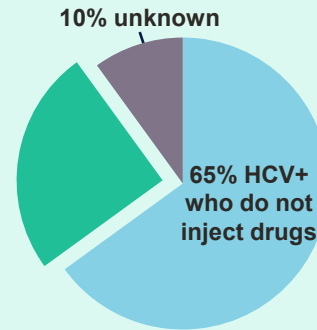


HCV Disproportionately Affects People Who Inject Drugs

Globally,
~50 million people live with chronic HCV infection¹



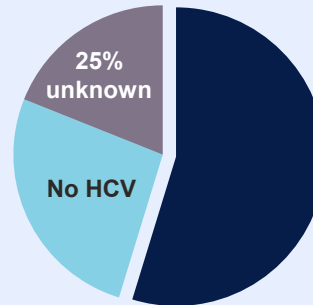
~25–35% of individuals with HCV infection are people who inject drugs



Globally,
~11 million are people who inject drugs³



~52% of people who inject drugs have been exposed to HCV⁴



Injection drug use is one of the main modes of HCV transmission²

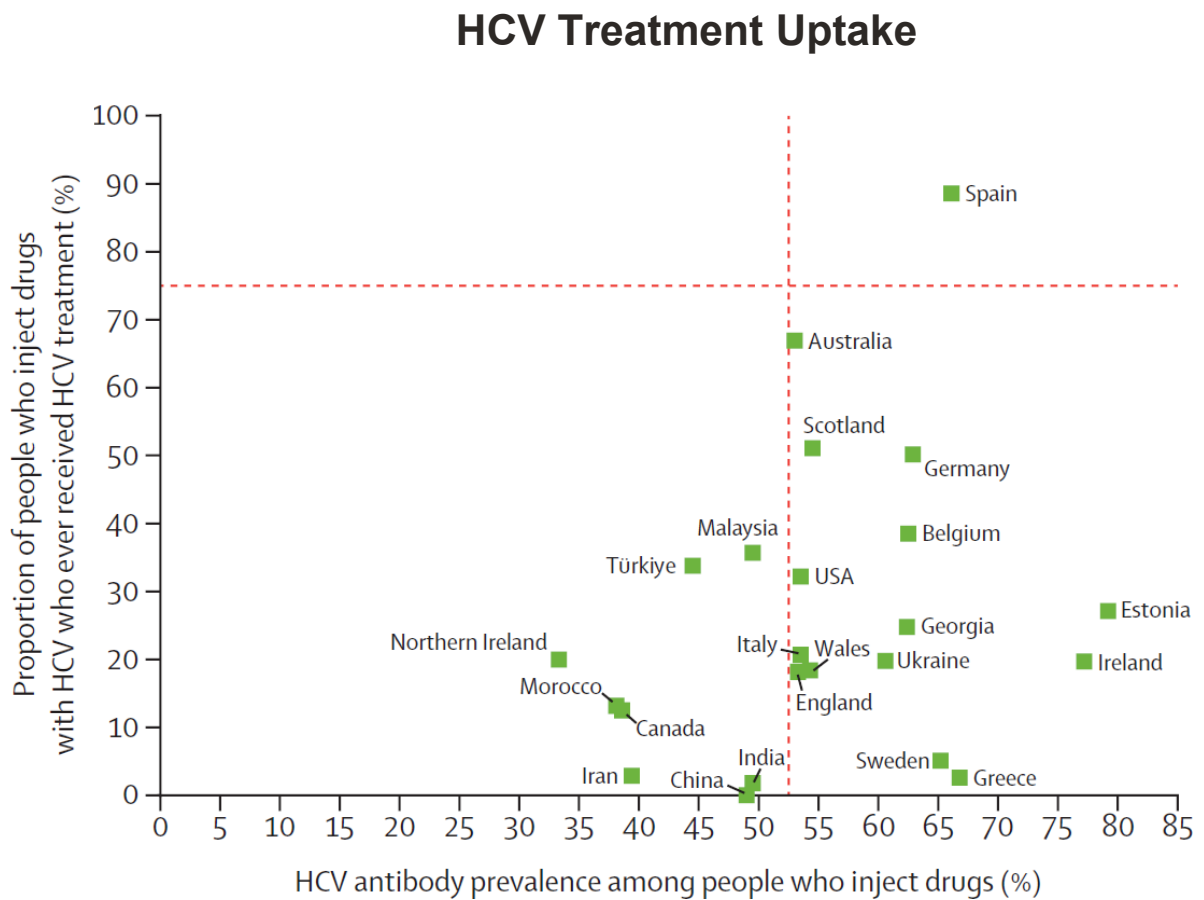
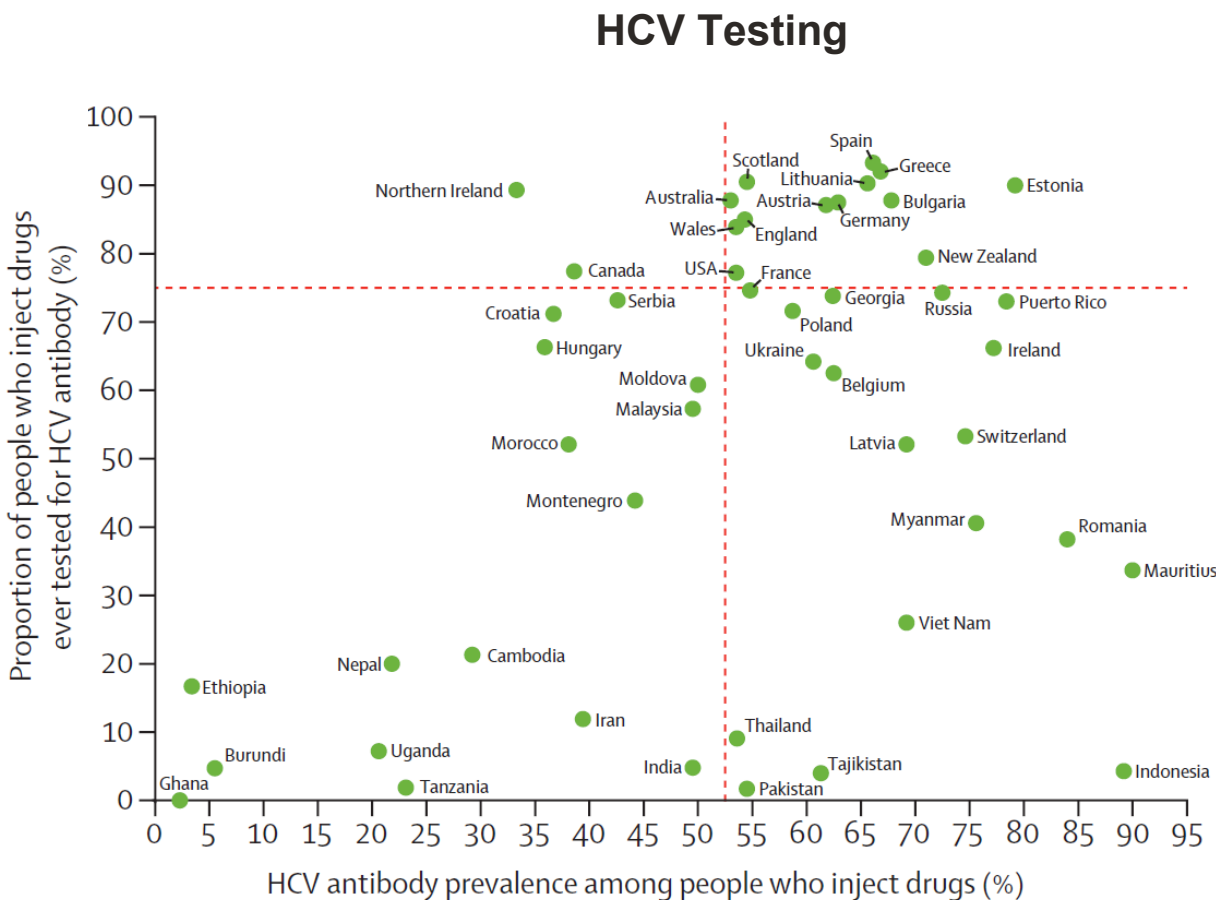


~23–39% of **new HCV infections** occur in people who inject drugs³

1. WHO. Global hepatitis report 2024: Action for access in low- and middle-income countries. Available at: <https://www.who.int/publications/i/item/9789240091672> (accessed September 2025); 2. Stroffolini T & Stroffolini G. *Viruses* 2024; **16**:1115; 3. WHO. Global HIV, hepatitis and STIs programmes. Available at: <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs> (accessed September 2025). 4. Degenhardt L, et al. *Lancet Glob Health* 2017; **5**:e1192–e1207.

HCV Treatment Uptake Remains Low in People Who Inject Drugs

Country-Level Estimates of HCV Testing and Treatment Uptake in People Who Inject Drugs



Hajarizadeh B, et al. *Lancet Glob Health* 2023; 11:e1885–e1898.

