

# Eliminating HCV in Kuwait

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## Q. Is HCV a public health problem in Kuwait?

The epidemiology of HCV in Kuwait has undergone major changes over the last twenty years. In the 1990s most of the disease burden was concentrated in resident Egyptian expatriates who accounted for almost 20% of the population. Among the native population, most cases were detected among persons who inject drugs (PWIDs) and those who had been transfused before 1992. Also, some patients did not have an identifiable risk factor. Perhaps some of them got infected in the 1950s and 60s before implementing modern infection control measures in healthcare facilities. Among dialysis patients the seroprevalence of HCV was 20% in the early 1990s<sup>1</sup>.

In 2002, the prevalence of anti-HCV was 0.8% and 5.4% among first-time Kuwaiti and non-Kuwaiti Arab blood donors respectively<sup>2</sup>. In contrast, blood bank data pertaining to 2017 indicate that only 0.14% of all blood donors in Kuwait are antibody positive<sup>3</sup>. In 1998, the government of Kuwait started screening individuals applying for residency in Kuwait. This led to a sharp decline of HCV among the expatriate population. Also, hemodialysis units started implementing strict infection control measures which resulted in decreasing the prevalence in this population to less than 5%. Moreover, a large proportion of known cases were treated in the interferon era, with a cure rate of almost 70%<sup>4</sup>.

Nonetheless, there remains a number of “hidden pockets” that are not easy to reach such as PWIDs and those transfused before 1992. It is estimated that there are 30,000 drug users in Kuwait, many of whom inject drugs, of whom only 9,000 are enrolled in the rehabilitation program. Among PWIDs the prevalence of HCV infection is around 60%. Overall, it is estimated that there were around 13,000 infected individuals in Kuwait before the introduction of direct acting antivirals<sup>5</sup>.

## Q. Is there a screening program in place to identify infected patients?

There are seven screening programs run by the Ministry of Health. First, the Central blood bank screens all blood and blood products using antibody assays. Nucleic acid-based tests are performed in selected cases. All hemodialysis patients are screened periodically. Individuals applying for marriage licenses as well as those applying for employment are also tested. Consenting PWIDs and all incarcerated individuals are screened. All antibody-positive individuals are referred to the hepatology centers for further evaluation and treatment including prisoners. Finally, and as mentioned earlier, testing negative for HCV is a mandatory requirement to obtain residency for expatriates.

## Q. What is the government policy regarding new direct acting antivirals given the high cost of most regimens?

All Kuwaiti citizens infected with HCV are eligible for therapy without prioritization. Infected expatriates usually source the generic forms from neighboring countries where the medications are quite affordable.

## Q. What are the challenges faced by the healthcare authority to eliminate HCV?

Although the public health authority in Kuwait works closely with the WHO and has adopted and implemented many of the WHO's policies and recommendations to eliminate HCV, Kuwait has not formulated its own national HCV elimination plan yet. This can potentially weaken coordination and lead to a potential waste of resources. Moreover, some important gaps in the national response need to be addressed. Screening programs should reach out to the high-risk groups especially the PWID population. Also, a needle exchange policy should be implemented to mitigate the transmission and reinfection in this reservoir of HCV. Screening individuals older than 50 can have a higher yield than the current screening programs which are targeting low-risk individuals. Establishing a registry for HCV would help monitor the incidence, prevalence and risk factors for transmission. It would also facilitate assessing the impact of various interventions on the epidemiology of HCV in Kuwait. But most of all, public awareness of the significance of HCV, as well as educating primary care providers are paramount. To this end, the Ministry of Health started an awareness campaign two years ago. In addition, rapid testing for anti-HCV is being provided during the campaign. The yield of such testing has been low so far because most participants belong to low-risk groups.

## Q. Do you think Kuwait will be able to eliminate HCV by 2030?

Kuwait is a small country and the population has easy access to healthcare. Providing treatment for all infected patients including incarcerated individuals and PWIDs is a very positive indication that policy makers in the country are on the right path. I hope a standalone national program to eliminate viral hepatitis will align all the stakeholders towards the ultimate goal of HCV elimination.

## References

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