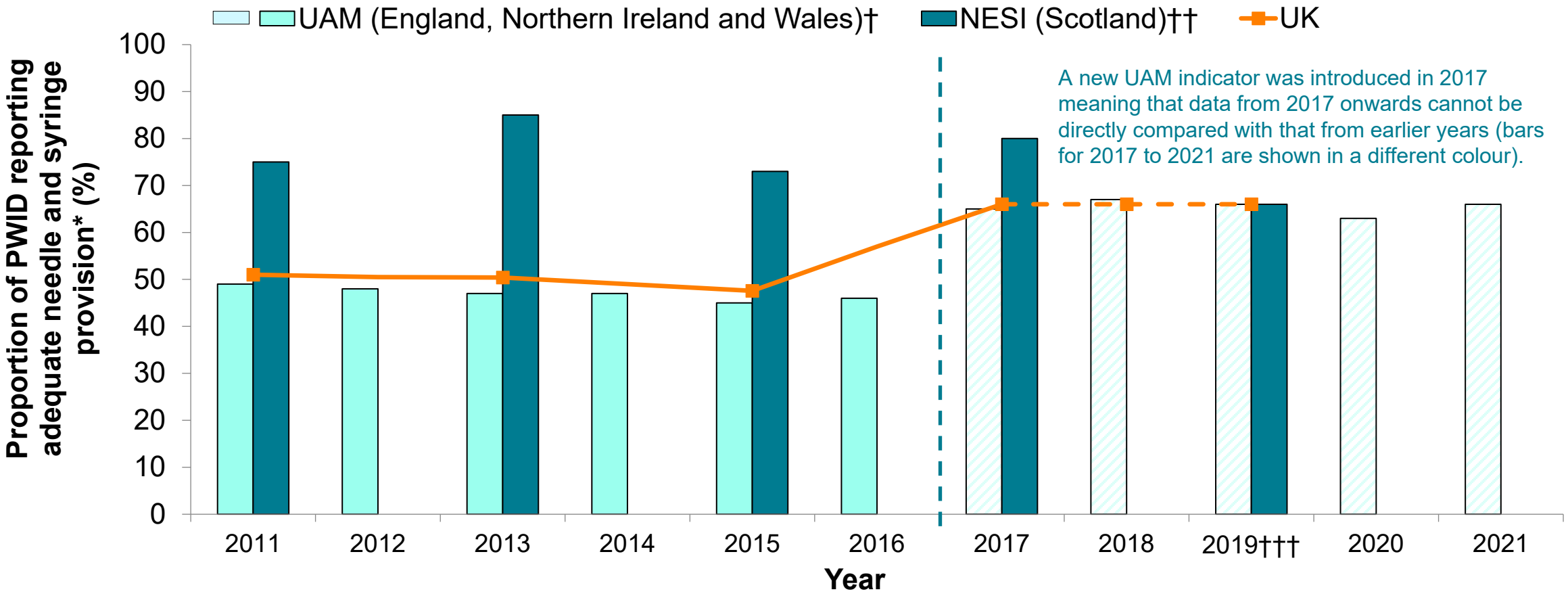
Service coverage or programme target area	**WHO GHSS 2030 target** (4)	**WHO interim guidance elimination validation target** (5)
Harm reduction: A comprehensive package of harm reduction services to all PWID (22) including:	At least 300 sterile needles and syringes provided per person who injects drugs per year.	At least 300 sterile needles and syringes provided per person who injects drugs per year. >40% of opioid-dependent people on OST

Prevention of infection by ensuring adequate harm reduction in PWID (WHO programme targets) (2)