Why Test and Treat?

Individual Benefits¹⁻⁶



Reduces:

Advanced liver disease
Comorbidities
Mortality
Hazardous injecting practices

Improves: QoL



Community Benefits^{7,8}



Reduces:

Loss of patients during HCV care pathway
Onward transmission



Global Benefits⁹



Cost effective

Accelerates elimination



Test and Treat **Has Individual Benefits**

Timely Treatment, Tangible Benefits: Prioritizing the Person in HCV Care

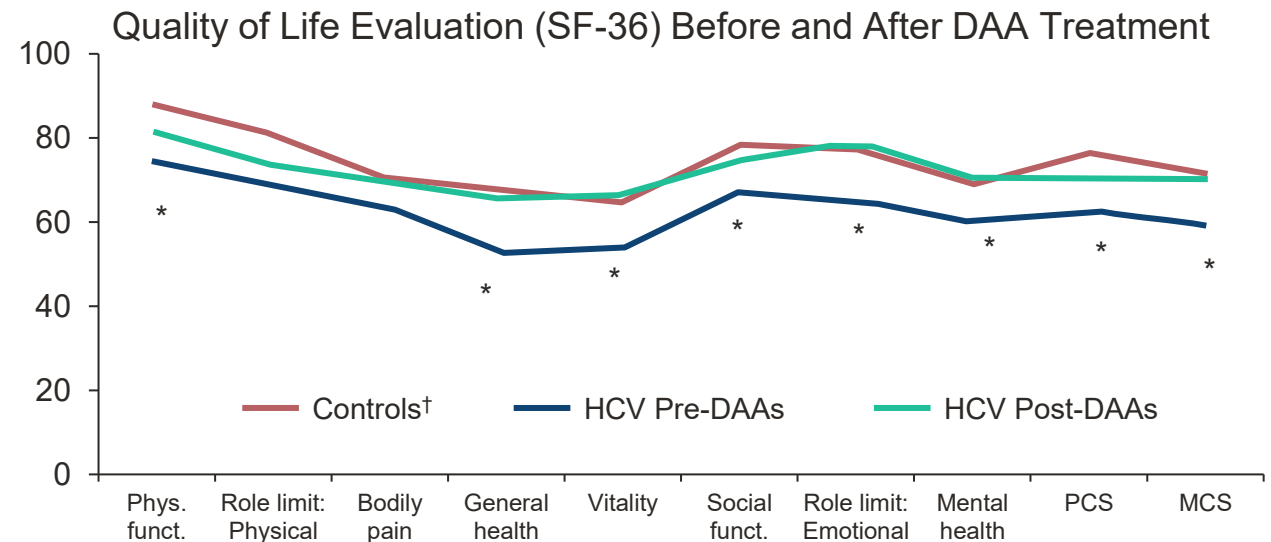
Treating HCV leads to a **significant reduction in mortality** vs untreated disease:¹

