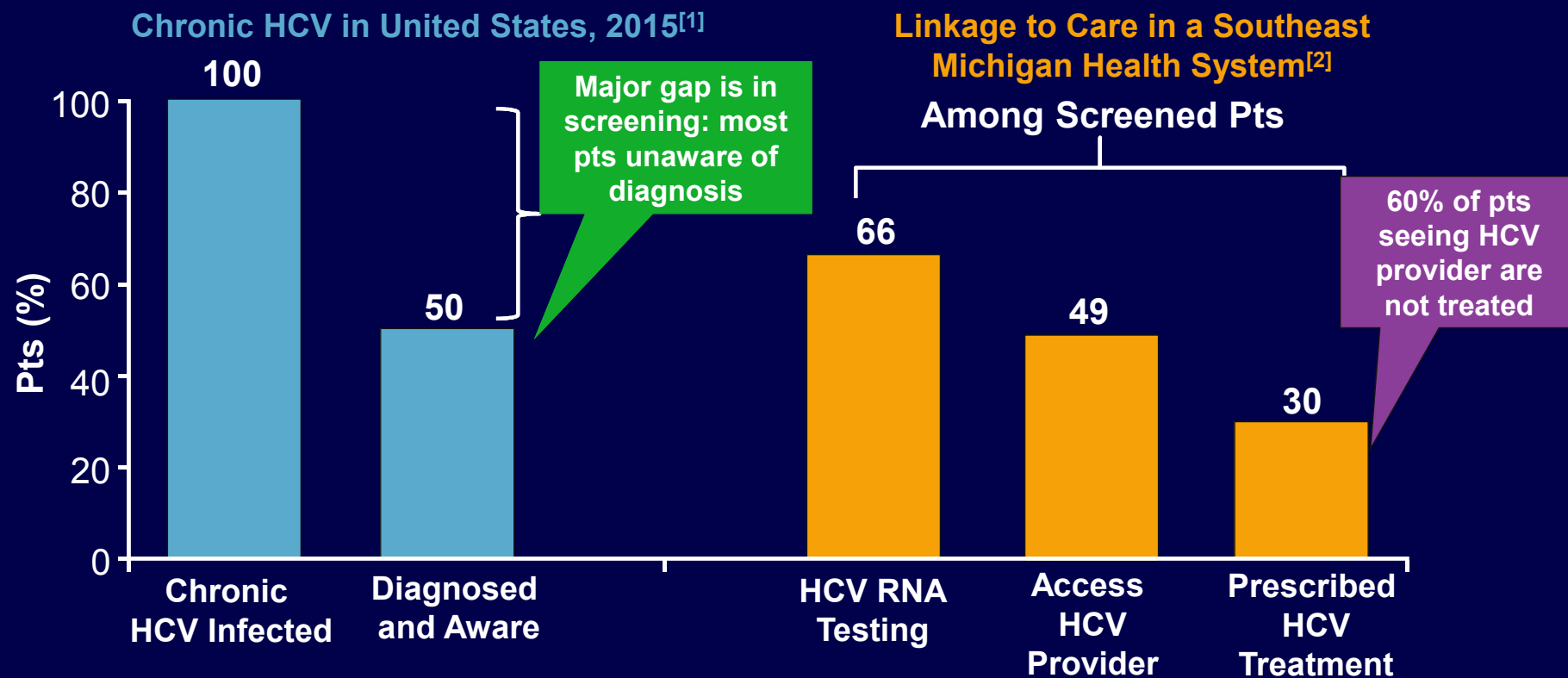


US Estimates of HCV Cascade of Care

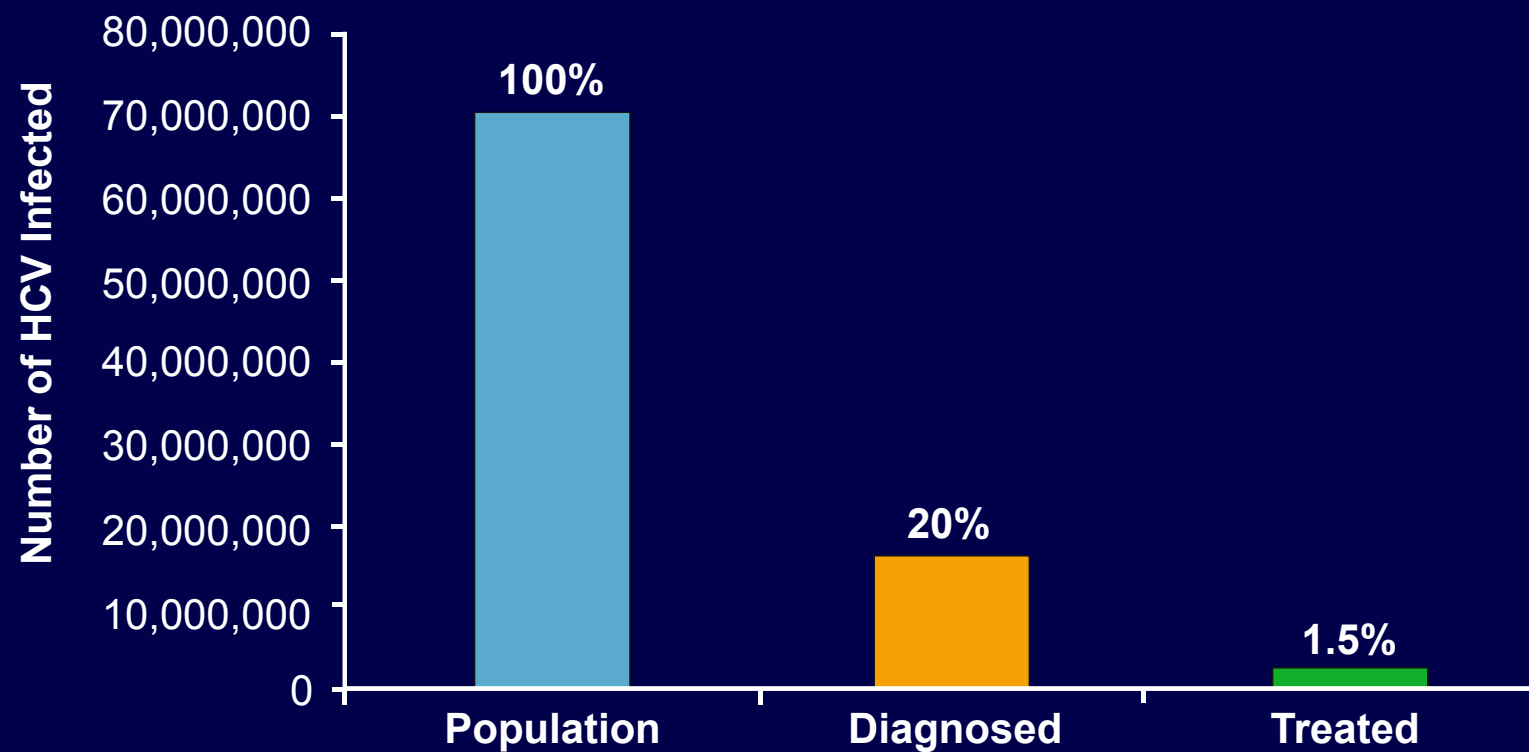


1. Bourgi K, et al. PLoS One. 2016;11:e0161241. 2. Yehia BR, et al. PLoS One. 2014;9:e101554.

Slide credit: clinicaloptions.com



Estimated Global HCV Cascade of Care



