

# **Global cascade of care for chronic hepatitis C virus infection: A systematic review and meta-analysis**

## **Authors:**

Yousafzai MT<sup>1</sup>, Bajis S<sup>1</sup>, Alavi M<sup>1</sup>, Grebely J<sup>1</sup>, Dore GJ<sup>1</sup>, Hajarizadeh B<sup>1</sup>

<sup>1</sup> The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia

**Background:** The World Health Organization 2030 targets for hepatitis C virus (HCV) elimination include diagnosing 90% of people with HCV and treating 80% of people diagnosed with HCV. This systematic review assessed reported data on the HCV care cascade in various countries and populations, with a focus on direct-acting antiviral (DAA) treatment uptake.

**Methods:** Bibliographic databases and conference presentations were searched for studies reporting the HCV care cascade (DAA treatment uptake was a requirement) among the overall population with HCV or sub-populations at greater risk of HCV. Population-based studies, with participants representative of a city, province/state or country were eligible.

**Results:** Twenty eligible studies were included, reporting HCV care cascade in 28 populations/sub-populations from 11 countries. DAA treatment uptake at national levels was reported from Iceland (95%), Egypt (92%), Georgia (79%), Norway (18%) and Sweden (8%), and at sub-national levels from the Netherlands (52%), Canada (50%), the United States (29%) and Denmark (5%). Among people with HIV-HCV co-infection, DAA treatment uptake was 62% in Canada, 44% in the Netherlands, 21% in Switzerland and 18% in the United States. Among people who inject drugs, DAA treatment uptake was 50% in Georgia, 40% in Canada, 37% in Australia and 13% in the United States. Data among people experiencing homelessness were only available from the United States (treatment uptake: 12%–14%).

**Conclusion:** We found no eligible study reporting HCV care cascade data in prisons. Relatively few countries reported HCV care cascade at the national level. DAA treatment uptake was widely varied across populations/sub-populations, with higher rates reported in recent years.

## **Disclosure of Interest Statement:**

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