All-cause
 $P = 0.0001$

Liver-related
 $P = 0.0020$

HCC-related
 $P = 0.018$

HCV Cure: Associated With **Improved Quality of Life**²



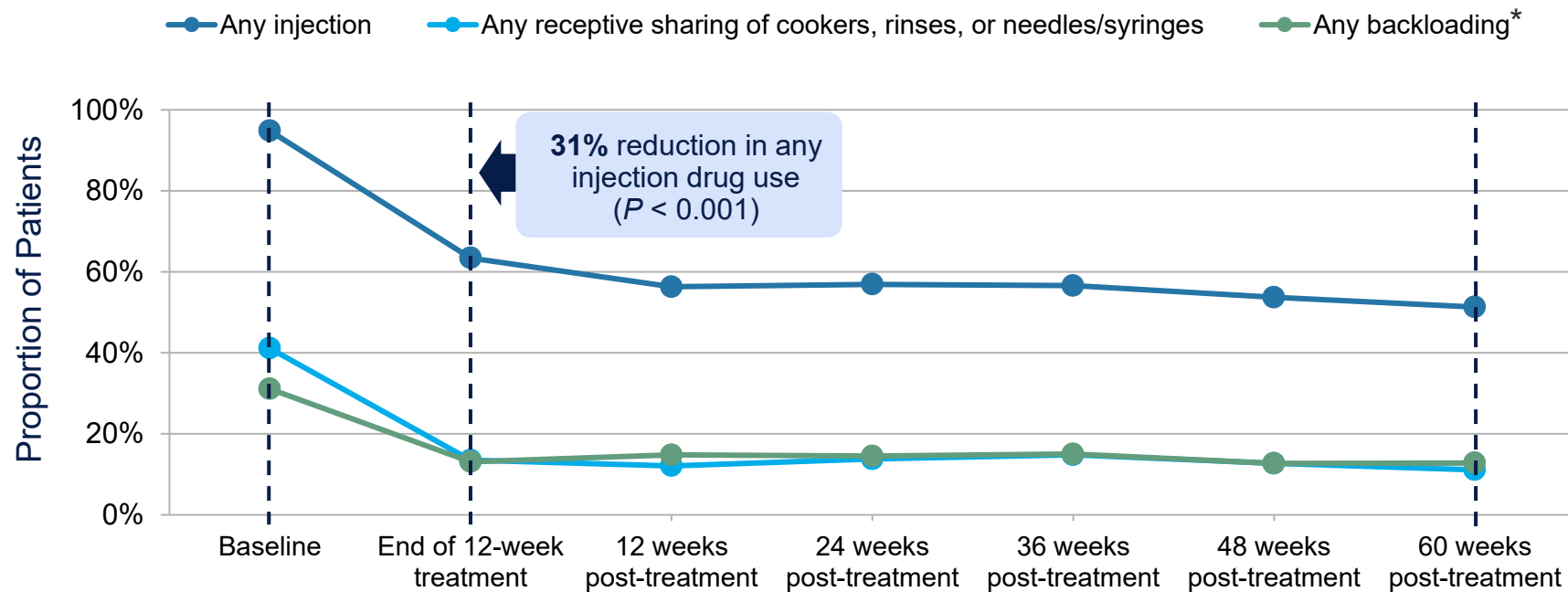
* Indicates a significant difference; [†] Controls were matched healthy individuals.
Funct, functioning; HCC, hepatocellular carcinoma; MCS, mental component summary;
PCS, physical component summary; Phys, physical; SF-36, short form-36.

1. Carrat F, et al. *Lancet* 2019; **393**:1453–1464; 2. Nardelli S, et al. *World J Gastroenterol* 2019; **25**:6928–6938.

Test and Treat **Has Individual Benefits**

HCV Cure: A Turning Point for Risk Reduction

Risky Injection Behaviors From Baseline to 60 Weeks Post-DAA Treatment (n = 501)



**Sustained
improvement
in hazardous
injection
behaviors**



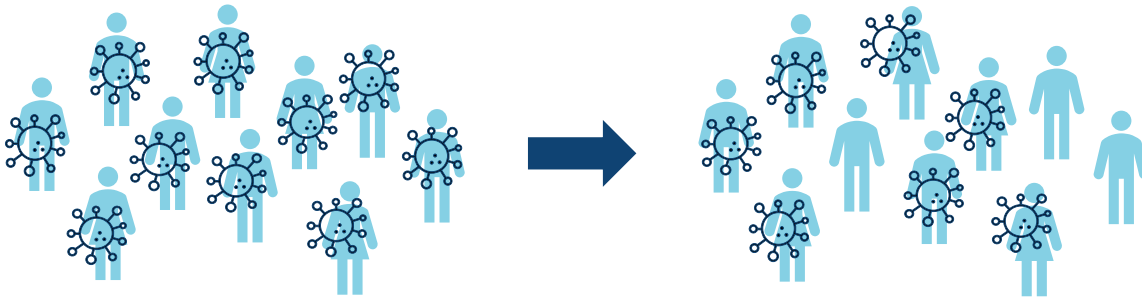
* Backloading is the process whereby one syringe is used to prepare the drug solution that is then divided into ≥ 1 syringe for injection.

Tsui JI, et al. *Drug Alcohol Depend* 2023; **247**:109878.

Test and Treat **Has Public Health Benefits**

Treating Without Delay Isn't Just Personal – It's Preventive

Transmission models show that
DAA treatment scale-up reduces the incidence and prevalence of HCV infection



**Increased HCV Testing and Treatment
vs Status Quo Leads to:**



~14,000
infected individuals

0.84
difference in annual incidence/100,000

0.23
difference in annual HCV-related
mortality/100,00

Test and Treat **Has Global Benefits**

Treat Now, Save Later: The Economic Case for Timely HCV Cure

Immediate vs delayed screening, linkage to care, and treatment of all HCV-infected individuals will reduce costs



Treatment of **early infections (acute HCV)** is **cost-saving** in patients at high-risk of transmitting HCV vs deferring treatment¹



Quality-Adjusted
Life Years

0.03



Costs by

\$3655