

The case for test and treat all HBV patients

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The Context:

Hepatitis B is one of the greatest global public health failures of the late 20th century

- Vaccines to prevent HBV have been available since mid 1980s
- Anti-viral treatment has been available in the last 20 years
- Yet, every single day, 3,000 people die of their HBV infection*
 - » That is one death every 30 seconds

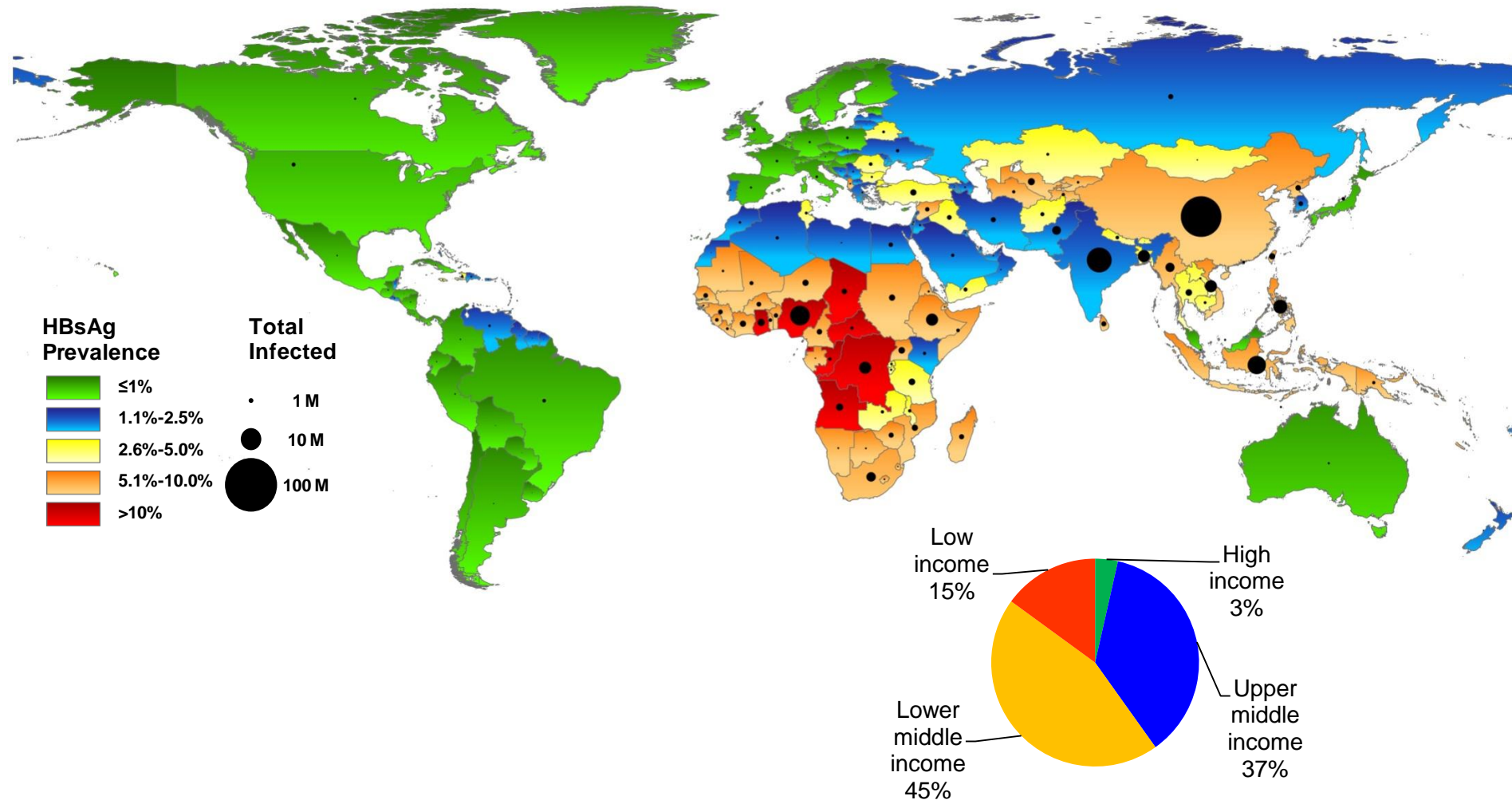
* WHO. *Global hepatitis report, 2017*. Geneva: World Health Organization, 2017.

Hepatitis B – the greatest global public health failure of late 20th century.



