

A brief of the

# CHRONIC HEPATITIS C

situation in Colombia **2023**



Fondo Colombiano de  
Enfermedades de Alto Costo

## **A brief of the chronic hepatitis C situation in Colombia 2023**



**Cuenta de Alto Costo**  
Fondo Colombiano de Enfermedades de Alto Costo

# **A brief of the chronic hepatitis C situation in Colombia 2023**

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

**Annual periodicity**

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

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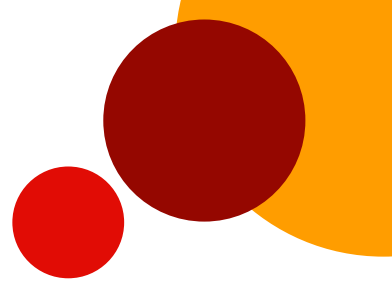
### Change Tracking Table

Date	Version	Description of changes	Localization of changes
	1.0		



# 1

Characterization of the  
**incident cases** with  
chronic hepatitis C in  
Colombia 2023



# Infographic summary

## Chapter 1 at a glance

Characterization of the incident cases with chronic hepatitis C

Period: January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



During 2023, **1,058** new cases of chronic hepatitis C, were reported, with a percentage variation of 57.21% compared to the previous year. For each case in women, there were 4.63 cases in men.

**83.18% (n= 880)** of the cases were reported by the third-payer insurance, and 16.24% (n= 178) by the state insurance.



The median age was 36 years (IQR: 30 - 50).



Most of the population was concentrated in Bogota, D. C. (45.37%) and the Central region (26.47%).



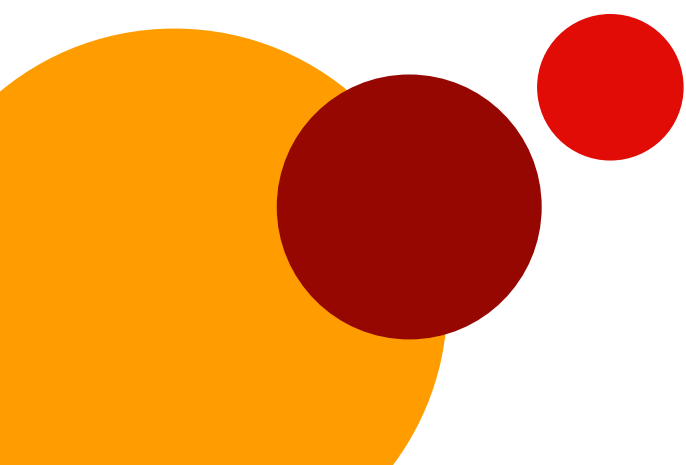
Among men, 62.07% were between 25 and 39 years, whereas in women, the highest frequency was among those aged 60 to 74 with 46.80%.



The primary transmission mechanism in women was blood transfusion (26.60%), while in men, it was sexual (69.08%).

**69.47% of the incident cases** had coinfection with HIV, and 7.28% had cirrhosis.

IQR: Interquartile range.





Characterization of  
**prevalent**  
**individuals** with  
chronic hepatitis C



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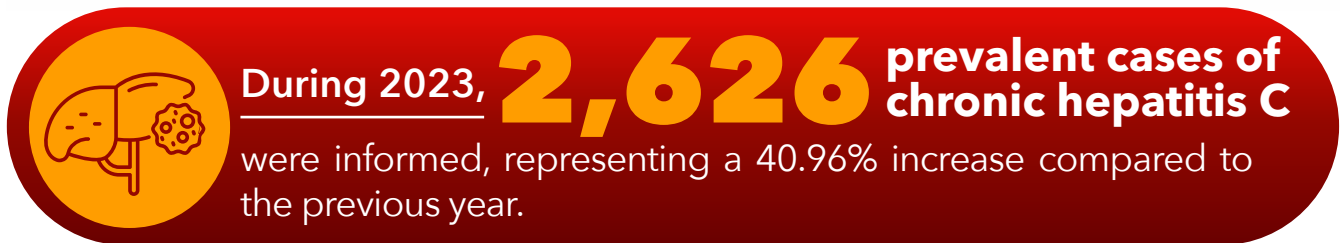


# Infographic summary

## Chapter 2 at a glance

Characterization of prevalent individuals with chronic hepatitis C

Period: January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



Most prevalent cases were observed in men

**(81.34%);** — — — — —

the median age was 37 years (IQR: 31 - 52).



Bogota, D. C. (48.27%) was the region with the most prevalent cases for third-payer insurance, and the Central region (40.82%) for state insurance.



19.80% (n= 522) of the cases were men aged 30 to 34 years. Among women, the predominant group was between 65 to 69 years with 3.27% (n= 84) of the total cases.



56.29% (n= 266) of the women and 43.16% (n= 922) of the men presented some degree of hepatic fibrosis.

