

A brief of the
**CHRONIC
HEPATITIS C**
situation in Colombia

2024



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of the chronic hepatitis C situation in Colombia 2024



Cuenta de Alto Costo

Fondo Colombiano de Enfermedades de Alto Costo

A brief of the chronic hepatitis C situation in Colombia 2024

Fondo Colombiano de Enfermedades de Alto Costo
Cuenta de Alto Costo (CAC)

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The full textbook in Spanish of the situation of the chronic hepatitis C
in Colombia 2024 is available [at this link](#).

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Change Tracking Table

Title of the publication	Version	Date	Description
A brief of the chronic hepatitis C situation in Colombia 2024	1.0	July 21 st 2025	

1.

Characterization of
the **incident cases**
with chronic
hepatitis C



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1. INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characterization of the incident cases with chronic hepatitis C

Period: January 1st to December 31st, 2024.



In 2024, a total of

1,255 new cases of chronic hepatitis C

were reported, representing a percentage change of 18.62% compared to the previous year. The sex ratio showed a marked difference, with 5.75 men diagnosed for every woman.

The median age overall was

36 years
(IQR: 31 - 49).



Regarding health system affiliation, 85.26% of the cases were from the third-payer insurance, while 14.74% belonged to the state insurance.



The majority of the population was concentrated in Bogotá, D. C. (45.06%) and the Central region (25.90%), based on their region of residence.



Among men, the most affected group was those aged 25 to 44 years, accounting for 73.15% of the total. In contrast, among women, cases were more frequent in those over 60 years old, who made up 64.52%.



Of the incident cases, 69.40% had HIV coinfection, and 6.93% presented with cirrhosis.

The main transmission route among women was

blood transfusion (32.26%),

while in men, sexual transmission predominated (76.89%).

IQR: Interquartile range.
HIV: Human Immunodeficiency Virus.



2.

Characterization of
prevalent
individuals with
chronic hepatitis C



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2.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characterization of prevalent individuals with chronic hepatitis C

Period: January 1st to December 31st, 2024.



In 2024, a total of

3,318 prevalent cases of chronic hepatitis C

were identified, reflecting an increase of 26.35% compared to the previous period.

The overall median age was

37 years
(IQR: 31 - 50).



The majority of cases were concentrated in the male population, which accounted for 83.43% of all individuals infected with HCV.



Bogotá, D. C. (41.14%) and the Central region (29.66%) accounted for the highest proportion of prevalent cases.



Men aged 25 to 39 years represented 51.87% of the cases, while women in the same age group accounted for only 1.87% of the total.

Nearly half of the prevalent cases (47.71%) showed signs of

liver fibrosis.

The predominant viral genotype was type 4, representing 10.16% (n= 337) of the cases, followed by type 11 with 3.68% (n= 122).

IQR: Interquartile range.
HCV: Chronic hepatitis C virus.

3.

Morbidity and mortality in the population with chronic hepatitis C



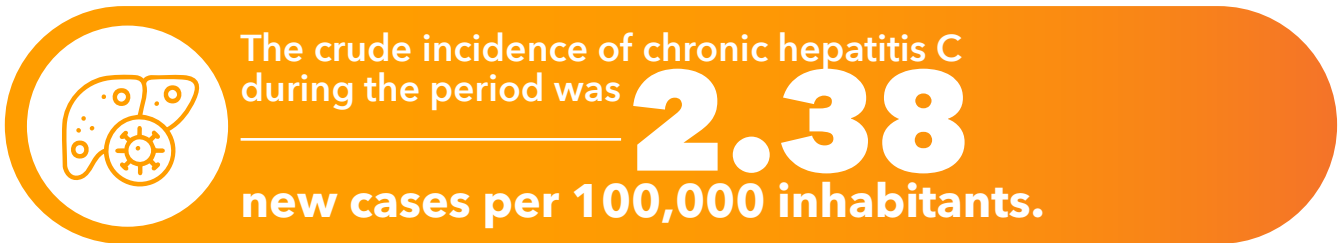
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3. INFOGRAPHIC SUMMARY

| Chapter at a glance |

Morbidity and mortality in the population with chronic hepatitis C

Period: January 1st to December 31st, 2024.



