More Hepatitis C late diagnosis cases, an aftermath of the COVID-19 pandemic in Barcelona, Spain.

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In May 2016, the World Health Assembly endorsed the Global Health Sector Strategy (GHSS) on viral hepatitis 2016–2021. The GHSS calls for the elimination of viral hepatitis as a public health threat by 2030 (reducing new infections by 90% and mortality by 65%).
Background and aims

GLOBAL HEALTH

From Jan. 2020: China Identifies New Virus Causing Pneumonialike Illness

The new coronavirus doesn’t appear to be readily spread by humans, but researchers caution that more study is needed.
Background and aims


Lancet 2022; 399: 1513–16

Figure 4: Global distribution of the ratio between estimated excess mortality rate due to the COVID-19 pandemic and reported COVID-19 mortality rate, for the cumulative period 2020–21

Findings: Although reported COVID-19 deaths between Jan 1, 2020, and Dec 31, 2021, totalled 5.94 million worldwide, we estimate that 18.2 million (95% uncertainty interval 17.1–19.6) people died worldwide because of the COVID-19 pandemic (as measured by excess mortality) over that period. The global all-age rate of excess mortality due to the
Background and aims: epidemiological context before covid19 pandemic

Late presentation of chronic HBV and HCV patients seeking first time specialist care in Spain: a 2-year registry review

<table>
<thead>
<tr>
<th>HCV</th>
<th>2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>1785</td>
</tr>
<tr>
<td>Male (%)</td>
<td>63.9</td>
</tr>
<tr>
<td>Age, mean (years)</td>
<td>55.9</td>
</tr>
<tr>
<td>Spanish-born (%)</td>
<td>87.3</td>
</tr>
<tr>
<td>Late presentation (%)</td>
<td>27</td>
</tr>
<tr>
<td>Late stage disease (%)</td>
<td>5.2</td>
</tr>
<tr>
<td>- HCC(%)</td>
<td>2,6</td>
</tr>
<tr>
<td>- Descompensated cirrhosis</td>
<td>2,6</td>
</tr>
</tbody>
</table>

Background and aims

- To evaluate if the pandemic limited the access to first time specialist care for HCV patients.

- To evaluate if the pandemic increased the amount of HCV patients with late presentation.
Patients and methods

Study cohort
- Attending 1st hepatology consultation.
- Chronic HCV infection (HCV RNA +).
- Patientes > 18 years-old.
- Exclusion of acute hepatitis.

- Patients were referred by a primary care physician or other specialists.

- Demographic and clinical characteristics were separated into three periods:
  - COVID Lockdown (2020).

- Liver fibrosis was assessed by noninvasive methods (transient elastography or FIB-4).

Vall d’Hebron Hospital (Barcelona)

Retrospective-Prospective study performed between 2018 and 2021.
**Patients and methods**

**Late presentation**

Presentation with **advanced liver disease** in untreated patients with chronic hepatitis B and C.

A patient with **chronic hepatitis B** or C and **significant fibrosis** assessed by one of the following: serologic fibrosis score ≥ F3 (assessed by APRI score > 1.5, FIB-4 > 3.25, Fibrotest > 0.59 or alternatively a transient elastography (FibroScan) > 9.5 kPa) or liver biopsy (≥ METAVIR stage F3) in patients with **no previous antiviral treatment**.

Presence of at least one symptom of **decompensated cirrhosis** (jaundice, hepatic encephalopathy, clinically detectable ascites, variceal bleeding) and/or **hepatocellular carcinoma** in patients with **no previous antiviral treatment**.
A total of 376 patients with Hepatitis C were visited during this period: 229 before and 147 during COVID-19 pandemic, representing a decrease by 36% of patients attended.
Results

In our cohort 77% of patients were born in Spain and 23% outside Spain predominantly from Eastern Europe, Pakistan and South America.

Spain (n = 290)
Georgia (n = 29)
Pakistan (n = 14)
Russia (n = 6)
Ukraine (n = 5)
Brazil (n = 3)
Venezuela (n = 3)
Romania (n = 3)
42.5% of patients attended in 2021 had late presentation and therefore significant fibrosis at the time of first specialist consultation therefore they would require long term follow up.
Results: late stage liver disease

Patients

- 2018-2019: 229
- 2020-2021: 147
- 2020: 74
- 2021: 73

- Precovid
- Late stage disease
- HCC
- Descompensated cirrhosis
Results: late stage liver disease

- **2018-2019 (Precovid):**
  - 6 (2.6%) Patients
  - 3 (2.0%) Late stage disease
  - 1 (0.7%) HCC
  - 1 (0.7%) Decompensated cirrhosis

- **2020-2021 (Lockdown):**
  - 147 Patients
  - 3 (2.0%) Late stage disease
  - 2 (1.3%) HCC
  - 1 (0.7%) Decompensated cirrhosis

- **2020:**
  - 74 Patients
  - 3 (2.0%) Late stage disease
  - 2 (1.3%) HCC
  - 1 (0.7%) Decompensated cirrhosis

- **2021 (Covid):**
  - 73 Patients
  - 0 Patients
  - 0 Late stage disease
  - 0 HCC
  - 0 Decompensated cirrhosis

**Total:**
- 229 Patients (Precovid)
- 147 Patients (Lockdown)
- 74 Patients (2020)
- 73 Patients (2021)**
Results: late stage liver disease

- Precovid: 6 (2.6%) patients, 3 (2.0%) late stage disease, 2 (1.3%) HCC, 1 (0.7%) descompensated cirrhosis
- 2020-2021: 147 patients, 2 (1.3%) late stage disease, 1 (0.7%) HCC, 1 (0.7%) descompensated cirrhosis
- 2020: 74 patients, 3 (2.0%) late stage disease, 1 (0.7%) HCC, 1 (0.7%) descompensated cirrhosis
- 2021: 73 patients, 0 (0%) late stage disease, 0 (0%) HCC, 0 (0%) descompensated cirrhosis

Note: The data shows a significant decrease in late stage liver disease cases in 2021 compared to previous years.
Conclusion

- The COVID19 pandemic caused a reduction of outpatient attendance at first hepatology consultation by 36%.

- The limited access to screening and diagnosis could have increased the percentage of patients with late presentation for care in 2021.

- This could lead to a delay in WHO elimination plans for HCV.