Topic	Campaign for HCV Eradication in ESRD Patients in Taiwan
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Hepatitis C virus (HCV) infection would deteriorate renal function, which in turn leads to chronic kidney disease (CKD) and end-stage renal disease (ESRD). On the other hand, HCV is more prevalent in CKD and prevails in uremic patients. Uremic patients on maintenance hemodialysis (HD) are at greater risk for hepatitis C virus (HCV) infection. HCV-related morbidities and mortality are the major disease burdens in the ESRD population. Uremic patients with HCV infection are associated with a higher risk of cardiovascular disease, hospitalization, worse quality of life, and mortality, and have more profound anemia compared to those without HCV infection. HCV eradication in CKD population would improve long-term liver- and non-liver related outcomes at the individual level. Treatment as prevention (TasP); increasing HCV treatment uptake in the HD units may reduce new infection and reinfection, which further promotes HCV elimination at the population level.

The World Health Organization (WHO) has set several ambitious goals of viral elimination by 2030. Micro-elimination is one of the acts to achieve the goals with a more simplified and efficient approach. The tailored plan could be applied to subjects who share common characteristics that enable healthcare providers to centralize care pathways. Taiwan has one of the highest prevalence and incidence of ESRD. Since the first IFN-free directly acting antivirals (DAA) approved in 2013, the revolution of DAA in HCV treatment is moving promptly from genotype-specific algorithm to pan-genotypic algorithm, which are currently standard-of-care. With the current secondary generation DAA regimens, we are able to cure > 98% of HCV patients. With the advent of the new DAAs, complete eradication of HCV infection in the hemodialysis units with the micro-elimination approach is one of our key priorities. Given the poor accessibility to HCV care in this setting, an out-research treatment strategy in the HD units could be adapted to overcome the hurdle. Concept of group therapy of ESRD patients and health-care providers who infected with HCV would facilitate the achievement of “NoC-HD” to eradicate the virus from HDU. Further efforts should be made to enhance disease awareness by regular HCV testing and linking to HCV care in all CKD patients beyond ESRD.