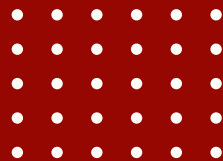
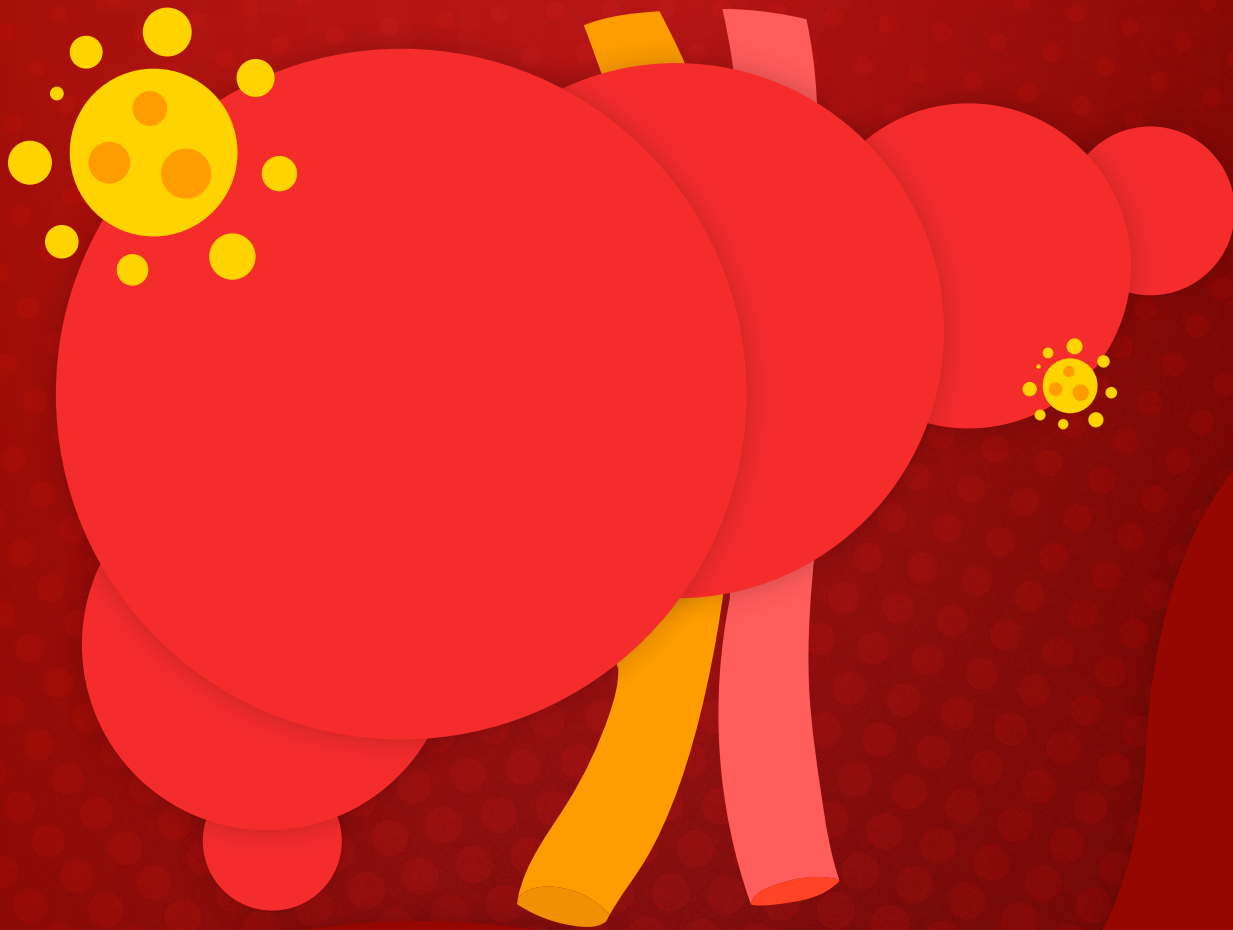




A BRIEF OF THE **CHRONIC HEPATITIS C** SITUATION IN COLOMBIA 2022



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of the chronic hepatitis C situation in Colombia 2022



