Hepatitis C treatment- Light at the End of the Tunnel

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Hepatitis C viral infection is one of the common communicable diseases in our country as well as in other developing world. It stands out as a top cause of chronic liver diseases, including chronic hepatitis, cirrhosis and hepatocellular carcinoma. In our local language, it is commonly called as "Black jaundice" or "Kaala Yarqan".

According to WHO, Globally an estimated 58 million people have chronic hepatitis C virus infection, with about 1.5 million new infections occurring per year. There are an estimated 3.2 million adolescents and children with chronic hepatitis C infection.[1] Approximately, 6% population of Pakistan is infected with HCV.[2]

WHO organizes the annual World Hepatitis Day campaign (as 1 of its 9 flagship annual health campaigns) to increase awareness and understanding of viral hepatitis. For World Hepatitis Day 2022, WHO focuses on the theme "Bringing hepatitis care closer to you" and calls for simplified service delivery of viral hepatitis services, bringing care closer to communities.

Acute hepatitis C is less common and usually is asymptomatic. A large proportion of infected people silently pass on to chronic hepatitis C disease with minimal generalized and non-specific symptoms, years before it is diagnosed. Diagnosis is incidentally during routine investigations or when investigated for one of the serious complications. People may get infected through a multitude of ways but the commonest being via infected syringes, instruments or transfusion of blood & its products. Barbers, quacks, tattooists, street healers and nose or ear piercing artists; may also be responsible through reuse of unsterilized razors and instruments etc. The diagnostic approach starts from screening tests, antibodies detection through ELISA, qualitative & quantitative Polymerase chain reaction (PCR) and Genotyping.

About two decades ago, when treatment was first made available, it was very much costly and accompanied with a lot of adverse effects and very low successfull cure rate. Relapses were also very common. The mainstay was a combination of Interferon injections and oral Ribavirin. There was a big fear of the adverse effects that mostly people were reluctant for this treatment option. Interferon injections which initially were given on alternate days changed into once weekly, but tolerability remained difficult. Patients either because of the cost or by the observation among other patients who had difficult time during treatment course were reluctant and in many cases used to accept this disease but not the treatment. Serious adverse effects of these regimens ranged from constitutional symptoms, depression, suicidal inclinations, hypothyroidism and serious haematological derangements.

In the recent times new medications called Direct-acting antiviral (DAA) like Sofosbuvir, Daclatasvir, Ledipasvir, Velpatasvir etc are available worldwide. Compared to the drugs used in the past like interferon and ribavirin, currently available DAAs are given for shorter duration and are tolerated in much better way due to negligible adverse effects. Over 95% of the patients treated with DAAs are cured, thereby reducing the risk of death from liver cancer and cirrhosis. The cost of these drugs is also decreasing gradually because of competitive environment among pharmaceuticals and is now in the range of most of the patients. Newer DAAs are effective

against all genotypes. Till date no vaccine is available for HCV, so the only effective strategy would be prevention of the spread of infection through awareness & education, early diagnosis and then early treatment. By this we can actually reduce the burden of this potentially deadly disease. The newer drugs are the only hope in the gloomy lives of Hepatitis C patients and the light at the end of the tunnel.

References

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