



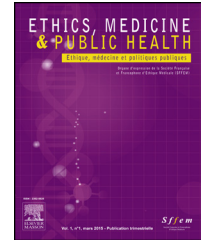
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LETTER TO THE EDITOR

Hepatitis C liver disease during COVID-19 pandemic in Egypt: Challenges and way forward



KEYWORDS

COVID-19;
 Egypt;
 HCV;
 Pandemic

Dear Editor,

Hepatitis C is an endemic liver disease in Egypt caused by hepatitis C virus (HCV). The infection could be in the form of acute or chronic with various modes of transmission [1]. Egypt is one of the countries that was most affected by HCV. According to the data of the Egyptian Health Issues Survey (EHS), 14.7% of the people aged (15–59 years) had an active hepatitis infection in 2009 and was substantially higher than global levels [2].

Egyptian strategy was to cover six main components of prevention and control: surveillance, infection control, improving blood safety, hepatitis B vaccination, health education to providers and communities, and care and treatment – with a high expectation for eliminating HCV before 2030 [2]. Egypt launched a national screening program for HCV in 2019 that managed to screen 57 million persons for HCV infection. Viral hepatitis specialized treatment centres succeeded in Controlling of Viral Hepatitis [National Committee for Control of Viral Hepatitis (NCCVH)] by the Egyptian National Committee and followed a specific treatment protocol, which decreased the percentage to 7% in 2015. These centres reached the number 64 facilities in 2018, covering the country with < 50 km between every two bordering centres, and were interconnected through a special dedicated intranet [3,4].

The COVID-19 pandemic has disrupted healthcare services as seen many other countries, reducing opportunities to conduct routine HCV antibody screening, clinical care, and treatment [5–7]. Therefore, people living with undiagnosed HCV during the pandemic may later become identified at more advanced stages of the disease, leading to higher rates of morbidity and mortality rates. Further, unidentified HCV-infected individuals may continue to unknowingly transmit the virus to others. Over the next 10 years a 1-year

delay scenario related to COVID-19 would result in 44,800 excess hepatocellular carcinoma (HCC) cases globally and 72,300 excess liver-related deaths, relative to a no delay scenario. The excess HCC cases and deaths would be among high-income countries [5,8].

There was a 50% drop in the number of new cases and visits per month as reported in June 2020 by Professor Imam Waked, Menoufia University, Egypt. This could be traced back to the pandemic in late 2019. The emergence of COVID-19 crisis has disturbed healthcare systems and urged some shift in the priorities of hospitals, resources are allocated, and non-COVID patients may be obliged to wait before they have access to the needed care, and hepatic patients are not an exception. The public health recommendations of social isolation could negatively impact the diagnosis and management of viral hepatitis; screening and treatment programs are prone to be delayed. With such possible delay in HCV treatment programs, and due to the pandemic, low- and middle-income countries will bear a heavier burden of missed cases compared to high-income countries, and even if countries get back on track of the predetermined screening and treatment programs, patients might be hesitant to visit clinical settings in the time of the pandemic. Moreover, on the level of hepatitis-related publications, there was a decline in the number of the conducted research in the first months of 2020 [9,10].

Starting antiviral therapy for new HCV patients has been halted while patients, who have already started treatment, are asked to continue their treatment and laboratory investigations off-site [3]. AstraZeneca and Sinopharm vaccines are the more prevalent types in Egypt. Dr. Khaled Mujahid, a spokesman for the Egyptian Ministry of Health, said that there is an increase in the number of citizens who registered their names to obtain the vaccine, exceeding 2 million citizens, confirming that 900 thousand citizens have received the vaccine so far [11]. Vaccination is crucial for patients with HCV due to the high mortality with COVID-19 infection [12]. HCV patients must not withhold their medications while receiving the COVID-19 vaccine. Increasing people knowledge and awareness about the situation, using the media as a way to spread the medical information and updates is crucial during social distancing and closing of many clinics, to encourage people to get vaccinated and help to continue the elimination of HCV.

Human and animal rights

The authors declare that the work described has not involved experimentation on humans or animals.

Informed consent and patient details

The authors declare that the work described does not involve patients or volunteers.

Funding

This work did not receive any grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author contributions

All authors have contributed, read and approved the final manuscript.

Disclosure of interest

The authors declare that they have no competing interest.

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Received 28 June 2021;

accepted 29 June 2021

Available online 1 September 2021

<https://doi.org/10.1016/j.jemep.2021.100702>

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