3,000 deaths per day, one death every 30 seconds – #treatall

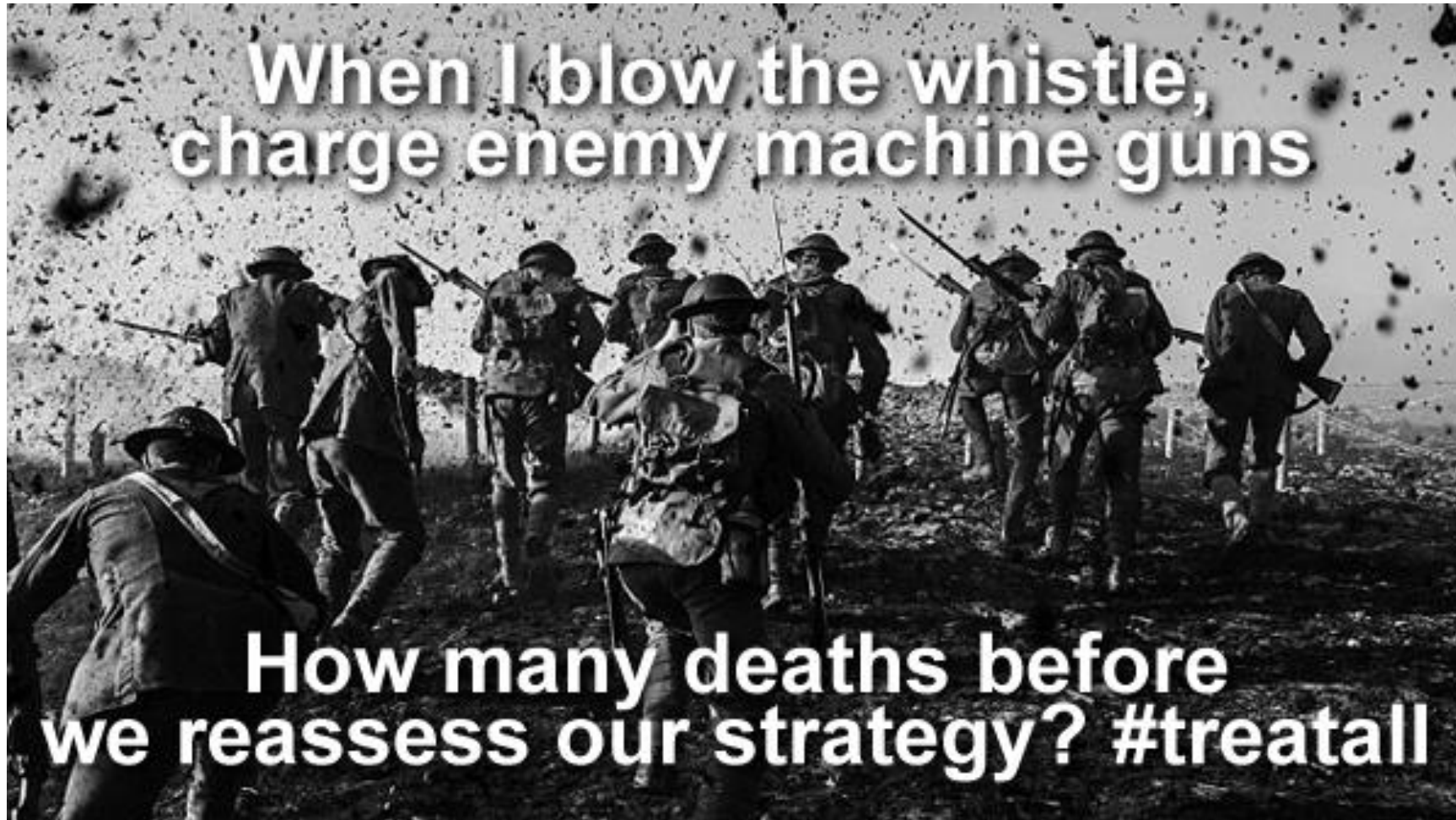
HBsAg prevalence is estimated at 3.9% (3.4-4.6%) - 292 million (252-341) infections in 2016 with 97% of all infections in low & middle income countries



Why don't we test and treat all HBV patients

- There is no evidence that test and treat will result in better outcomes
 - » There is very strong evidence that current treatment guidelines are not working in low and middle income countries – 900,000 deaths per year
- 70-80% of all patients may never need treatment
 - » 20-30% of the patient who need treatment are not being test and treated because the guidelines are difficult to implement in low income settings
 - » In low income settings, >90% of all diagnosed patients are lost to follow up
- Exposing healthy patients to potential side-effects
 - » The same treatments are being used for PrEP
 - » TAF
- Harm to patients – flare up if they stop treatment
 - » Patient in low income settings take daily hypertension medication
 - » They are fully capable of taking one pill per day
- Cost
 - » The annual cost of HBV treatment is now less than the cost of two DNA tests

**More people die of HBV than all who died at the battle of Somme –
waiting for clinical trials will cost 900,000 lives per year**



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Direct-acting antivirals for chronic hepatitis C

Published:

18 September 2017

Authors:

Jakobsen JC, Nielsen E, Feinberg J, Katakam KKumar, Fobian K, Hauser G, Poropat G, Djuriscic S, Weiss K, Bjelakovic M, Bjelakovic G, Klingenberg S, Liu J, Nikolova D, Koretz RL, Gluud C

Background

Millions of people worldwide suffer from hepatitis C, which can lead to severe liver disease, liver cancer, and death. Numerous previous interferon-based interventions have been used for hepatitis C, but none of these interventions have proven effective on patient-centred outcomes and their use was associated with serious side-effects. DAAs are relatively new but expensive interventions for hepatitis C, and preliminary results have shown that DAAs seem to eradicate hepatitis C virus from the blood (sustained virological response) much more frequently. In addition, these agents do appear to create much less serious adverse-effects. In this Cochrane Review, we assessed the evidence on the clinical effects of DAAs for hepatitis C.

However, we are willing to question evidence-based science when they don't make sense.

Not treating all HBV patients in low-income settings does not make sense.

All we ask is to add a statement to the guidelines saying: “when access to diagnostics is limited, every person living with CHB should be treated”.

How do you want history to remember you?