Public Health England

Protecting and improving the nation's health

Hepatitis C in the UK
2016 report

Working towards its elimination as a major public health threat

Eliminating hepatitis C as a major public health threat in the UK

2020 impact targets

Reducing HCV mortality (target 10% reduction by 2020)
Preliminary figures suggest an 11% fall in deaths from Hep C-related end-stage liver disease and cancer in 2015

Reducing new chronic HCV infections (target 30% reduction by 2020)
Surveys of people who inject drugs (PWID) suggest numbers of new HCV infections have remained stable over recent years; both estimated rates of infection and prevalence of infection in recent initiates to drug use were similar in 2015 (8/100 person years and 26% respectively) to those observed in 2011 and 2008

214,000 people estimated to be living with chronic Hep C in the UK

Coverage of key services

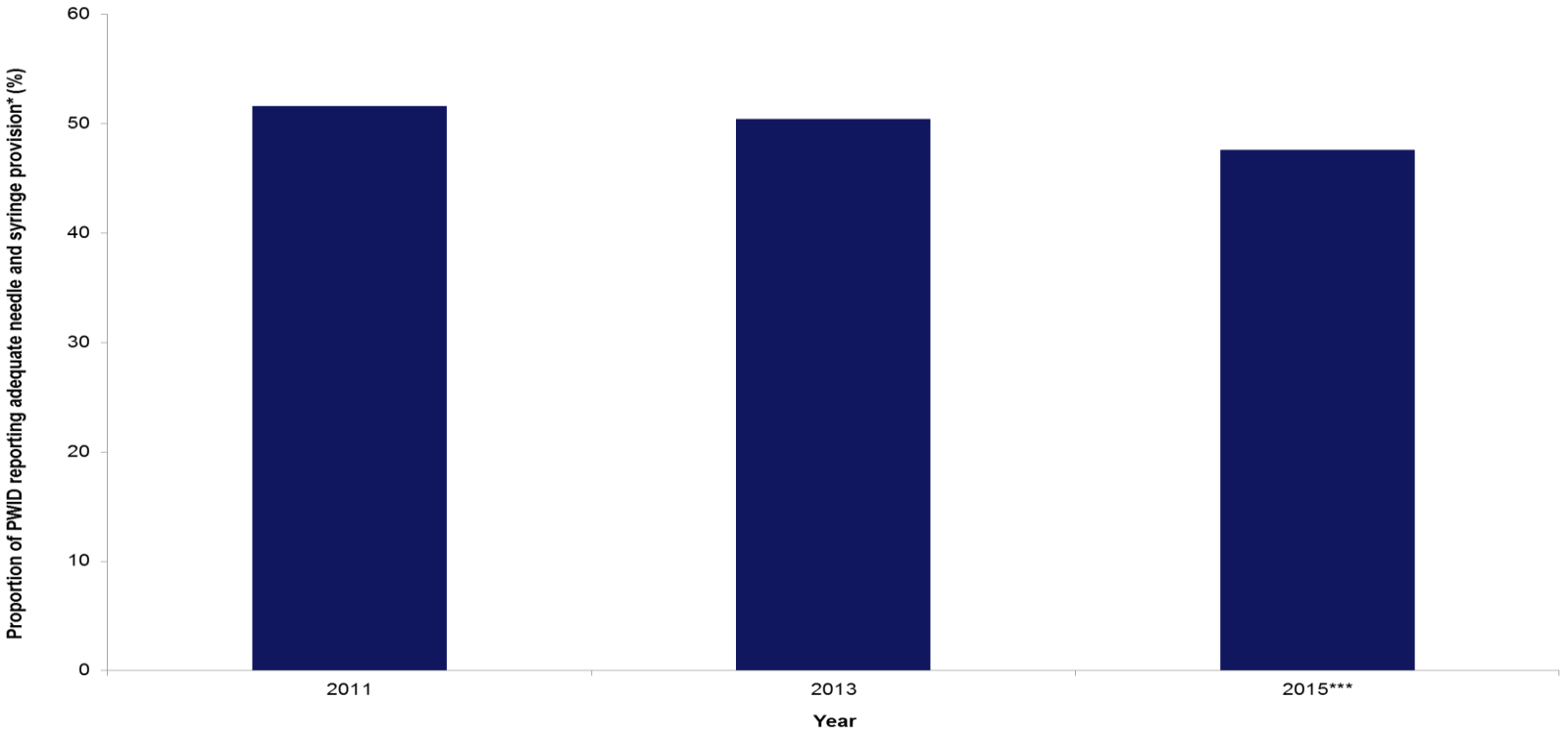
Number treated
40% increase in people receiving Hep C treatment in 2015, up from an average of 6,400 in previous years