The region with the highest age-standardized incidence rate was **Bogotá, D. C.** (6.27 cases per 100,000 inhabitants), followed by the Central region with 2.58 cases.



The crude prevalence of chronic hepatitis C was 6.29 cases per 100,000 inhabitants. Compared to the previous period, an increase was observed in both sexes, rising from 8.97 to 10.76 per 100,000 men and from 1.81 to 2.04 per 100,000 women.



The region with the highest number of cases was Bogotá, D. C. while the Amazonía/Orinoquía region reported the lowest.



During the period, 37 deaths were reported, corresponding to a crude all-cause mortality rate of 0.07 deaths per 100,000 inhabitants.

The highest age-standardized mortality rates were recorded in

Risaralda

(0.21 deaths per 100,000 inhabitants) and Atlántico (0.20).

IQR: Interquartile range.

4.

Treatment in
individuals with
chronic hepatitis C



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4. INFOGRAPHIC SUMMARY

| Chapter at a glance |

Treatment in individuals with chronic hepatitis C

Period: January 1st to December 31st, 2024.



The most commonly used DAA regimen was

sofosbuvir/velpatasvir

administered for 12 weeks in 94.14% of cases.

A total of

99.44%

of treated individuals received their therapeutic regimen through the **centralized purchasing mechanism.**



The SVR sustained virologic response rate was 98.91% during this period, consistently remaining above 97% since 2021.

The effectiveness of the sofosbuvir/velpatasvir treatment **exceeded 99%**, regardless of the time since diagnosis, the presence of **comorbidities, or coinfections.**

SVR: Sustained virologic response.
DAA: Direct-Acting antivirals.

5.

Patients with **HCV** and **HIV** coinfection



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5.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Patients with HCV and HIV coinfection

Period: January 1st to December 31st, 2024.



A total of **2,298** individuals were identified

with a coinfection diagnosis, representing a 33.06% change compared to the 2023 period.

The mean age was

36.08 years
(SD ± 8.49)

or men and 44.57 years (SD ± 16.10) for women.



Bogotá, D. C. accounted for 45.26% (n= 1,040) of HCV/HIV coinfection cases, followed by the Central region with 33.81% (n= 777).



Sexual transmission was the primary infection mechanism in this population (81.11%), being more frequent among men.



Cirrhosis was present in 0.65% (n= 15) of the cases.

The most frequent genotype was **(13.23%; n= 304).**

However, in over 80% of the cases, **genotyping** was not performed or no information was found in the clinical records.

HCV: Chronic hepatitis C virus.
HIV: Human Immunodeficiency Virus.
DS: Standard deviation.

6.

**Specialized medical
management** of
individuals with
chronic hepatitis C



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6.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Specialized medical management of individuals with chronic hepatitis C

Period: January 1st to December 31st, 2024.



42.34% (n= 1,405)

of prevalent chronic hepatitis C cases had at least one consultation with infectious disease services, while 8.83% (n= 293) were seen by hepatology.

General medicine was also involved, accounting for

47.23%

of patients

with at least one recorded consultation.



Infectious disease emerged as the subspecialty with the greatest involvement in caring for this population, leading in the total number of consultations conducted.

Among individuals with compensated and decompensated cirrhosis, the highest average number of consultations was observed in

infectious disease and gastroenterology,

highlighting the central role of these specialties in the clinical management of more complex cases.

7.

Risk management indicators



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7. INFOGRAPHIC SUMMARY

| Chapter at a glance |

Risk management indicators

Period: January 1st to December 31st, 2024.



Therapeutic coverage for individuals with HCV increased from **88.52% to 99.41%** compared to the previous period.

Of the cases that initiated treatment, more than **99%** accessed it through the **centralized purchasing mechanism.**



In fibrosis staging, the third payer insurance moved from low to medium compliance and is approaching the 95% target.



The proportion of individuals diagnosed who dropped out of treatment was lowest in Bogotá, D. C. and highest in the Amazonía/Orinoquía region.

SVR at **12 weeks** post-treatment and the proportion of mortality attributable to HCV continue to have **high compliance** across all regions.

HCV: Chronic hepatitis C virus.
SVR: Sustained virologic response.



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