

## Viral hepatitis: beginning of the end?

“...viral hepatitis remains a global health problem that affects millions”

Since our journal launch (formerly as *Nature Clinical Practice Gastroenterology & Hepatology*) more than a decade ago, the topic of viral hepatitis has rarely been out of our pages. The reason is simple: viral hepatitis remains a global health problem that affects millions. However, viral hepatitis has perhaps not been given as much spotlight as a health priority as other major infectious diseases (such as HIV and tuberculosis), despite the high morbidity and mortality associated with the consequences of this chronic infection: progressive liver disease, including cirrhosis and liver cancer. But are things about to change?

28th July marks World Hepatitis Day and this year signals the launch of the NOhep campaign to eradicate viral hepatitis by 2030. A similar sentiment to combat viral hepatitis by 2030 is found in UN Sustainable Developmental Goal 3, and in May 2016 the WHO launched their first ever global hepatitis strategy with the goal to eliminate viral hepatitis as a public health threat by 2030. This renewed focus on viral hepatitis as a global health issue comes at an apt time. A new report<sup>1</sup> has confirmed that viral hepatitis is one of the leading causes of death and disability worldwide, with at least as many deaths attributed to this infectious disease as HIV, tuberculosis or malaria. In fact, viral hepatitis now ranks as the seventh leading cause of global mortality.

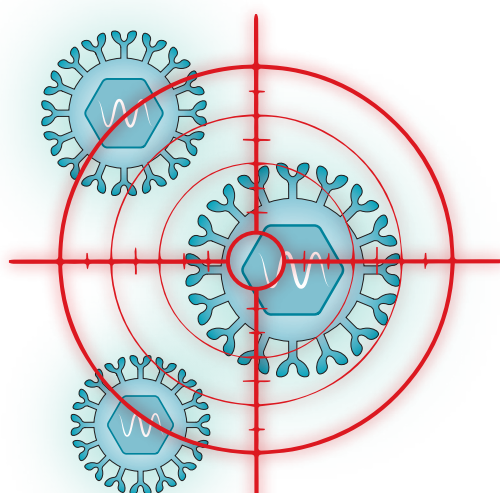
This heightened awareness has spilled over to the major hepatology conferences. In April this year at The International Liver Congress 2016 in Barcelona, Spain, attendees witnessed the signing of a joint statement

by the four major hepatology societies — AASLD, EASL, APASL and ALEH — that urged organizations to “recognize the public health burden of viral hepatitis as a priority and establish plans to curb its impact”. James Freeman was met with resounding applause upon presenting data in the late-breaker session on achieving high sustained virologic response in patients with hepatitis C using (arguably more affordable) generic direct-acting antiviral agents (DAAs). Outside the conference, campaigners organized a ‘die-in’ in protest over the high prices for the new hepatitis C DAAs: the ‘cure’ comes at a price.

Now that the declarations for these ambitious elimination goals have been made, the hard work begins. For the leading protagonists in viral hepatitis options for management are available. For HCV infection, there is a ‘cure’ (the DAAs that have revolutionized treatment and kickstarted the interferon-free era). For HBV infection, there is a vaccine for prevention. Yet, there is so much more to consider: access to care; treatment and vaccination costs; improving and implementing screening; a cure for HBV infection; a vaccine for HCV infection; reduced transmission; pan-genotype drugs. Asked about the plans to eradicate viral hepatitis by 2030, our Advisory Board member Stefan Zeuzem (University Hospital Johann Wolfgang Goethe University, Germany) emphasized that it is important to define these ambitious aims. “All stakeholders and in particular politicians must become aware of the problem,” he stressed, adding that there remains unresolved issues. “For treatment, even the best regimens available now and in the future will create some virologic relapsers, for some potentially no rescue regimen may work”. He also highlighted patient populations that need special attention. “For people who inject drugs, not only are effective antiviral treatments necessary, but effective transmission reduction measures are also required (needles, syringes and other ‘cooking devices’). Eradication of viral hepatitis from prisons is certainly possible, but is there a willingness of society to pay?”

Viral hepatitis is now having its moment of notoriety, and hopefully this spotlight will encourage politicians, global health policymakers, health-care providers and other stakeholders to take action to work towards elimination goals; commitment and funding is needed at national and international levels, in health care and in basic research. The target is in sight, it is time to press the trigger.

1. Stanaway, J. D. *et al.* The global burden of viral hepatitis from 1990 to 2013: findings from the Global Burden of Disease Study 2013. *The Lancet* [http://dx.doi.org/10.1016/S0140-6736\(16\)30579-7](http://dx.doi.org/10.1016/S0140-6736(16)30579-7) (2016).



Laura Marshall/NPG

**Katrina Ray** is the Chief Editor of *Nature Reviews Gastroenterology & Hepatology*.

**Competing interests**  
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