



Joint Society Statement for elimination of viral hepatitis

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BURDEN OF VIRAL HEPATITIS ON HUMAN HEALTH

Compared to better-publicized infectious diseases such as HIV or malaria, viral hepatitis is often referred to as a silent killer.

- Of the five hepatitis viruses (A-E), hepatitis B, C, and D viruses cause chronic liver disease leading to cirrhosis, liver failure and liver cancer. Hepatitis B, C and D viruses, transmitted through blood and body fluids, may also cause damages in organs other than the liver.
- Hepatitis A and E viruses are transmitted orally and cause acute hepatitis, which may result in acute liver failure and death.

The World Health Organization (WHO) estimates that as many as 400 million people worldwide are living with chronic hepatitis viral infection.

- Liver cirrhosis is an important cause of mortality globally – more than 1 million people die of cirrhosis, a majority due to viral hepatitis.
- Hepatocellular carcinoma, the most common form of liver cancer, is the third leading cause of cancer deaths, claiming more than 500,000 lives each year.

The purpose of this statement is to highlight the need for public health interventions to prevent, diagnose and treat viral hepatitis in a timely fashion to reduce the burden of viral hepatitis.

- Despite the enormous burden of viral hepatitis, patients with chronic viral hepatitis are often without symptoms until they develop complications of cirrhosis or liver cancer.

- Once symptoms occur, currently available interventions are often ineffective and/or expensive.

HEALTH CARE FOR VIRAL HEPATITIS

Highly accurate diagnostic tests are available for all hepatitis viruses.

- Simple inexpensive blood tests are available in many, but not all countries, to screen and identify patients with viral hepatitis infection.
- Confirmatory blood tests and routine biochemical tests allow early diagnosis of chronic liver disease due to hepatitis viruses before cirrhosis or hepatocellular carcinoma develops.

For majority of patients with chronic viral hepatitis, namely hepatitis B and C, effective medications are available for treatment. Treatment of chronic viral hepatitis B and C has been shown to reduce cirrhosis, hepatocellular carcinoma and mortality.

- The most remarkable recent advance is that the vast majority of patients with chronic hepatitis C can be cured with 8-12 weeks of oral medications with very few side effects.
- Chronic hepatitis B can also be effectively managed by long term suppression of the virus using safe oral medications, similar to HIV treatment.

The most impactful public health intervention for viral hepatitis is prevention.

- Effective vaccines are available for hepatitis A, B and E. Of these, immunization against hepatitis B virus is critically important – universal vaccination of infants

starting at birth has been shown to reduce not only the prevalence of the infection of the birth cohort, but also its health consequences including hepatocellular carcinoma later in life.

- Other important public health measures include elimination of healthcare-related transmission of hepatitis viruses by screening blood and blood products, proper sterilization of dental, medical, and surgical equipment, and implementation of safe injection practices.
- To reduce transmission of viral hepatitis in injection drug users, harm reduction programs such as needle exchange programs should be available.

PUBLIC HEALTH MANDATE

Given the large burden of viral hepatitis, governments around the world, although not universally, have made various efforts to mitigate its impact. Furthermore, availability of effective means for prevention and treatment makes it feasible to eliminate viral hepatitis.

- Recognition of viral hepatitis as an important public health threat motivates implementation of subsequent actions.
- Accurate data to understand locale-specific information about viral hepatitis informs proper allocation of resources.
- Screening for undiagnosed chronic viral hepatitis in definable population subgroups has been shown to be cost-effective.
- Evidence-based treatment guidelines facilitate prioritization of delivery of antiviral therapy.
- National programs for systematic immunization have resulted in demonstrable benefits on the population level.
- The significant recent progress made in the management of viral hepatitis is a result of committed funding of research.
- WHO has set a goal to eliminate viral hepatitis as a major public health threat by 2030.

RECOMMENDATION

The leading professional organizations in liver disease, AASLD, EASL, APASL and ALEH, urge governments, healthcare organizations, and non-governmental organizations to implement the following action plans:

- Recognize the public health burden posed by viral hepatitis as a priority and establish plans to curb its impact.
- Deploy data infrastructure to assess the public health impact of viral hepatitis.
- Establish practice guidelines which make recommendations for immunization, screening, diagnosis and treatment.
- Develop and implement comprehensive hepatitis prevention programs, including universal vaccination of all newborns against HBV infection.
- Define at-risk populations for screening for hepatitis B and C virus infection.
- Make accurate screening and diagnostic tests available and affordable for public health programs.
- Implement and finance healthcare programs to diagnose and treat individuals with chronic HBV and HCV infection according to the accepted practice guidelines with a goal to minimize and, over time, eliminate the health burden of viral hepatitis.
- Support research in the laboratory, in patients and in the population.

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