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Letter to the Editor

Altered hepatitis C testing and treatment beyond the COVID-19 pandemic



Gamkrelidze et al. reported 25% and 59% drop in hepatitis C virus (HCV) testing and treatment in 2020 compared with 2019 in Georgia.¹ Another recent study reported that HCV testing and treatment dropped by more than 30% before April 2020 and at the beginning of the COVID-19 pandemic in the United States. By the end of 2020, HCV testing recovered, but its treatment rate remained low.² During the COVID-19 pandemic, some budget and health policy priorities changed, negative economic issues were seen, and lockdowns, stay-home orders, and physical distancing were opposed. All these factors can lead to closing of some outpatient clinics and harm reduction facilities, decreasing the activities of awareness-raising campaigns such as NOHEP, and consequently decreasing the HCV testing, treatment uptake, and treatment adherence.^{3–5} This pandemic has also affected the risk behaviors in people who inject drugs, causing an increased risk of HCV incidence and reinfection, and maybe an altered testing and treatment initiation.⁵ However, we believe that other possible mechanisms are altering the HCV testing and treatment beyond the COVID-19 pandemic.

As many patients can be managed within the research settings, there may be an association between the amount of HCV testing and treatment and the number of HCV-related publications. A PubMed search (“Hepatitis C”[Mesh] OR “Hepatitis C”[tiab] OR “HCV”[tiab]) retrieves 5289, 4945, 4576, 4480, and 4236 records related to HCV in 2017, 2018, 2019, 2020, and 2021 years, respectively. HCV-related research had a decreasing trend during recent years,⁴ which may propose other reasons than the COVID-19 pandemic for altered HCV testing and treatment.

One underlying factor can be related to the HCV prevalence in different periods. A recent modeling study showed a decrease in HCV-infected cases from 63.6 million in early 2015 to 56.8 million in early 2020.⁶ The more HCV viremia decreases, finding and treating HCV-infected cases become more complicated. The speed of testing and treatment drops in a population with a lower HCV prevalence. In addition, by spreading HCV testing and cure, the number of difficult-to-treat patients (due to lack of adherence, refusing treatment, resistance to direct-acting antivirals, etc.) increases, which may lower the speed of treatment.

Altered HCV testing and treatment are avoidable if future studies and governments’ policies consider all related mechanisms. To overcome the effects of this pandemic, we need to extend harm reduction, HCV screening, and treatment programs.

Some opportunities such as mass screening and contact tracing provided by this pandemic can help different programs of HCV elimination.³ Also, we think that micro-elimination strategies can be a choice to increase the treatment uptake.⁷ After that, HCV screening among the general population can be a solution in some countries by using the experience of COVID and consequently improving the treatment uptake. Furthermore, there is a need for an extra effort for treating the known HCV-infected patients, as reports show many diagnosed patients remain untreated.⁶ Increasing the number of real-world experience studies to provide resources through the research settings and running more awareness-raising campaigns to remind the benefits of HCV elimination can be other keys.

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