Table 4b. Progress in the UK

Country	Harm reduction: A comprehensive package of harm reduction services to all PWID (22) including:
Progress in UK	In 2019, 66.0% reported having adequate needle or syringe provision for their needs.
Progress in England	• among people injecting psychoactive drugs participating in the UAM Survey during 2021, 65.6%† reported adequate needle and syringe provision (NSP**) for their needs (62.7% in 2020) • 55.5% of opioid dependent PWID receive OAT (tax year 2011 to 2012*) • 77%† of UAM Survey participants in 2021 (76% in 2020), who had injected drugs in the last year, reported receiving some form of information that explained what HCV is, how they could avoid catching it, or how it is treated, in the last year
Progress in NI	Not currently available
Progress in Scotland	• Among people who inject drugs participating in NESI, 65.6% reported adequate NSP for their needs in 2019 to 2020 and 80.2% in 2017 to 2018.†† • 66% of people who inject drugs attending NSP for services other than OAT received prescribed methadone in 2019 to 2020 and 69% in 2017 to 2018.
Progress in Wales	• 82 sterile needles and syringes (median number of syringes to PWID injecting psychoactive drugs) provided per person who injects drugs per year – 22% coverage • 13% of opioid dependent PWID receive OAT (this has been calculated using the number of PWID in regular contact with NSP services and the number of individuals receiving OST in treatment services indicating current or recent injecting of opioids). • 63% of PWID receiving targeted HCV information, education, and communication

Figure 8. Estimated UK-wide proportion of PWID reporting adequate* needle and syringe provision, 2011 to 2021**,***



Data sources: (i) Needle Exchange Surveillance Initiative, Glasgow Caledonian University, University of West of Scotland and Public Health Scotland (42), and (ii) Unlinked Anonymous Monitoring survey of people who inject psychoactive drugs (16), conducted by UKHSA with assistance from Public Health Wales and the Public Health Agency Northern Ireland.

Monitoring access to HCV treatment (WHO programme target) (1)

Table 5a. WHO programme targets for monitoring access to HCV treatment

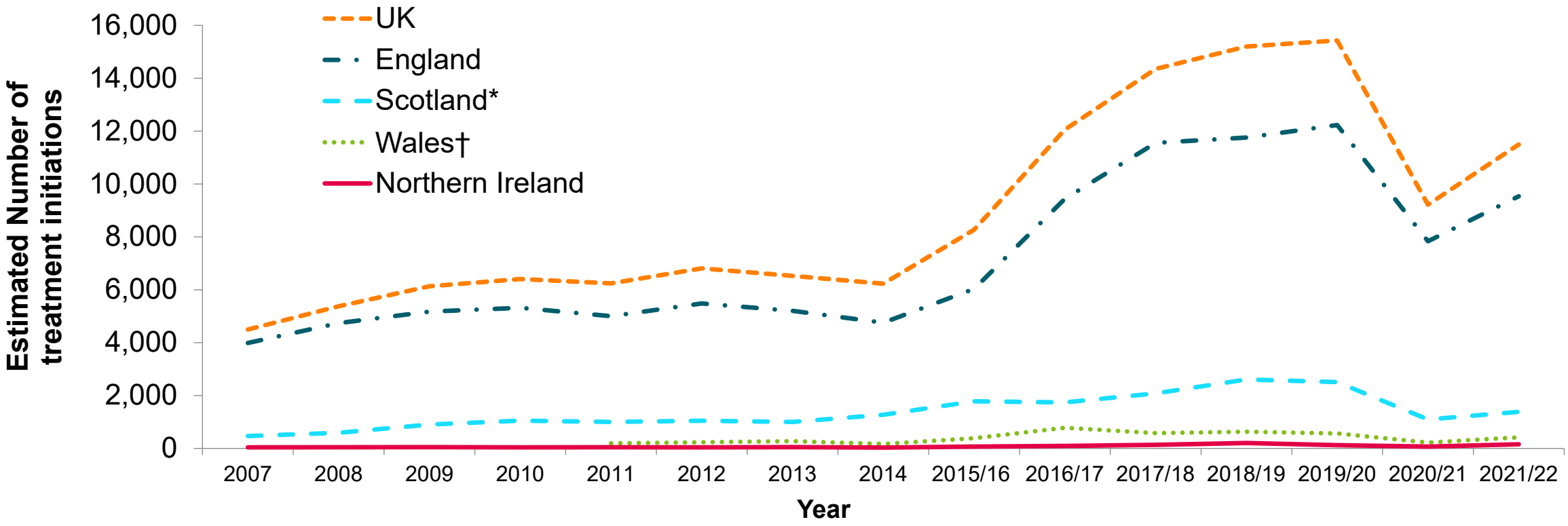
Service coverage or programme target area	**WHO GHSS 2030 target** (4)	**WHO interim guidance elimination validation target** (5)
Treatment coverage of people diagnosed with chronic HCV	Equal to or greater than 80%	Equal to or greater than 80%