CUENTA DE ALTO COSTO
Fondo Colombiano de Enfermedades de Alto Costo

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

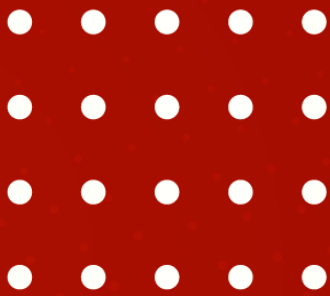
Annual periodicity

Bogotá, C. D., Colombia, september 2023

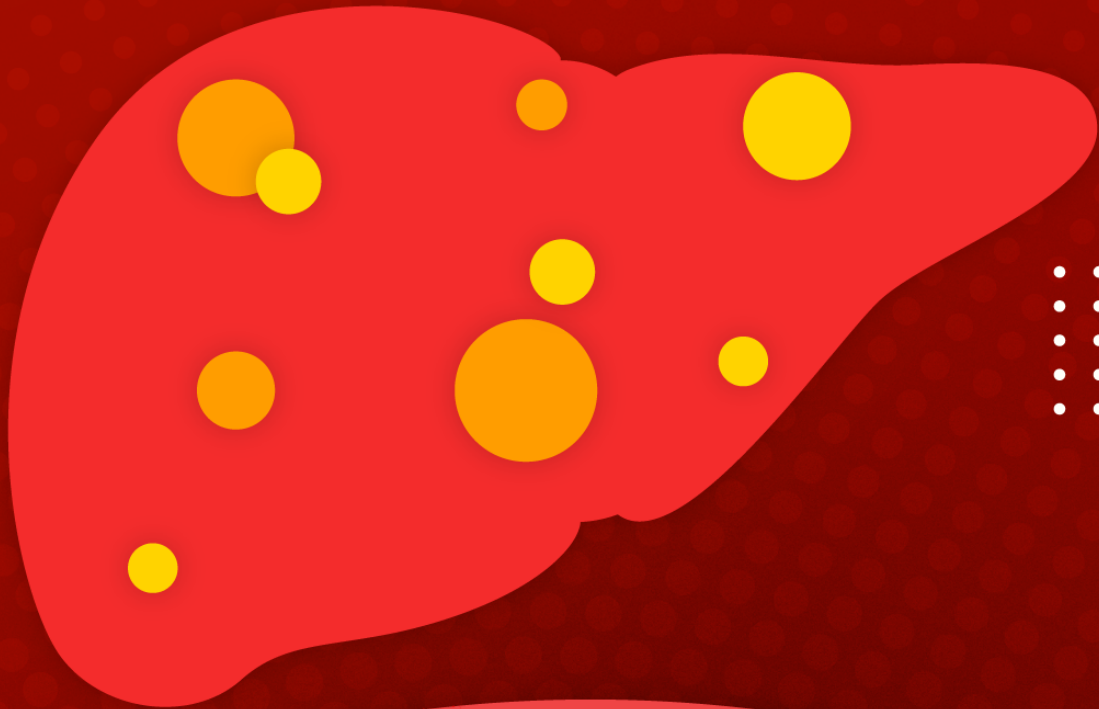
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The full textbook in spanish of the situation of chronic hepatitis C in Colombia is available [at this link](#).



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



Chapter 1

at a glance

Characterization of the incident cases with chronic hepatitis C


Period: January 1st to December 31st, 2022.


During 2022,


673 new cases


of chronic hepatitis C were reported,

representing an increase of 25.33% compared to the previous year. For each case in women, there were 3.81 cases in men.

 90.34% (n= 608) of the cases were reported by the third-payer insurance, and 9.66% (n= 65) by the state insurance.

 The median age was 38 years (IQR: 31 - 55).


 Most of the population was concentrated in Bogotá, C. D. (42.50%) and the Central region (25.56%).

 Among men, 46.81% were between 25 and 39 years old, whereas in women, the highest frequency was among those aged 60 to 74.

63.30% of the incident cases

had coinfection with HIV,

and 11.14% had cirrhosis.

