



Hepatitis C: Statistics and Developments

Summary

[World Hepatitis Day](#) is organised by the World Health Organisation (WHO) and the World Hepatitis Alliance, and is held annually on 28 July. It forms part of the strategy to eliminate hepatitis worldwide, by raising awareness of the various types of the disease and by influencing change in transmission prevention and scaling up access to screening and treatment.

Hepatitis C is a disease caused by a virus carried in the blood which infects and damages the liver. It can cause inflammation, fibrosis, flu-like symptoms, fatigue, weight loss, abdominal pain, and nausea. In advanced cases it can cause jaundice, and if left untreated can produce life-threatening damage to the liver, such as cirrhosis.¹ According to the WHO, the most common modes of transmission are the sharing of needles by intravenous drug users, inadequately sterilised medical equipment and the transfusion of unscreened blood and blood products.² The virus can also be transmitted from mother to baby and, in rare cases, by sexual contact.

Hepatitis C Globally

The WHO report that 130 to 150 million people globally have chronic hepatitis C infection, and approximately 700,000 people die each year from hepatitis C-related liver diseases. The most affected regions are Africa and Central and East Asia.³ There are multiple strains (or genotypes) of the Hepatitis C virus and their distribution varies by region.

The WHO's [Global Health Sector Strategy on Viral Hepatitis 2016–2021](#) proposes milestones and targets to achieve the aim of eliminating viral hepatitis as a major public health threat by 2030. For hepatitis C, the strategy outlines two main targets for monitoring impact: reducing new cases of chronic hepatitis C infection by 80 percent by 2030, and reducing deaths from hepatitis C by 65 percent by 2030.⁴

Diagnoses of Hepatitis C in the UK

Recent figures from Public Health England suggested that “around 160,000 people in England are living with chronic hepatitis C infection”,⁵ and according to the NHS an estimated 215,000 people across the UK have hepatitis C.⁶ Public Health England states that “injecting drug use continues to be the most important risk factor for hepatitis C infection, being cited as the risk in approximately 90 percent of all laboratory reports where risk factors have been disclosed”.⁷

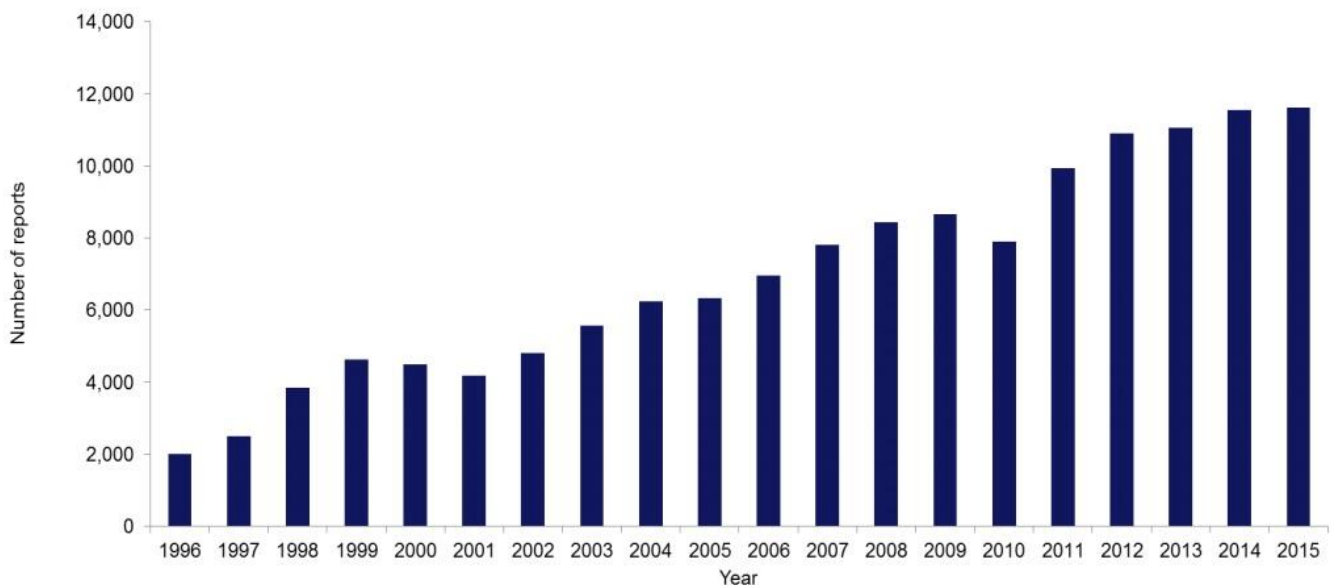
The Parliamentary Office of Science and Technology (POST) has stated that:

The number of confirmed cases of hepatitis C infection has risen more than five-fold in England since the 1990s, with 1,836 new cases [of end-stage liver disease] per year between 2011–2015 [...] Admissions to hospital rose from 611 in 1998 to 2,658 in 2012, with a similar increase in mortality,

rising from 98 in 1996 to 457 in 2014. The number of liver transplants in the UK as a consequence of the infection has also risen from 45 in 1996 to 175 in 2014.⁸

The graph below, produced by Public Health England, shows the number of laboratory reports of hepatitis C infections between 1996 and 2015. These figures represent the total number of virus detections each year, including those from individuals who may not display symptoms or have not progressed to a late stage of the disease.

