Preface

Removing the Barriers from the Path to Eliminate Hepatitis C

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Major organizations, including the World Health Organization and the United States National Academy of Medicine, Science, and Engineering, and many other individual countries have created plans to eliminate hepatitis C virus (HCV) infection as a public health threat by 2030. This will require expanding screening, diagnosis, linkage to care, and antiviral treatment, as well as liver cancer screening and monitoring persons for reinfection. It is easy to list all the challenges that will make this goal difficult to achieve. This group of authors was asked to focus on how to actually achieve HCV elimination.

The Centers for Disease Control and Prevention has been at the forefront of defining the seriousness of hepatitis C in the United States and starts this issue with a summary of a remarkable collection of studies derived from following a cohort of persons living with HCV for over a decade. This is followed by a series of examples of implementation programs to eliminate HCV in a country (Australia), in a major health care system (US Veterans Administration), by local/state US advocacy coalitions, and by a program to expand HCV care capacity in primary care. Common themes include strong clinical guidelines, comprehensive policies, and advocacy for adequate funding to pay for antiviral treatment.

Elimination of hepatitis C will not succeed if the needs of vulnerable populations are not addressed. The next section starts with an analysis of the US justice system. If federal and state prisons and state and city jails do not address HCV, this infection will never be eliminated in the United States because up to a third of persons living with HCV pass through the justice system every year. These authors offer a unique analysis of how this financially constrained system might be able to afford antiviral treatment. Subsequent articles address challenges in treating people who inject drugs and reducing the risk of reinfection in people who inject drugs and men who have sex with other men.
The HCV elimination movement can learn valuable lessons from global strategies to address other diseases of public health significance. Models of care for HIV could be expanded to address HCV, and in extension, could leverage a robust care system for HIV to improve HCV care and treatment. The major challenge facing most countries is a low rate of HCV diagnosis. There are global efforts to implement high-quality and affordable diagnostics with a focus on the “holy grail” point-of-care diagnostic that will detect the presence of HCV infection. Global advocacy will be required to encourage ongoing investment and research into this initiative.

Most programs will have to implement plans with very limited resources. Models can help determine how best to direct these limited resources and guide the data that must be generated to support the advocacy efforts. Finally, in many countries, reimbursement by payers determines who gets treated and with what drugs, so it is important to understand how decision making occurs.

We are delighted to share this outstanding collection of articles and hope it inspires all of you to join in the global campaign to eliminate HCV.

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