Hepatitis C Virus (HCV) Infection in Argentina: Burden of Chronic Disease

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Background

- Anti-HCV prevalence in Argentina estimated at 2% among adults in 2007 (1).
- Prevalence and genotype vary by region; genotype (G) 1 is found in the majority of cases (2).
- Nosocomial transmission has been a common risk factor for transmission in Argentina (3).
- While HCV prevalence is likely declining (4), chronic HCV infection is a leading indicator for advanced liver disease in Argentina (1).

Objectives

- Use a modeling approach to describe HCV-related disease progression at the national level.
- Consider the impact of two scenarios:
  - Scenario 1: Increased treatment efficacy
  - Scenario 2: Increased treatment efficacy and increased annual newly diagnosed and treated populations

Methodology

- A disease progression model was utilized to forecast the change in disease burden over time (5).
- Thirty-six age- and gender-defined cohorts were tracked to describe HCV incidence, prevalence, hepatic complications and mortality.
- Data for prevalence, incidence, diagnosis, liver transplants and mortality risk factors were derived from Argentinean data sources (Table) (2-3;5-10).
- The Base Case maintained the same assumptions as today into the future (Table).

Scenario 1 (Increased treatment efficacy only)

- Incremental increases in SVR and treatment eligibility (Figure 1).
- Annual treated and newly diagnosed populations held constant at 2013 values.

Scenario 2 (Increased treatment efficacy and increased annual newly diagnosed and treated populations)

- Same assumptions as Scenario 1 but with increases in the annual treated and diagnosed populations (Figure 1).
- The prevalence of HCV-related morbidity and mortality in 2030 were projected. The results of the scenarios were compared to the Base Case model results.

Disclosures

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