Figure: Laboratory Reports of Hepatitis C from England, 1996–2015⁹



Public Health England attributed the increase in reports of the disease to improvements in awareness and access to testing.¹⁰ Laboratory reporting of new hepatitis C infections also became a statutory requirement in 2010.¹¹

Treatment

There is no vaccine for hepatitis C, but symptoms can be controlled through a combination of lifestyle changes and antiviral drugs. In some cases the condition does not require treatment, as the immune system response can clear the infection. When treatment is necessary, recommended lifestyle changes include: eating a healthy diet, taking regular exercise, reduction of alcohol consumption, and not sharing needles if taking intravenous drugs.¹²

The WHO summarises the drug treatment options as follows:

Until recently, hepatitis C treatment was based on therapy with interferon and ribavirin, which required weekly injections for 48 weeks, cured approximately half of treated patients, but caused frequent and sometimes life-threatening adverse reactions [...] Recently, new antiviral drugs have been developed. These medicines, called direct antiviral agents (DAA) are much more effective, safer and better-tolerated than the older therapies. Therapy with DAAs can cure most persons with HCV [hepatitis C virus] infection and treatment is shorter (usually twelve weeks) and safer. Although the production cost of DAAs is low, these medicines remain very expensive in many high- and middle-income countries. Prices have dropped dramatically in some countries (primarily low-income) due to the introduction of generic versions of these medicines. Much needs to be done to ensure that these advances lead to greater access to treatment globally.¹³

UK Government Policy

Recent government policy relating to hepatitis C has been informed by the WHO's [Global Health Sector Strategy on Viral Hepatitis 2016–2021](#), adopted in May 2016:

In tackling [the hepatitis C virus], we share the World Health Organization's Global Vision of "a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment".¹⁴

Specifically in relation to England and the devolved nations of the UK, Public Health England has stated:

National action plans to tackle hepatitis C are already in place, and being developed across the UK, including the [Liver Disease Delivery Plan for NHS Wales and Its Partners to 2020](#) and the [Sexual Health and Blood Borne Virus Framework, 2015–2020 Update](#) in Scotland. In England, NHS England is producing an operational framework setting out its commitment to improve outcomes in hepatitis C.¹⁵

Prior to the general election, in March 2017, the Government announced a plan "to establish a cross-agency expert group on viral hepatitis to provide strategic direction and advice around hepatitis C (and other viral hepatitis)".¹⁶ Subsequently, in response to a parliamentary question in April 2017, the Government confirmed that the cross-agency group:

Will be a forum to explore operational and implementation issues and find the best ways to enact our commitments at local, regional and national level. It is anticipated that increasing testing will be considered along with ensuring linkage to care and treatment and provision of prevention services.¹⁷

Following Parliament's dissolution and the general election, at the time of writing there has been no update on the status of the cross-agency group.

Further Information

- Public Health England, [Hepatitis C in England: 2017 Report](#), March 2017
- World Health Organisation, '[Hepatitis C: Fact Sheet](#)', accessed 11 April 2017
- House of Commons Library, [Reform of the Support Arrangements for People Affected by Contaminated Blood and Blood Products](#), 23 November 2016

- ¹ World Health Organisation, '[Hepatitis C: Factsheet](#)', accessed 25 April 2017.
- ² *ibid.*
- ³ *ibid.*
- ⁴ *ibid.*
- ⁵ Public Health England, '[Hepatitis C in England: 2017 Report](#)', March 2017, p 7.
- ⁶ NHS Choices, '[Hepatitis C](#)', accessed 25 April 2017.
- ⁷ Public Health England, '[Hepatitis C in England: 2017 Report](#)', March 2017, p 15.
- ⁸ Parliamentary Office of Science and Technology, '[UK Trends in Infectious Disease](#)', 23 January 2017, p 3.
- ⁹ Public Health England, '[Hepatitis C in England: 2017 Report Slide Set](#)', March 2017, p 14.
- ¹⁰ Public Health England, '[Hepatitis C in England: 2017 Report](#)', March 2017, p 8.
- ¹¹ Public Health England, '[Hepatitis C in England: 2017 Report Slide Set](#)', March 2017, p 14.
- ¹² NHS Choices, '[Hepatitis C—Treatment](#)', accessed 25 April 2017.
- ¹³ World Health Organisation, '[Hepatitis C: Factsheet](#)', accessed 25 April 2017.
- ¹⁴ Public Health England, '[Hepatitis C in the UK: 2016 Report](#)', July 2016, p 5.
- ¹⁵ *ibid.*, p 10.
- ¹⁶ Public Health England, '[Hepatitis C in England: 2017 Report](#)', March 2017, p 4.
- ¹⁷ House of Commons, '[Written Question: Hepatitis](#)', 19 April 2017, 70198.

House of Lords Library briefings are compiled for the benefit of Members of the House of Lords and their personal staff, to provide impartial, politically balanced briefing on subjects likely to be of interest to Members of the Lords. Authors are available to discuss the contents of the briefings with the Members and their staff but cannot advise members of the general public.

Any comments on briefings should be sent to the Head of Research Services, House of Lords Library, London SW1A 0PW or emailed to purvism@parliament.uk