Proportion of people diagnosed
Only around ½ of PWID sampled in UK surveys were aware of their HCV antibody positive status, and this figure has remained relatively stable over the last five years

Number of sterile needles / syringes provided
Needle/syringe provision was found to be suboptimal, with only around one half of those surveyed reporting adequate provision for their needs

Public Health England

Figure 1. Estimated UK-wide proportion of PWID reporting adequate* needle and syringe provision, 2011-2015**



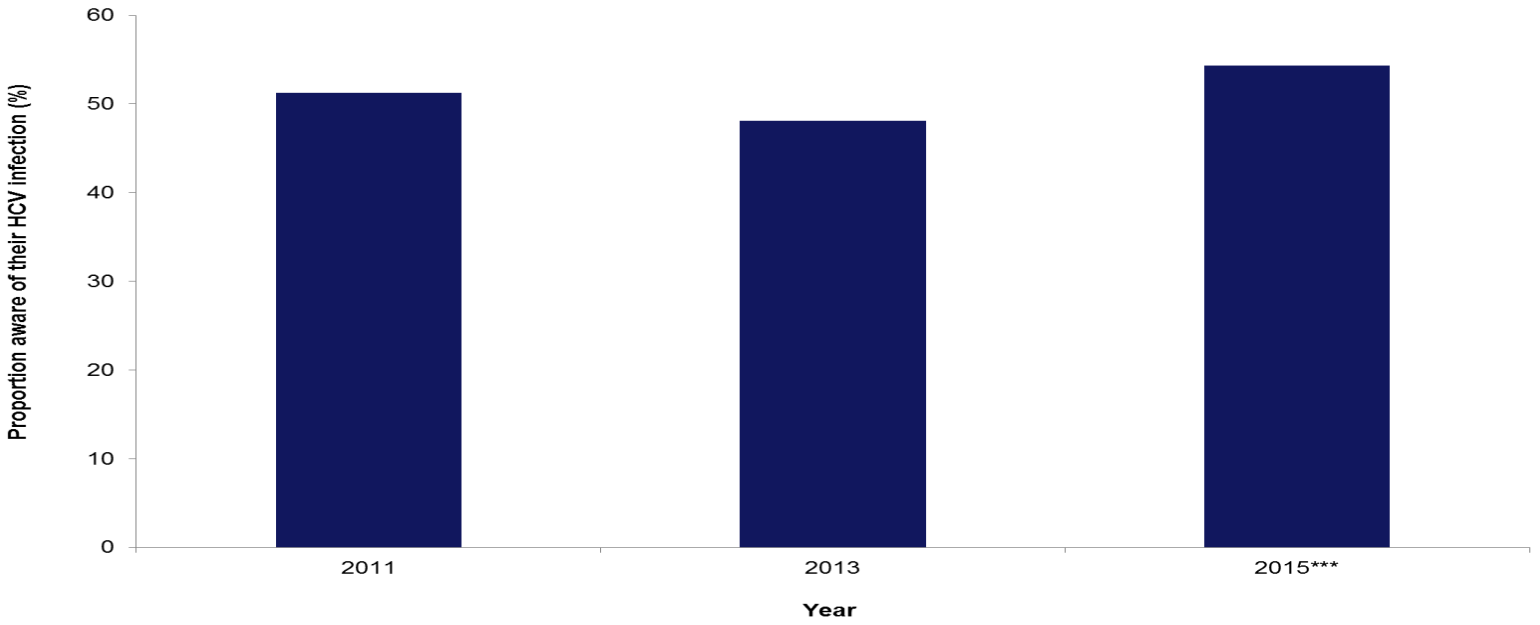
*Needle and syringe provision is defined as adequate when the reported number of needles received / number of times injected is greater than 1. This was assessed amongst those who had injected in the previous 28 days in England, Northern Ireland and Wales and in those who had injected in the previous 6 months in Scotland.