WHO 2015. <http://www.who.int/mediacentre/factsheets/fs164/en/>

Slide credit: clinicaloptions.com



Breakdowns in the HCV Care Cascade

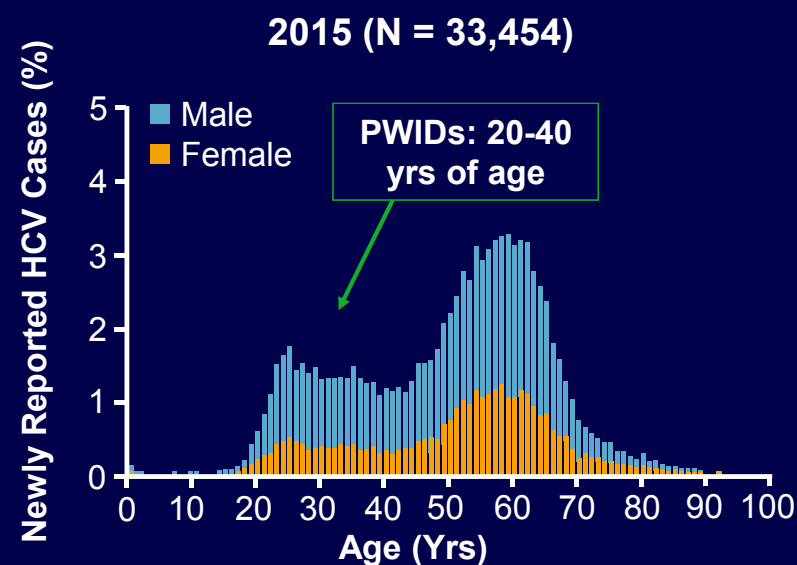
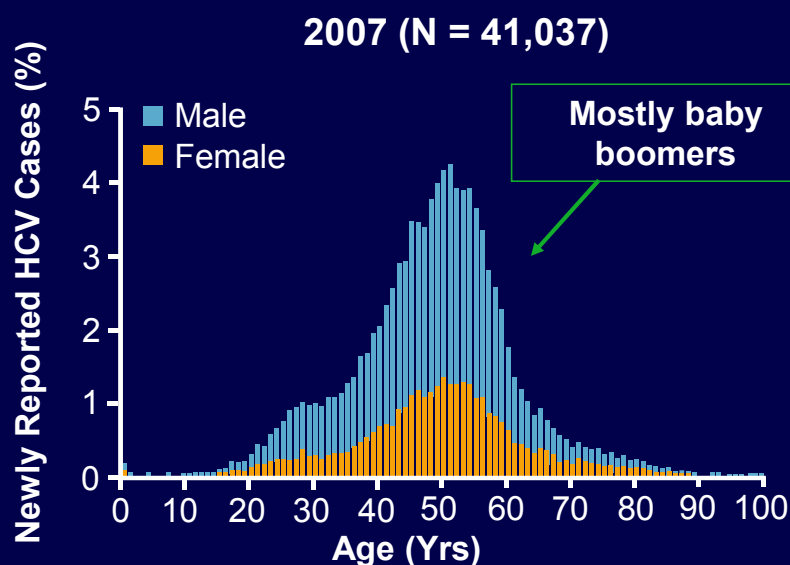
High cost of HCV therapy leads to restrictions based on^[1,2]:

- § Stage of disease
- § Medical comorbidities
- § Abstinence from drugs and alcohol
- § Adherence concerns
- § Insurance status

Populations with high HCV prevalence and variable access to healthcare^[3]:

- § Prisoners
- § People living with HCV/HIV coinfection
- § Men who have sex with men
- § Migrants
- § Persons who use drugs

Changing Epidemiology of HCV in the US



§ Screening → linkage to HCV care → DAA treatment cascade must be operative in all those at risk

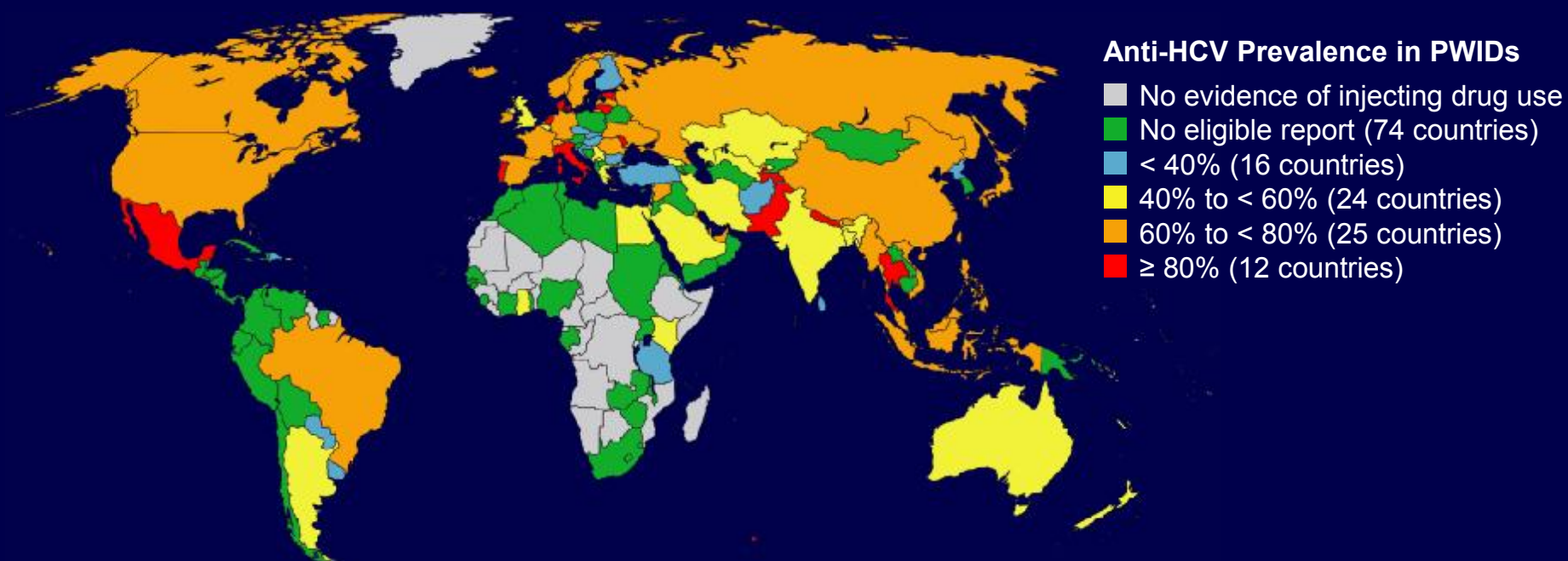
§ Treatment of PWIDs plus harm reduction efforts essential part of elimination efforts

California Department of Public Health. Chronic hepatitis C infections in California: cases newly reported through 2015. June 2017.



Slide credit: clinicaloptions.com

HCV Infection Among Persons Who Inject Drugs



§ In most developing countries, injection drug use is primary source of new infections

§ HCV treatment must be coupled with harm reduction measures to reduce total infections

HCV Elimination: Simplifying and Streamlining Care