Monitoring access to HCV treatment (WHO programme target) (2)

Table 5b. Progress in the UK

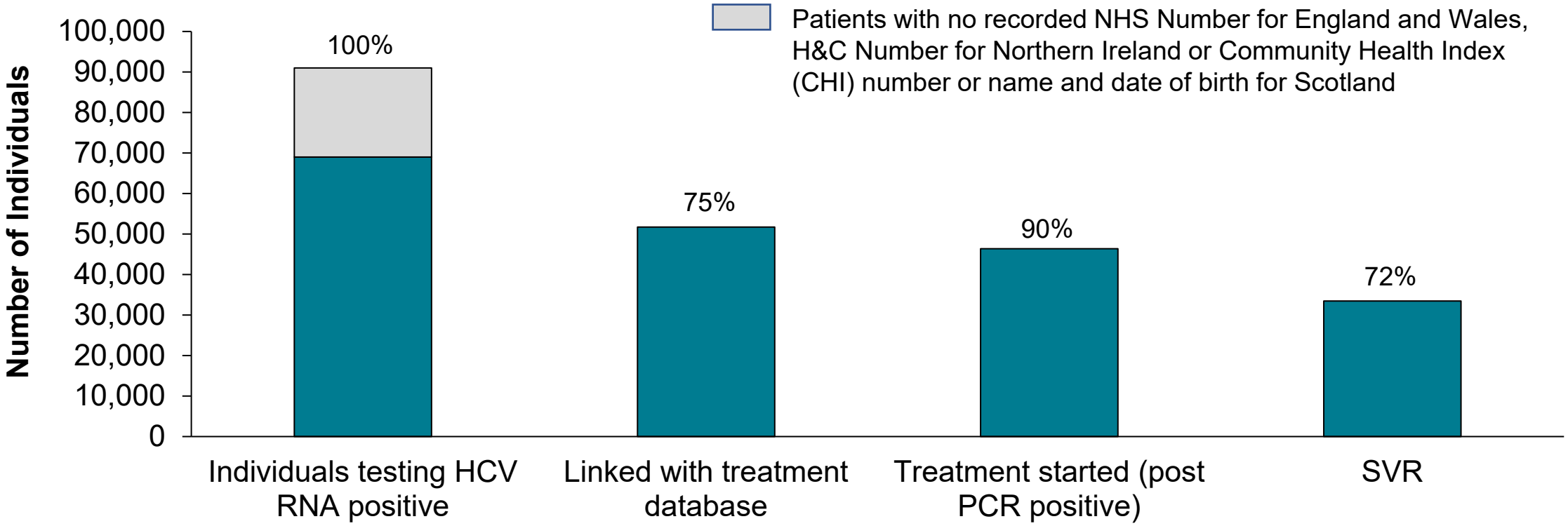
Country	Progress update	Percentage of diagnosed patients with chronic HCV initiated treatment
Progress in UK (2015 to 2020)	74.9%* of diagnosed patients with chronic HCV were linked to specialist HCV treatment services 67.2%** of diagnosed patients with chronic HCV initiated treatment Where treatment information is available, 89.7% initiated treatment for their HCV infection 72.2%*** of those who initiated treatment achieved SVR	67.2%**
Progress in England **(Between 2015 and 2020 and 2016 to 2021)**	**2015 to 2020** 73.5%* of diagnosed patients with chronic HCV were linked to specialist HCV treatment services 65.3%** of diagnosed patients with chronic HCV initiated treatment Where treatment information is available, 88.8% initiated treatment for their HCV infection. 70.2%*** of those who initiated treatment achieved SVR **2016 to 2021** 81.8%* of diagnosed patients with chronic HCV were linked to specialist HCV treatment services 73.0%** of diagnosed patients with chronic HCV initiated treatment Where treatment information is available, 89.3% initiated treatment for their HCV infection. 71.6%*** of those who initiated treatment achieved SVR	65.3%** (2015 to 2020) 73.0%** (2016 to 2021)
Progress in Northern Ireland † (between 2015 and 2020)	100%* of diagnosed patients with chronic HCV were linked to specialist HCV treatment services 96.3%** of diagnosed patients with chronic HCV initiated treatment Where treatment information is available, 96.3% initiated treatment for their HCV infection 91.3%*** of those who initiated treatment achieved SVR	96.3%**
Progress in Scotland **(between 2015 and 2020)**	86.9%* of diagnosed patients with chronic HCV were linked to specialist HCV treatment services 81.8%** of diagnosed patients with chronic HCV initiated treatment Of those linked to specialist HCV treatment services, 94.2% initiated treatment for their HCV infection. 91.6%*** of those who initiated treatment reported achieved SVR	81.8%**
Progress in Wales †† (between 2015 and 2020)	81.7%** of diagnosed patients with chronic HCV initiated treatment 68.2%*** of those who initiated treatment reported achieved SVR	81.7%**