**This figure uses data from two ongoing survey programmes, which together cover the whole of the UK. Data from these two surveys have been weighted by the size of the adult (16-64) population and then combined. The survey covering Scotland is not annual, so data are only presented for those years where both surveys are conducted.

***Figure for 2015 weighting is based on 2014 mid-population estimates.

Data sources: (i) NESI, University of West of Scotland and Health Protection Scotland, and (ii) Unlinked Anonymous Monitoring (UAM) survey of people who inject psychoactive drugs, conducted by Public Health England with assistance from Public Health Wales and the Public Health Agency Northern Ireland

Figure 2. Estimated UK-wide proportion of PWID testing positive for HCV antibodies*, who are aware of their infection, 2011-2015**



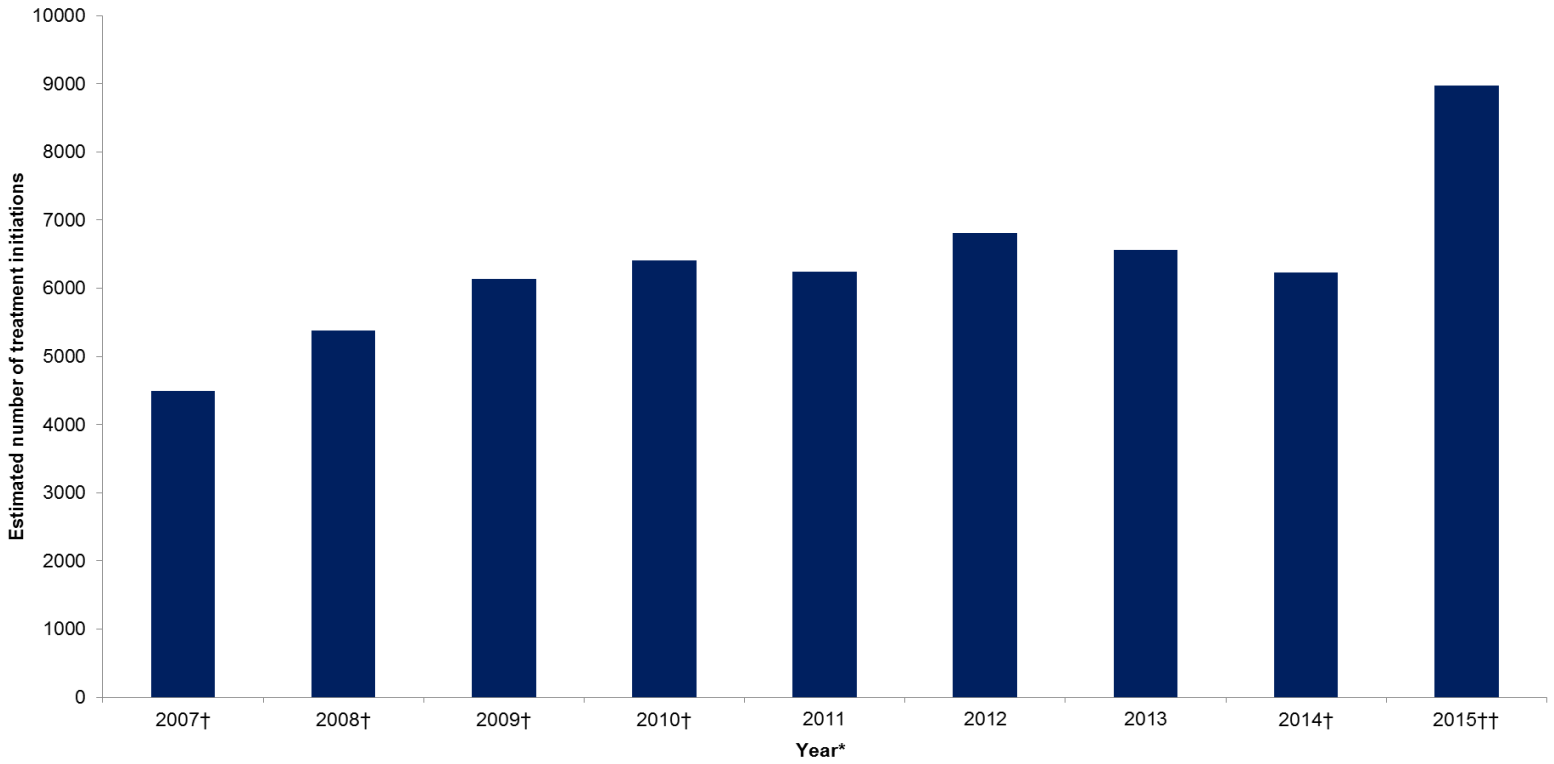
*Figures for England, Northern Ireland and Wales are for PWID who had injected during last year; figures for Scotland are for PWID who injected in the past 6 months.

