The case for test and treat all HBV patients

H. Razavi, PhD, MBA
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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

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

When I blow the whistle, charge enemy machine guns

How many deaths before we reassess our strategy? #treatall
We want evidence before changing the recommendations.

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

Direct-acting antivirals for chronic hepatitis 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.

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?