21 April 2017 | Geneva, Amsterdam - New WHO data reveal that an estimated 325 million people worldwide are living with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection. The *WHO Global hepatitis report, 2017* indicates that the large majority of these people lack access to life-saving testing and treatment. As a result, millions of people are at risk of a slow progression to chronic liver disease, cancer, and death.

"Viral hepatitis is now recognized as a major public health challenge that requires an urgent response," said Dr Margaret Chan, WHO Director-General. "Vaccines and medicines to tackle hepatitis exist, and WHO is committed to helping ensure these tools reach all those who need them."

Increasing mortality, new infections

Viral hepatitis caused 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and HIV. But while mortality from tuberculosis and HIV has been declining, deaths from hepatitis are on the increase.

Approximately 1.75 million people were newly infected with HCV in 2015, bringing the global total of people living with hepatitis C to 71 million.

Although overall deaths from hepatitis are increasing, new infections of HBV are falling, thanks to increased coverage of HBV vaccination among children. Globally, 84% of children born in 2015 received the 3 recommended doses of hepatitis B vaccine. Between the pre-vaccine era (which, according to the year of introduction can range from the 1980s to the early 2000s) and 2015, the proportion of children under 5 years of age with new infections fell from 4.7% to 1.3%. However, an estimated 257 million people, mostly adults born before the introduction of the HBV vaccine, were living with chronic hepatitis B infection in 2015.

Epidemics in regions and "hotspots"

Hepatitis B levels vary widely across WHO regions with the WHO African Region and WHO Western Pacific Region sharing the greatest burden.

- WHO Western Pacific Region: 6.2% of population (115 million people)
- WHO African Region: 6.1% of population (60 million people)
- WHO Eastern Mediterranean Region: 3.3% of population (21 million people)
- WHO South-East Asia Region: 2% of population (39 million people)
- WHO European Region: 1.6% of population (15 million people)
- WHO Region of the Americas: 0.7% of population (7 million people)

Today, unsafe injections in health care settings and injecting drug use are considered to be the most common routes of HCV transmissions. HCV prevalence by WHO region is:

- WHO Eastern Mediterranean Region: 2.3% of population (15 million people)
- WHO European Region: 1.5% of population (14 million people)
- WHO African Region: 1% of population (11 million people)
- WHO Region of the Americas: 1% of population (7 million people)
- WHO Western Pacific Region: 1% of population (14 million people)
- WHO South-East Asia Region: 0.5% of population (10 million people)

Treatment access is low

There is currently no vaccine against HCV, and access to treatment for HBV and HCV is still low.

WHO's *Global Health Sector Strategy on viral hepatitis* aims to test 90% and treat 80% of people with HBV and HCV by 2030.

The report notes that just 9% of all HBV infections and 20% of all HCV infections were diagnosed in 2015. An even smaller fraction – 8% of those diagnosed with HBV infection (1.7 million people) were on treatment, and only 7% of those diagnosed with HCV infection (1.1 million people) had started curative treatment during that year.

HBV infection requires lifelong treatment, and WHO currently recommends the medicine tenofovir, already widely used in HIV treatment. Hepatitis C can be cured within a relatively short time using the highly effective direct-acting antivirals (DAAs).

"We are still at an early stage of the viral hepatitis response, but the way forward looks promising," said Dr Gottfried Hirnschall, Director of WHO's Department of HIV and the Global Hepatitis Programme. "More countries are making hepatitis services available for people in need – a diagnostic test costs less than US$ 1 and the cure for hepatitis C can be below US$ 200. But the data clearly highlight the urgency with which we must address the remaining gaps in testing and treatment."

Country progress

WHO's *Global hepatitis report, 2017* demonstrates that despite challenges, some countries are taking successful steps to scale-up hepatitis services.

China achieved high coverage (96%) for the timely birth dose of HBV vaccines, and reached the hepatitis B control goal of less than 1% prevalence in children under the age of 5 in 2015. Mongolia improved uptake of hepatitis treatment by including HBV and HCV medicines in its National Health Insurance scheme, which covers 98% of its population. In Egypt, generic competition has reduced the price of a 3-month cure for hepatitis C, from US$ 900 in 2015, to less than US$ 200 in 2016. Today in Pakistan, the same course costs as little as US$ 100.

Improving access to hepatitis C cure received a boost at the end of March 2017, when WHO prequalified the generic active pharmaceutical ingredient of sofosbuvir. This step will enable more countries to produce affordable hepatitis medicines.

Baseline for elimination

WHO's *Global hepatitis report, 2017* aims to provide a starting point for hepatitis elimination by indicating baseline statistics on HBV and HCV infections, including mortality, and coverage levels of key interventions. Hepatitis B and C – the 2 main types out of 5 different hepatitis infections – are responsible for 96% of overall hepatitis mortality.

http://www.who.int/mediacentre/news/releases/2017/global-hepatitis-report/en/