**This figure uses data from two ongoing survey programmes, which together cover the whole of the UK. Data from these two surveys have been weighted by the size of the adult (16-64) population and then combined. The survey covering Scotland is not annual, so data are only presented for those years where both surveys are conducted.

***Figure for 2015 weighting is based on 2014 mid-population estimates.

Data sources: (i) NESI, University of West of Scotland and Health Protection Scotland, and (ii) Unlinked Anonymous Monitoring (UAM) survey of people who inject psychoactive drugs, conducted by Public Health England with assistance from Public Health Wales and the Public Health Agency Northern Ireland

Figure 3. Provisional UK-wide estimates of numbers initiating HCV treatment, 2007-2015



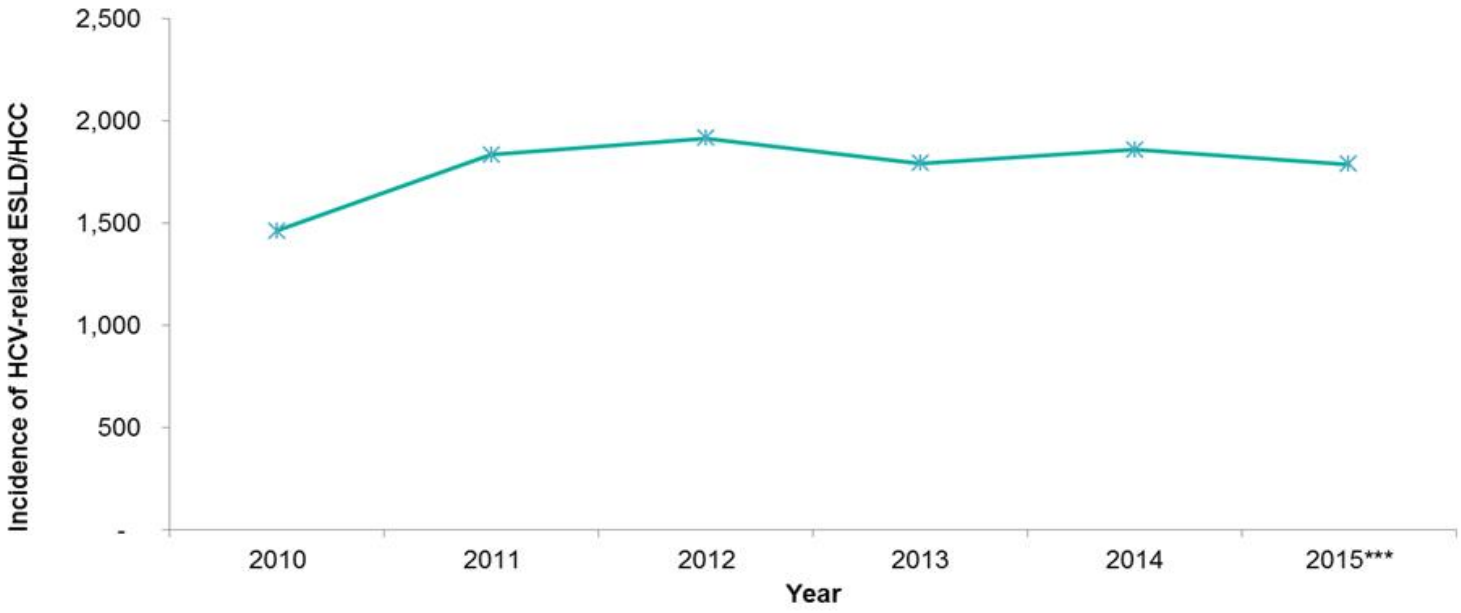
* Data from Scotland available only available by financial year so these have been grouped with calendar years for all other UK countries, for example, data for the financial year 2011/12, are grouped with data for 2011.