 The primary transmission mechanism in women was blood transfusion (35.71%), while in men, it was sexual (57.72%).





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

Chapter 2

at a glance

Characterization of prevalent individuals with chronic hepatitis C


Period: January 1st to December 31st, 2022.


During 2022,


1,863 prevalent cases

of chronic hepatitis C were informed,

representing a 42.65% increase compared to the previous year.

 Most prevalent cases were observed in men (78.15%); the median age was 38 years old (IQR: 31 - 56).


 Bogotá, C. D. (50.60%) was the region with the most prevalent cases for third-payer insurance, and the Central region (50.14%) for state insurance.

 19.16% (n= 357) of the cases were men aged 30 to 34 years old. Among women, the predominant group was between 70 to 74 years old, comprising 3.44% (n= 64).

29.63%

have genotyping reports;

the most frequent genotype was genotype 4 (n= 329), followed by 1b (n= 111).

 56.51% (n= 230) of the women and 39.77% (n= 579) of the men presented some degree of hepatic fibrosis.





Morbidity and mortality of chronic hepatitis C



Chapter 3

at a glance

Morbidity and mortality of chronic hepatitis C




Period: January 1st to December 31st, 2022.

The standardized incidence of chronic hepatitis C during the period was

1.30 new cases

per 100,000 inhabitants,

and the male-to-female ratio for this measure was 4.46 to 1.


-  The region with the highest standardized incidence was Bogotá, C. D., followed by the Central region.
-  The crude prevalence of chronic hepatitis C was 3.61 cases per 100,000 inhabitants. This indicator increased in both sexes compared to the previous period, rising from 4.14 to 5.87 per 100,000 inhabitants in men and from 1.10 to 1.39 in women.
-  Compared to 2021, the prevalence increased in all regions of the country. Risaralda and Bogotá, C. D., had the highest prevalence.

During the period,

25 deaths

were reported, corresponding to a crude mortality rate for all causes of

0.05 deaths per 100,000 inhabitants.

-  The highest standardized mortality was observed in Risaralda (0.19 per 100,000 inhabitants; 95% CI: 0.02 - 0.78) and Boyacá (0.13; 95% CI: 0.03 - 0.56).



4

Treatment for patients with chronic hepatitis C

Chapter 4

at a glance




Treatment for patients with chronic hepatitis C

Period: January 1st to December 31st, 2022.

Velpatasvir/sofosbuvir was the most commonly used treatment, with a duration of

12 weeks

in 97.64% of cases.

-  The most common type of follow-up for the intake of Direct-Acting Antivirals (DAAs) was home-based (78.46%). Daily frequency prevailed in 91.59% of cases.
-  The Sustained Viral Response (SVR) had exceeded 95% throughout the reporting years. In 2022, 99.01% of individuals who completed treatment and had follow-up achieved it.
-  The effectiveness of velpatasvir/sofosbuvir treatment was over 98%, regardless of the time since diagnosis, associated comorbidities, or coinfections.

Therapeutic response

exceeded 96%

for the different reported genotypes.





5



**Patients coinfectd with
HCV and HIV**

Chapter 5

at a glance




Patients coinfecting with HCV and HIV

Period: January 1st to December 31st, 2022.

During the period,
1,156 individuals were identified

with a diagnosis of coinfection by HCV and HIV,


representing a 46.14% variation (n= 365) compared to the previous period.

-  The average age was 36.41 years old (SD ± 9.08) in males and 39.00 years (SD ± 13.74) in females.
-  40.05% (n= 1,305) of cases with chronic hepatitis C and HIV coinfection were located in Bogotá, C. D., and the Central region.
-  Sexual transmission was the most frequent infection mechanism in this population, predominantly in males (73.12%) compared to females (37.50%).

1.47% of cases with HCV and HIV

coinfection had cirrhosis.