Figure 9. UK-wide estimates of numbers initiating HCV treatment, calendar years 2007 to 2014 and from tax year 2015 to 2016 to tax year 2021 to 2022



Data Sources: (i) Regional Hepatology Unit for Northern Ireland; (ii) Public Health Scotland, using data supplied by NHS Boards/hepatitis C treatment centres; (iii) Public Health Wales using data from treatment services in the Health Boards; (iv) NHS England from tax years 2015 to 2016 and tax years 2019 to 2020; provisional estimates for England based on new DAA drug treatments only, and on commissioning data which includes clinician intention to treat and invoicing, rather than patient level treatment registry data: this data is subject to data quality issues and contract adjustments; (v) Sentinel surveillance of hepatitis bloodborne virus testing for scaled estimates for 2012 to 2014 for England; (vi) Estimates from Roche sales, IMS supply chain manager, and Pharmex data for England for 2007 to 2011 (Harris and others. Journal of Hepatology 2014: volume 61, pages j 530 to 553).

Figure 10. Figure 10. Treatment pathway 2015 to 2020 for England*, Northern Ireland**, Scotland*** and Wales†



Data source: For England, Sentinel Surveillance of Bloodborne Virus Testing (41) and NHS England data from the Hepatitis C Patient Registry and Treatment Outcome System as of 19 October 2021; For Scotland ECOSS, testing and diagnosis data up to June 2022; clinical data up to March 2021; RIDU data (Lothian) up to June 2022; CHI data (deaths, migrated and HB of residence) up to November 2021. For Northern Ireland, Public Health Agency with data supplied by NI Hepatitis B and C. Managed Clinical Network. For Wales, HCV e-form, Welsh Clinical Portal as at 8 November 2022 and LIMS, Public Health Wales 2022.

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4. WHO (2016) 'Global health sector strategy on viral hepatitis, 2016 to 2021: towards ending viral hepatitis' (viewed on 5 February 2022)

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6. Health Protection Scotland (HPS) (2019). 'Surveillance of hepatitis C testing, diagnosis and treatment in Scotland, 2019 update' (viewed on 29 November 2022)

7. Harris RJ and others. 'Monitoring the hepatitis C epidemic in England and evaluating intervention scale-up using routinely collected data' Journal of Viral Hepatitis 2019: volume 26, issue 5, pages 541 to 551 (viewed on 6 December 2022)

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9. PHE. 'Hepatitis C in the UK 2019' (viewed on 29 November 2022)

10. HPS (2018). 'Hepatitis C antibody positive cases in Scotland: results to 31 December 2017' (viewed on 29 November 2022)

References (2)

11. Northern Ireland Hepatitis B and C Managed Clinical Network. 'Find the missing millions: NI regional hepatitis B and C managed clinical network annual report 2020' (viewed on 29 November 2022)

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19. PHE (2017). 'Hepatitis C in England 2017 report' (viewed on 29 November 2022)

20. Mann AG and others. 'Diagnoses of, and deaths from, severe liver disease due to hepatitis C in England between 2000 and 2005 estimated using multiple data sources' Epidemiology and Infection 2013: volume 137, issue 4, pages

41. PHE (2021). 'Sentinel surveillance of blood borne virus testing in England: 2020' (viewed on 5 February 2022)

42. PHS Needle Exchange Surveillance Initiative. 'Needle Exchange Surveillance Initiative (NESI)'

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