† Data for Wales not available for 2007-2010, and 1 Health Board missing in 2014

†† Data for England for 2015 are provisional estimates for the 12 month period June 2015-April 2016 based on clinician reported intention to treat where there is some robustness about the intention to treat (e.g. incomplete or other records excluded). The method of data collection changed in Wales in 2015 and these data are provisional.

Data sources: (i) Regional Hepatology Unit, Belfast Trust for Northern Ireland; (ii) Health Protection Scotland, using data supplied by hepatitis C treatment centres ; (iii) Public Health Wales using data from treatment services in the Health Boards; (iv) NHS England for 2015 provisional estimate for England; (v) Sentinel surveillance of hepatitis bloodborne virus testing for scaled estimates for 2012-2014 for England, (vi) Estimates from Roche sales, IMS supply chain manager, and Pharmex data for England for 2007-2011(Harris et al. Journal of Hepatology 2014 vol. 61 j 530–53)

Figure 4. Preliminary estimates of incidence* of HCV-related ESLD**/HCC in the UK: 2010-2015

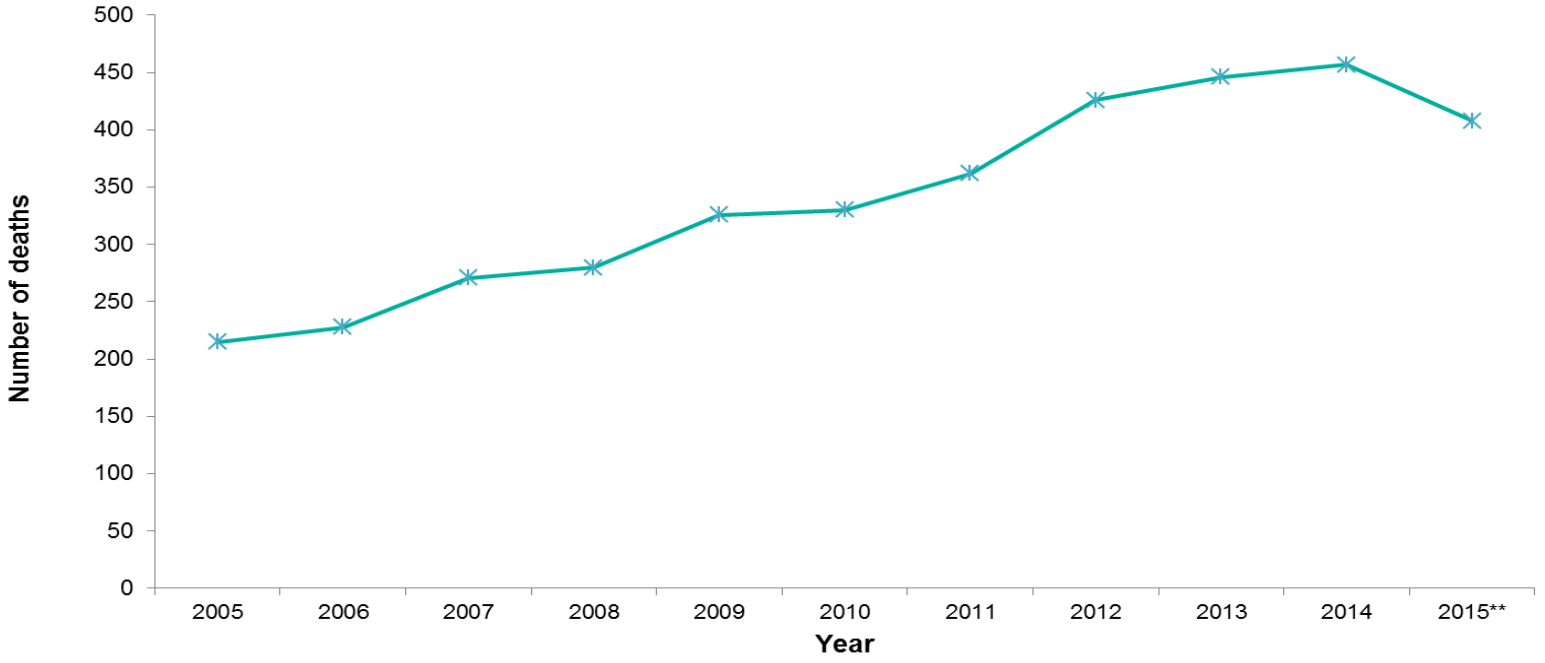


