



**Situation of  
CHRONIC HEPATITIS C**  
in the subsidized and contributory  
regimes of Colombia 2020



**CUENTA DE ALTO COSTO**

Fondo Colombiano de Enfermedades de Alto Costo

# **A brief of the situation of chronic hepatitis C in the subsidized and contributory regimes of Colombia 2020**



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# 1. CHARACTERIZATION OF INCIDENT CASES OF CHRONIC HEPATITIS C



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## CHAPTER 1 AT A GLANCE

For 2020, 314 new cases of chronic hepatitis C were registered with an increase of 20.30% over the previous year.



87.58% of the cases correspond to the contributory regime. 52.23% of incident cases reside in Bogotá D.C., followed by the central region with 25.16%.



77.70% of incident cases correspond to men, presenting an increase of 57.42% compared to the previous period.



The average age in men with HCV is 25 to 34 years, for women it is 65 to 74 years.



Of the incident cases, 60.51% had HIV coinfection and 15.92% had cirrhosis.



The main mechanism of transmission with 59.87% is sexual, followed by hemotransfusion with 16.88%.





## **2. CHARACTERIZATION OF PREVALENT CASES OF CHRONIC HEPATITIS C**



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## CHAPTER 2 AT A GLANCE

For 2020, 626 prevalent cases of chronic hepatitis C were recorded, the above shows a decrease of 0.94% compared to 2019.



The highest proportion of prevalent cases occurred in men (73.96%); the overall median age was 41 years (RIC: 31-59).



45.21% of persons with chronic HCV infection reside in Bogotá D.C., followed by 28.59% in the central region.



In prevalent cases, there is evidence of a predominance of coinfection in men (73.00%) compared to women.



The main mechanism of infection in men is sexual transmission (65.01%). In women, transmission by hemotransfusion prevails (49.36%).





### **3. MORBIDITY AND MORTALITY IN THE POPULATION WITH CHRONIC HEPATITIS C**



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## CHAPTER 3 AT A GLANCE

### CHAPTER 3 AT A GLANCE

The crude incidence of chronic hepatitis C in the period was 0.68 new cases per 100,000 population.



The Central region and Bogotá D.C., recorded the highest adjusted incidences of chronic HCV infection with: 1.96 and 0.63 cases per 100,000 inhabitants respectively.



The adjusted incidence of chronic hepatitis C by EAPB was higher in EPS008 and EPS005.



The crude prevalence of chronic hepatitis C was 1.36 cases per 100,000 inhabitants. There was a downward trend compared to the previous two years.



The highest adjusted mortality estimate was observed in Bogotá D.C., followed by the Pacific region. 1.13 and 0.04 deaths per 100,000 inhabitants.



The crude mortality for 2020 was 0.03 deaths per 100,000 population.





## 4.TREATMENT IN PEOPLE WITH CHRONIC HEPATITIS C



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## CHAPTER 4 AT A GLANCE.

Velpatasvir/sofosbuvir was the most frequent treatment (98.97%), with a duration of 12 weeks in 98.77% of cases.



The most frequent type of follow-up for taking DAAs was at home (74.28%). Daily frequency prevails in 84.57% of cases.



The SVR is over 95% throughout the reporting years. With an increase of 2.89% for the year 2019-2020 compared to the 2017-2018 cohort.



The effectiveness of treatment with velpatasvir/sofosbuvir in user with presence of cirrhosis was 97.30% and for HIV 97.35%.





## 5. PATIENTS WITH HCV AND HIV COINFECTION



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## CHAPTER 5 AT A GLANCE

An increase of 44.53% of cases with HCV-HIV coinfection was observed in relation to 2019.



HCV-HIV coinfection predominates in men (98.2%) with respect to women (1.8%).



88.38% of cases with HCV and HIV coinfection are mostly found in the Central region. Bogotá D.C. 56.40% and Antioquia 27.33%.



The median age for men with HCV/HIV coinfection was 35.6. For women it was 39.5.



In the majority of cases with HCV and HIV coinfection, genotype 4 predominated.



49.42% of the cases were not genotyped.





## 6. SPECIALIZED MEDICAL MANAGEMENT OF PEOPLE WITH CHRONIC HEPATITIS C



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## CHAPTER 6 AT A GLANCE

42.56% of the people with HCV infection, the general practitioner was the leading professional, followed by infectology in 32.69% of the cases.



The average of consultations for hepatology went from 1.82 in persons with cirrhosis to 0.23 in users without cirrhosis.



The average of gastroenterology consultations went from 0.47 in people with cirrhosis to 0.14 in users without cirrhosis.



The average of internal medicine consultations went from 0.41 in people with cirrhosis to 0.02 in users without cirrhosis.





## 7. RISK MANAGEMENT INDICATORS



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## CHAPTER 7 AT A GLANCE.

### Process indicators

85.31% of people diagnosed with chronic hepatitis C received treatment with DAAs. A decrease of 12.20% was evidenced with respect to 2019.



The proportion of persons with a diagnosis of chronic hepatitis C with a staging result for fibrosis decreased by 2.77% with respect to 2019.



1.05% of people with chronic hepatitis C infection started treatment outside centralized purchasing. This indicator has decreased by 6.92% from the 2017-2018 cohort.



### Outcome indicators.

The proportion of persons diagnosed with chronic hepatitis C and liver fibrosis, decreased for the current cohort from 34.18% in 2019 to 25.52% in 2020.



The treatment effectiveness indicator, remains stable, continuing above 97%.





**8. ANALYSIS OF THE IMPACT OF  
THE SARS COV 2 VIRUS PANDEMIC  
(COVID 19) ON THE FOLLOW-UP  
OF PATIENTS WITH CHRONIC  
HEPATITIS C**



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## CHAPTER 8 AT A GLANCE

### CHAPTER 8 AT A GLANCE

Due to the global situation caused by the Sars-CoV-2 virus, the plans for screening, diagnosis, treatment, follow-up of complications and elimination of hepatitis C were prolonged.



During the COVID-19 pandemic, the modality of consultations was telematics and telephone follow-up.



Because of the restrictions due to the health emergency and the high demand for health services due to COVID-19, the continuity in the evolution of patients with a recent diagnosis of chronic HCV was directly affected, since it did not flow effectively.



Due to the saturation of laboratory services and the fear of users to go to the health services, the prescribed medical orders were sometimes not carried out or were postponed.



The allocation of resources to face the COVID-19 pandemic delayed the order of the centralized purchase of DAAs, challenging the availability in the supply of treatments in the last semester of the evaluated period.





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