

Editorial

Chronic viral hepatitis: a need for a comprehensive approach

Hepatitis is a condition defined by inflammation of the liver. Hepatitis B and C are contagious inflammatory liver diseases that result from infection by the hepatitis B and C viruses. Both types of viruses can remain in the body for the rest of a person's life and can cause serious liver problems such as cirrhosis, liver failure, and hepatocellular carcinoma [1-3]. Many people with hepatitis who are harboring these viruses remain asymptomatic and their infection may go unrecognized.

Chronic hepatitis is a global public health issue. Millions of people worldwide have chronic hepatitis. The virus is spread through contact with blood or other body fluids, and can be spread from an infected mother to her baby at birth. Hepatitis can be prevented with the hepatitis B vaccine, but access to vaccine during early childhood is limited and in many places, vaccines are not available. Hepatitis B virus has been spread from generation to generation, especially in countries without infant vaccination programs. The risk for developing chronic hepatitis B depends on a person's age when first infected [4, 5].

Attempts to prevent HCC should focus on preventing infection with HBV and HCV, treating patients with viral hepatitis who are candidates for treatment, and attempting to prevent the development of cirrhosis in patients with liver disease. It was documented in the United States that Asians account for more than 50% of Americans living with chronic hepatitis despite the much lower proportion of the ethnic origin among the US citizens. Thus, hepatitis related liver diseases, cancer and death from hepatitis are greater among the Asian ethnic group compared to the whites. The phenomenon is imputed to low-level knowledge, access to appropriate testing and to good care despite the availability of guidelines to deal with hepatitis [6].

The articles published in this issue of ABM highlight the varying importance of chronic hepatitis in Asia [7-9]. Lack of appropriate knowledge, access

to testing, and affordable care call for critical roles of public health systems in community health promotion, education, health advocacy, and capacity building to improve the situation of chronic hepatitis in Asia. Providing appropriate linkage to care for either education, access to hepatitis vaccine or medical follow-up for chronic infection is also a crucial component in reducing the burden of hepatitis. The possibility of testing all people who were born in areas where chronic hepatitis prevails is common, because early diagnosis of hepatitis can prevent life threatening liver disease and liver cancer. Testing should be considered among Asian men over the age of 40 years, Asian women over the age of 50 years, and patients with a family history of HCC.

All patients with cirrhosis, regardless of etiology, may undergo surveillance for hepatocellular carcinoma.

References

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