* An episode of ESLD/HCC is defined as the FIRST if there have been no previous episodes of ESLD or HCC for that individual in the previous 5 years (0.4% in England are estimated to have had a previous episode more than 5 years earlier)
** Defined by codes or text entries for ascites, bleeding oesophageal varices, hepato-renal syndrome, hepatic encephalopathy or hepatic failure.
***2015 data is provisional for Wales and missing for Northern Ireland.

Note: In England approximately 1.5% of individuals admitted had identifiers missing in HES (2010-2014) and so were allocated new HES IDs, therefore any previous episodes of ESLD for these individuals would not be linked.

Data source: Hospital Episode Statistics (HES), Health and Social Care Information Centre- for England; Hospital Inpatient System for Northern Ireland; Patient Episode Database for Wales (PEDW). NHS Wales Informatics Service for Wales; Health Protection Scotland ,in association with the Information Services Division.

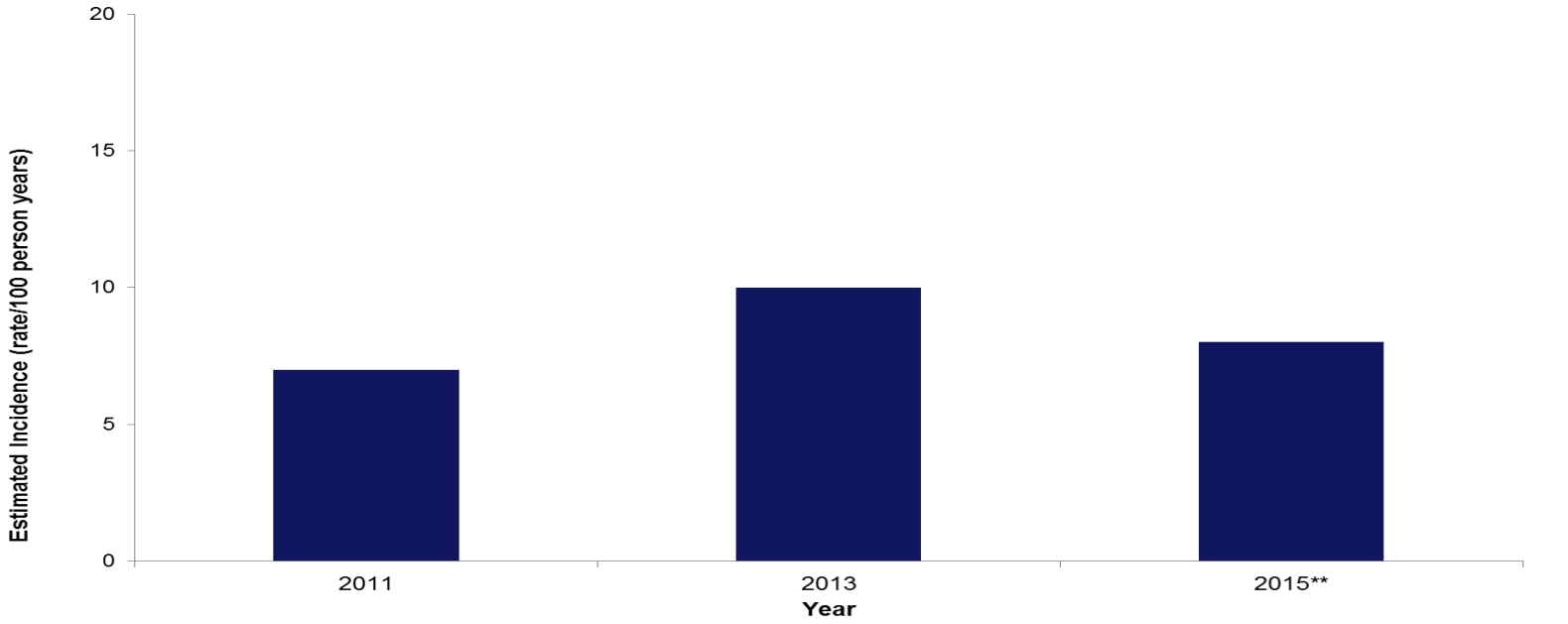
Figure 5. Deaths from ESLD* or HCC in those with hepatitis C mentioned on the death certificate in the UK: 2005 to 2015



