

Hepatitis B and C and the Role of Non-specialists on Disease Elimination

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Hepatitis B and C account for more than one million deaths worldwide, 78% of the world's hepatocellular carcinoma and more than half of all fatal cirrhosis every year. In 2013, hepatitis B and C viruses surpassed HIV and acquired immune deficiency syndrome (AIDS) to become the seventh leading cause of death in the world (1).

It is feasible to eliminate hepatitis B and C as a public health problem, but it takes substantial effort, resources and changes in policy; a new report from the national academies of sciences, engineering and medicine says that hepatitis B and C could be eliminated as a public health problem in the world (1, 2).

A vaccine against hepatitis B confers greater than 95% immunity in three doses, and new direct-acting antiviral treatments for chronic hepatitis C can control infection in more than 95% of patients (3, 4).

Even though the drug is very expensive, it is very effective and saves an enormous amount of money compared to most of the other healthcare interventions. Right now, only about 2% of the people with hepatitis C are treated; therefore, there is an opportunity. This is one of the few preventable causes of cancer, since around 80% of liver cancers cause by hepatitis B and C (5).

Since the most common route of hepatitis B transmission is from mother to child, vaccination is very effective (6).

Hepatitis C occurs primarily among intravenous (IV) drug users, but IV drug users are not particularly popular in this country, and people do not want to invest a lot of money on it. Much better comprehensive drug and alcohol addiction programs are needed. Treatment programs in prisons are also necessary, since a lot of IV drug users are in prisons. They can be treated there, but it is very costly (7, 8).

Most of the immigrants that come to Iran from

Afghanistan are already infected but cannot receive treatment. Half of the world's population have hepatitis B, but even do not know about it. Also, when these immigrants come into the US, they do not have health insurance; even if they get permanent residency, they should wait for five years to be enrolled in the state Medicaid programs; hence, they do not get enrolled in any type of health insurance for five years (9).

New research shows that hepatologists or specialists in infectious diseases can effectively treat patients with chronic hepatitis C.

More patients with complicated hepatitis C, who did not represent in the current study, should be managed by experienced specialists; patients with decompensated liver diseases and those who failed treatment with direct-acting antiviral therapy. However, the majority of patients with hepatitis C are treated with direct acting antivirals achieve cure, regardless of treating provider (10, 11).

According to Medscape, all treatment providers received a three-hour training session on treatment of hepatitis C, the provided information was in accordance with joint guidelines from infectious diseases society of American association for the study of liver diseases. A special focus was placed on the combination of ledipasvir and sofosbuvir (10).

In Iran, direct acting anti-retroviral therapy is locally provided by pharmaceutical industries and the insurance coverage is a hope to eliminate hepatitis C; moreover, free vaccination for hepatitis B has been provided since 20 years ago which minimized development of the disease. It is hoped that the disease is someday eradicated in the Islamic Republic of Iran.

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