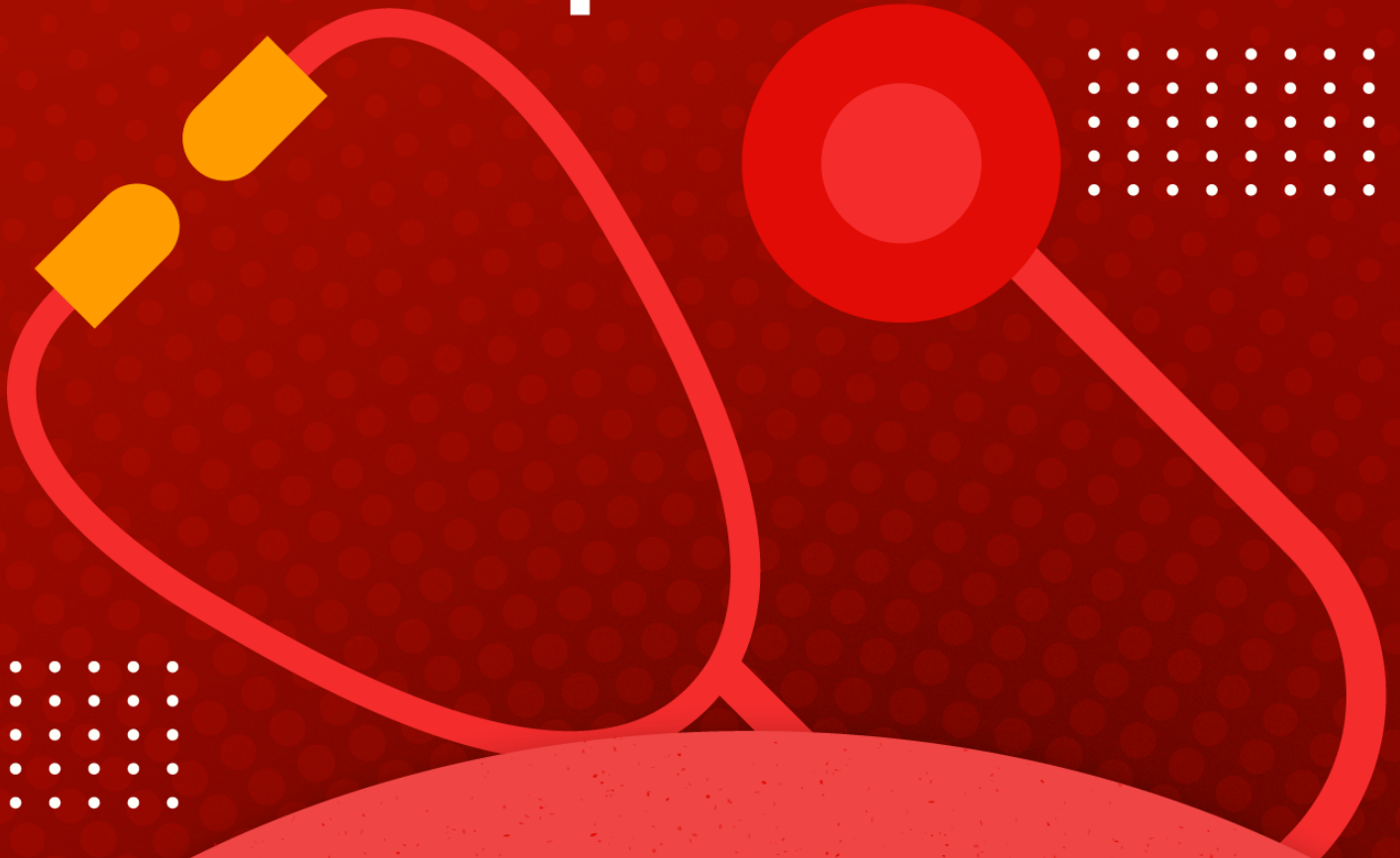
Additionally, 2.94% had coinfection with hepatitis B.

-  HCV genotype 4 (27.08%, n= 313) was the most frequent. However, 65.22% (n= 754) of cases did not have genotyping.





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



Chapter 6

at a glance

Specialized medical management of patients with chronic hepatitis C

Period: January 1st to December 31st, 2022.

43.26% (n= 806)

of prevalent cases

received at least one infectious disease specialist consultation, 12.72% (n= 237) had at least one hepatology evaluation, and 2.79% (n= 52) had one or more gastroenterology consultations.