* Defined by codes or text entries for ascites, bleeding oesophageal varices, hepato-renal syndrome, hepatic encephalopathy or hepatic failure.
**2015 data for England and Wales is provisional and missing for Northern Ireland

Data source: Office for National Statistics for England and Wales; Deaths registration data as supplied by NISRA for Northern Ireland; Health Protection Scotland in association with the Information Services Division

Figure 6. Estimated UK-wide incidence of HCV among PWID, 2011-2015*,***



*This figure uses data from two ongoing survey programmes, which together cover the whole of the UK. Data from these two surveys have been weighted by the size of the adult (16-64) population and then combined. The survey covering Scotland is not annual, so data are only presented for those years where both surveys are conducted.

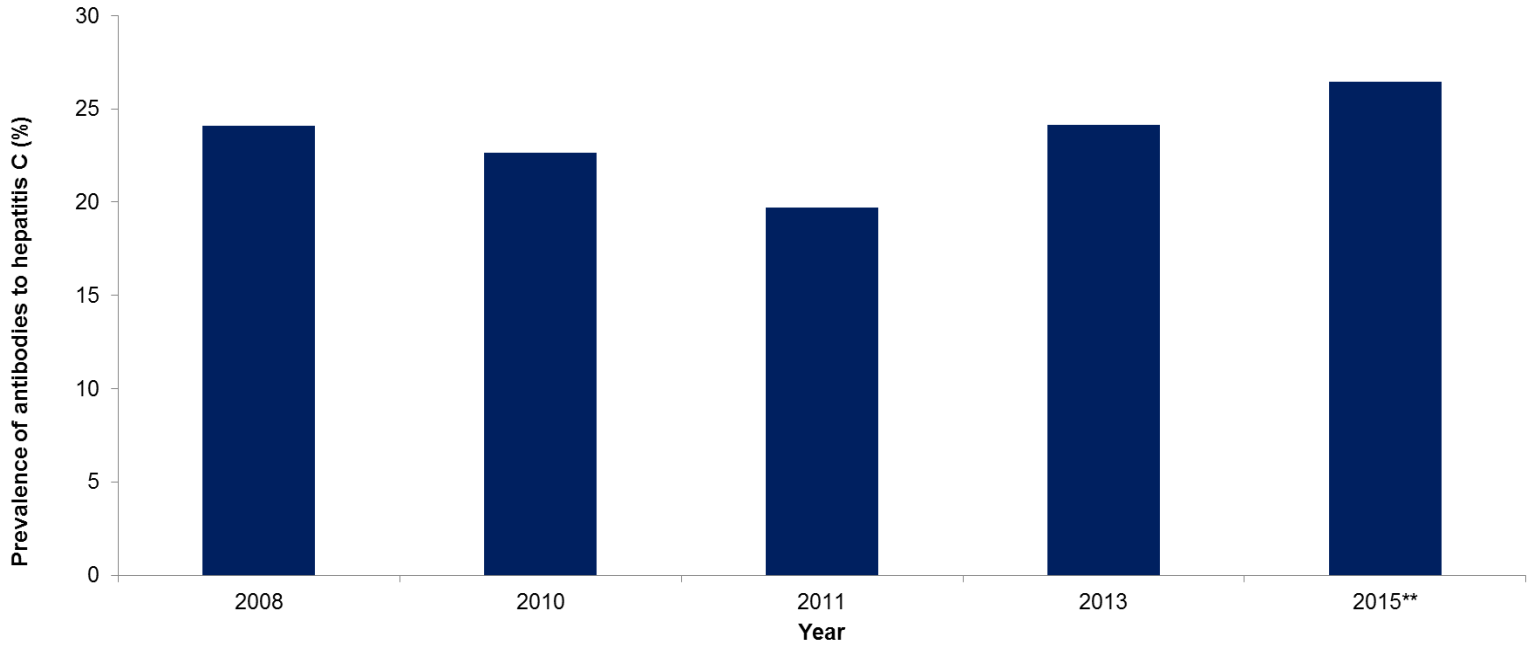
**Figure for 2015 weighting is based on 2014 mid-population estimates.

