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# The global burden of hepatitis C: A 10-year forecast

**Seth Kuranz, Ruchika Sharma** and **Michael Hughes**
Decision Resources Group, USA

**Introduction:** Hepatitis C virus (HCV) contributes substantially to the burden of disease worldwide. Modes of transmission and risk of HCV differ by geographic regions. The impact of HCV treatment on the future prevalence and incidence of HCV will vary based on rates of diagnosis and compliance.

**Methods:** To estimate the incidence and prevalence of HCV, we systematically reviewed the literature and analyzed NHANES cycles from 2007-2014. We defined prevalent anti-body positive cases of HCV as individuals who received a positive result on an ELISA or equivalent test and, where possible, in combination with a RIBA. We defined HCV viremia as the presence of HCV RNA in the serum. We incorporated diagnosis and drug-treatment assumptions into out trend and these were applied to region-specific HCV genotype and cirrhotic distributions. The 10-year forecast incorporated demographic changes related to aging and population growth. When country-specific data were unavailable we extrapolated based on data from comparable countries. To estimate the number cases in each country, we multiplied the age- and gender-specific estimates presented in these studies by the UN population estimates for each forecast year.

**Results:** Over the 10-year forecast, incident cases, prevalent anti-body positive cases and viremic prevalent cases decreased substantially due to reduced risk in the population and improved treatment. If rates of treatment and treatment efficacy were to remain constant over the forecast period, viremic HCV will decrease over 20% between 2017 and 2027. Assuming treatment becomes more readily available during the forecast period across all regions and that compliance remains relatively high, HCV will decrease to an even greater magnitude by 2027.

**Conclusion:** Viremic prevalence will decrease substantially in both higher-income and lower-income countries with the later experiencing the largest decrease in prevalence over the forecast period.

## Biography

Seth Kuranz is an Epidemiologist at DRG, specializing in the epidemiology of metabolic, renal and psychiatric disorders. He holds an MPH from Boston University. Prior to joining DRG, he served as the Co-ordinator of an international research project focusing on early adult development and substance abuse dependence.

skuranz@teamdrg.com

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