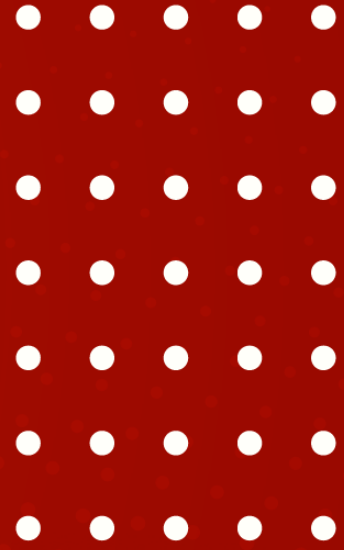
The hepatology specialty had a higher average number of consultations, 1.67 (SD \pm 1.00), for patients with decompensated cirrhosis, while compensated patients were evaluated more frequently by gastroenterology (average= 1.60; SD \pm 0.55).

The infectious disease

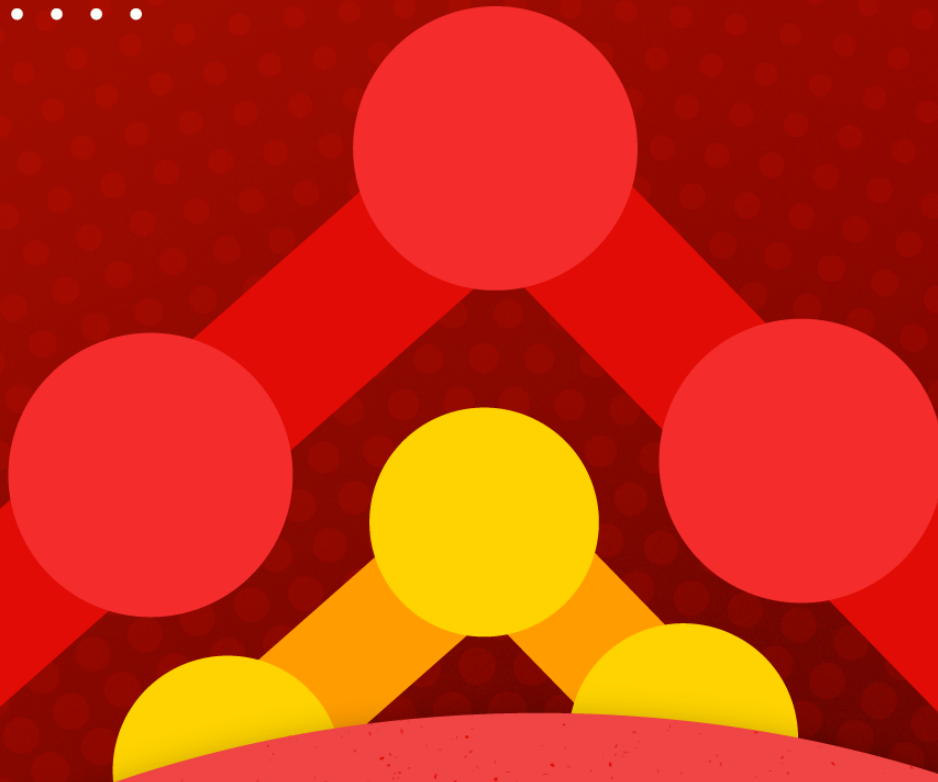
specialty

led the consultations for individuals with chronic hepatitis C.





Risk management indicators



Chapter 7




at a glance

Risk management indicators

Period: January 1st to December 31st, 2022.

In the third-payer insurance, more cases initiated treatment

(87.78%) than the state insurance (72.73%).

-  The fibrosis staging was higher in the third-payer insurance (89.64%) compared to the state insurance (63.93%).
-  Detection of hepatic fibrosis increased from 47.15% to 53.42% in reported cases, indicating a disease progression at diagnosis.
-  The Central and Amazonia/Orinoco regions presented the lowest proportion of patients with some degree of fibrosis.

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

12 weeks

post-treatment and the proportion of mortality attributable to HCV infection.





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