



World Hepatitis Day-July 28; "Hepatitis A and E Getting Serious, C is in Decline, but B and D Remain Concerns"

Dünya Hepatit Günü-28 Temmuz; "Hepatitis A ve E Ciddileşiyor, C Düşüşte, Ancak B ve D Endişe Kaynağı Olmaya Devam Ediyor"

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Dear Editor,

Viral hepatitis remains a critical yet unevenly addressed component of the global public health agenda. Although the World Health Organization has set ambitious targets for the elimination of viral hepatitis as a public health threat by 2030, progress across different hepatitis viruses has been inconsistent. The marked decline in hepatitis C virus (HCV) prevalence driven by the scale-up of direct-acting antivirals stands in contrast to the growing concern surrounding hepatitis A virus (HAV) and hepatitis E virus (HEV), as well as the persistent threat of hepatitis B virus (HBV) and hepatitis D virus (HDV) (1,2).

HAV and HEV, historically regarded as self-limiting and endemic infections, have demonstrated a concerning epidemiological shift. In recent years, sporadic outbreaks have increasingly been reported in urban and high-income settings, refugee camps, and among immunocompromised populations, including solid-organ transplant recipients and pregnant women (3,4). The zoonotic and waterborne nature of HEV, together with environmental instability and inadequate sanitation, has resulted in large-scale outbreaks with disproportionately high case-fatality rates among pregnant women (5). These trends emphasize the need to reframe HAV and HEV as significant clinical and public health threats rather than transient or low-priority infections.

In parallel, HBV and its satellite virus HDV continue to exert a disproportionate burden of chronic liver disease, hepatocellular carcinoma, and liver-related mortality. Despite universal HBV

vaccination programs and antiviral therapies, global HBV diagnosis and treatment rates remain below 10%, with millions unaware of their chronic infection (1). The situation for HDV is even more concerning, owing to limited access to diagnostics, lack of routine screening, and the absence of standardized management strategies. Despite the significant therapeutic progress represented by new drugs like bulevirtide, access remains severely limited in many regions where it is endemic (6).

On World Hepatitis Day (July 28), themed "We're not waiting," it is essential to expand our collective attention beyond HCV to acknowledge the increasing importance of HAV and HEV, as well as the persistent public health failures to control HBV and HDV. These infections necessitate heightened urgency, particularly in nations with transitional economies, vulnerable health systems, and substantial migration pressures.

Overall, these epidemiological and clinical issues emphasise that elimination goals cannot be accomplished solely through antiviral therapies; rather, they necessitate collaborative efforts across clinical practice, laboratory evaluations, public health policy, and medical education. Clinical microbiology and virology laboratories should integrate routine HAV, HEV, HBV genotyping, and HDV testing into diagnostic algorithms, particularly for high-risk populations and outbreak settings. Healthcare professionals must remain vigilant for atypical manifestations of HAV and HEV in immunocompromised individuals, while public health authorities ought to prioritise surveillance, vaccination strategies, and educational programs.

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Medical education and research initiatives must confront the ongoing oversight of non-HCV hepatitis viruses to prevent isolated elimination measures.

In this context, scaling up universal childhood HAV vaccination in regions affected by climate-driven outbreaks and shifting age-related immunity patterns is essential (7). Similarly, sustainable global access to HEV vaccines should be prioritised, especially for pregnant women and immunocompromised individuals. The reinforcement of birth-dose HBV vaccination, maternal screening, extended HCV testing approaches, and routine HDV screening within HBV care pathways are essential measures for comprehensive hepatitis control.

In summary, the future of viral hepatitis elimination depends on our ability to respond to evolving epidemiological patterns, diagnostic gaps, and therapeutic inequities across all hepatitis viruses. Elimination is not merely an ambition—it is a global obligation.

Footnotes

Authorship Contributions

Concept: M.A., Design: M.A., A.R.U., Data Collection or Processing: M.A., A.R.U., Analysis or Interpretation: M.A., A.R.U., Literature Search: M.A., A.R.U., Writing: M.A., A.R.U.

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