**22.89%** have genotyping reports;

the most frequent genotype was genotype 4 (n= 365), followed by 1b (n= 131).

IQR: Interquartile range.



**Morbidity and  
mortality** in the  
population with  
chronic hepatitis C



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# Infographic summary

## Chapter 3 at a glance

Morbidity and mortality in the population with chronic hepatitis C

Period: January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



The standardize incidence of chronic hepatitis C during the period was

**1.99 new cases**  
per 100,000 inhabitants.



The region with the highest standardized incidence was Bogota, D. C. (5.50 cases per 100,000 inhabitants 95% CI: 5.01 - 6.01), followed by the Central region (2.26 cases per 100,000 inhabitants 95% CI: 1.98 - 2.52).

The crude prevalence of **chronic hepatitis C** was **5.01 cases** per 100,000 inhabitants.

**This indicator increased in both sexes compared to the previous period**, rising from 5.87 to 8.41 per 100,000 inhabitants in men and from 1.39 to 1.72 in women.



Compared to 2022, the prevalence increased in all regions and the territorial entities with the highest prevalence were observed in Risaralda (13.10 cases per 100,000 inhabitants; 95% CI: 10.93 - 15.58) and Bogota, D. C. (13.01 cases per 100,000 inhabitants; CI: 12.26 - 13.79).



During the period, 43 deaths were reported, corresponding to a crude mortality rate for all causes of 0.08 deaths per 100,000 inhabitants.

## The highest adjusted mortality

occurred in **San Andres, Providencia and Santa Catalina** (1.22 per 100,000 inhabitants 95% CI: 0.03 - 8.11) and Risaralda (0.28 per 100,000 inhabitants 95% CI: 0.06 - 0.86).

CI: Confidence interval .



# Treatment in individuals with chronic hepatitis C



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# Infographic summary

Chapter **4** at a glance

Treatment in individuals with chronic hepatitis C

Period: January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



## Velpatasvir/sofosbuvir

was the **most commonly used treatment**, with a duration of 12 weeks in 98.60% of cases.

Sustained Virologic Response (SVR)

**it is higher than 98%—**  
since 2019.



The most common type of follow-up for the intake of Direct-Acting Antivirals (DAAs) was home-based (78.98%). Daily frequency prevailed in 94.86% of cases.



The effectiveness of velpatasvir/sofosbuvir treatment was over 98%, regardless of the time since diagnosis, associated comorbidities, or coinfections.

**Therapeutic response exceeded 98%**  
for the different reported genotypes.

DAAs: Direct-Acting Antivirals.  
SVR: Sustained Virologic Response.



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



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# Infographic summary

## Chapter 5 at a glance

Patients with HCV and HIV  
coinfection

Period: January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



During the period **1,727** individuals

were identified with a diagnosis of coinfection by HCV and HIV, representing a 49.39% variation (n= 571) compared to the previous period.

The average age was

**35.83** years

(SD ± 8.94) in men and

**42.76** years

(SD ± 15.63) in women.



According to the regional distribution, Bogota, D. C. accounts for 48.18% (n= 843) of HCV/HIV co-infection cases, followed by Central with 31.73%.



Sexual transmission was the main mechanism of infection in this population (73.02%), being more frequent in men (74.05%) compared to women (28.21%).



Genotype 4 (19.57%; n= 338) was the most frequent. However, 74.70% (n= 1,290) of cases did not have genotyping.

**0.69%** of cases

with **HCV and HIV coinfection** had cirrhosis. Additionally, 3.01% had coinfection with hepatitis B.

SD: standard deviation.



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



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# Infographic summary

Chapter 6 at a glance **Specialized medical management of individuals with chronic hepatitis C**

**Period:** January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



**Infectious diseases** is the specialty that most treats people with chronic hepatitis C and led the care.



Among the specialties, prevalent cases received at least one consultation for infectious diseases speciality in 41.39% (n=1,087), hepatology in 9.52% (n=250) and gastroenterology in 2.40% (n=63).

The highest average of **consultations** in cases with **compensated and uncompensated cirrhosis** was for infectious diseases and hepatology.



# Risk management indicators



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# Infographic summary

Chapter 7 at a glance

Risk management indicators

Period: January 1<sup>st</sup> and December 31<sup>st</sup>, 2023.



## Detection of **hepatic fibrosis**

is **51.96%** in reported cases, indicating a disease progression at diagnosis.

In the third-payer insurance, more cases

**initiated treatment (90.48%),** than the state insurance (81.41%).



The fibrosis staging was higher in the third-payer insurance (89.86%) compared to the state insurance (75.65%).



The Central and Amazonia-Orinoco regions presented the lowest proportion of patients with some degree of fibrosis.

Both insurances achieved the Sustained Virologic Response (SVR) target at

**12 weeks post-treatment**

and the proportion of mortality attributable to **HCV infection.**



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