***Those with HIV are excluded because they can have sub-optimal antibody responses as a result of their HIV infection.(37)

Data sources: (i) NESI, University of West of Scotland and Health Protection Scotland, and (ii) Unlinked Anonymous Monitoring (UAM) survey of people who inject psychoactive drugs, conducted by Public Health England with assistance from Public Health Wales and the Public Health Agency Northern Ireland

(37). Cullen KJ, Hope VD, Croxford S, Shute J, Ncube F, Parry JV. Factors associated with recently acquired hepatitis C virus infection in people who inject drugs in England, Wales and Northern Ireland: new findings from an unlinked anonymous monitoring survey. Epidemiol Infect. 2015;143(7):1398-407.

Figure 7. Estimated UK-wide prevalence of antibodies to hepatitis C among people who began injecting drugs in the previous three years, 2008-2015.*



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Data sources: (i) NESI, University of West of Scotland and Health Protection Scotland, and (ii) Unlinked Anonymous Monitoring (UAM) survey of people who inject psychoactive drugs, conducted by Public Health England with assistance from Public Health Wales and the Public Health Agency Northern Ireland

Appendix 1. WHO Global Health Sector Strategy targets for viral hepatitis, relevant to HCV in the UK context*

TARGET AREA	2020 TARGETS	2030 TARGETS
Impact targets		
Incidence: New cases of chronic viral hepatitis C infection	30% reduction	80% reduction
Mortality: Viral hepatitis C deaths	10% reduction	65% reduction
Service coverage targets		
Blood safety**	95% of donations screened in a quality-assured manner	100% of donations screened in a quality-assured manner
Safe injections:*** Percentage of injections administered with safety engineered devices in and out of health facilities	50%	90%
Harm reduction: Number of sterile needles and syringes provided per person who injects drugs per year	200	300
Viral hepatitis C diagnosis	30% diagnosed	90% diagnosed
Viral hepatitis C treatment	3 million people with chronic HCV to have been treated	80% of eligible persons with chronic HCV treated

* Abstracted from the WHO Global Health Sector Strategy for Viral Hepatitis.(1)

** In the UK, 2020 and 2030 targets are already met.(38)

***In the UK, 2020 and 2030 targets are already met in the health care setting as the UK follows the EU Directive for the prevention of sharps injuries in the health care setting,(39) by using safety engineered devices.

(1). World Health Organization. Draft global health sector strategy on viral hepatitis, 2016-2021 - the first of its kind. 2015. Available from: http://www.who.int/hepatitis/strategy2016-2021/Draft_global_health_sector_strategy_viral_hepatitis_13nov.pdf?ua=1 [Accessed 01/07/2016].

(38). Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee. Guidelines for the Blood Transfusion Services in the UK. Available from: http://www.transfusionguidelines.org/ [Accessed 01/07/2016].

(39). European Agency for Safety and Health at Work. Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector. 2010. Available from: https://osha.europa.eu/en/legislation/directives/council-directive-2010-32-eu-prevention-from-sharp-injuries-in-the-hospital-and-healthcare-sector. [Accessed 01/07/2016].

Appendix 2. Preliminary UK indicators to monitor the impact of key interventions to tackle hepatitis C virus

	Impact and Service Coverage Monitoring Areas • **Preliminary 2016 UK Indicator**
Impact	**1. Reducing HCV-related morbidity and mortality** • Estimated incidence of HCV-related ESLD/HCC • Deaths from HCV-related ESLD/HCC
	2. Reducing the number of new (incident) infections • Estimated incidence of HCV among PWID • Estimated prevalence of anti-HCV among recent initiates to drug use
Service coverage	**1. Adequate harm reduction** • Estimated proportion of PWID reporting adequate needle/syringe provision
	2. Increasing the proportion diagnosed • Estimated proportion of PWID testing positive for anti-HCV, who are aware of their infection
	3. Increasing numbers accessing treatment • Estimated number initiating HCV treatment