

SVR testing and its role in Hepatitis C care in PakistanNimra Rabbani¹, Dua Sattar², Alishba tu Neha³

Dear Editor, We are writing to highlight the critical need to expand access to Sustained Virologic Response (SVR) testing in Pakistan for patients treated for Hepatitis C. The prevalence of Hepatitis C in Pakistan is 4.3% as of January 2021.¹ Hepatitis B and C claim the lives of an estimated 37,000 Pakistanis every year.² Chronic Hepatitis C infection can cause hepatic cirrhosis, liver failure, and hepatocellular carcinoma. The World Health Organization has set an ambitious goal to eliminate hepatitis C in Pakistan by 2030,³ an objective that requires robust strategies for screening, treatment, and, crucially, confirmation of cure.

According to the AASLD HCV guidelines "Undetectable or unquantifiable HCV RNA 12 weeks or longer after treatment completion is defined as a sustained virologic response (SVR)".⁴ Achieving SVR has been associated with reduced liver-related and all-cause mortality. But SVR testing in Pakistan is limited, usually occurring in a few tertiary care hospitals across the country. There is no official guideline for the implementation of SVR testing in Pakistan for those who have completed Hepatitis C treatment.

A negative SVR12 test confirms treatment success, providing reassurance to the patient and the clinician. This allows for the confirmation of treatment success, and can help us optimise the treatment regimen for the Pakistani population, furthering our elimination goals.

Crucially, it can help in the detection of patients on whom treatments are unsuccessful, as well as those who have been re-infected with a different strain of the virus. Detecting and initiating treatment on these individuals early is more cost-effective than managing potential complications in the future, and prevents the possibility of

transmission to others. SVR12 tests on individuals treated for Hepatitis C are a part of their comprehensive management, and should be the set standard of care in Pakistani hospitals. Achieving SVR12 should be a key performance indicator for hospital-based hepatitis programmes. Furthermore, medical education for residents and students must be updated to include this essential component of comprehensive Hepatitis C management.⁵

Eliminating Hepatitis C in Pakistan is an important goal to strive for. The expansion of SVR12 tests is one of the many ways we can advance towards this aim. It will address the specific needs of our population, curb transmission chains, reduce long-term healthcare costs, and ultimately confirm that our path to 2030 is on track.

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