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 initiatives 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
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) NEEN, 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.

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 1.6% 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.

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

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

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


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

<table>
<thead>
<tr>
<th>Impact and Service Coverage Monitoring Areas</th>
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<tr>
<td><em>Preliminary 2016 UK Indicator</em></td>
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### 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