

I'm not a robot



Skip to main content people are living with chronic viral hepatitis B and C worldwide in 2022, people were newly infected by chronic viral hepatitis B and C in 2022 Skip to main content Chances are someone in your family is infected with hepatitis virus, but might not be aware of it. In the Philippines, around one in 10 people have chronic hepatitis B, and six in 1,000 have chronic hepatitis C. Hepatitis is a huge public health concern in the Philippines, but due to lack of awareness, many of those who have this viral disease may not even know they have it until its too late. Hepatitis is a silent killer. Caused by a virus that has no symptoms, it quietly damages the liver for decades before ending in liver cancer and cirrhosis (scarring of the liver that reduces its ability to detoxify blood). Deaths due to hepatitis have increased over the past two decades, with 1.4 million lives lost every year. But many leaders and members of the public are still not well-informed about the disease. Without proper care, the two most common types of hepatitis B and C cause about 60 percent of liver cancer. This is why liver cancer is one of the top causes of cancer deaths in the Philippines. Any deaths from preventable diseases are unacceptable, and hepatitis is no exception. Nowadays, we can prevent and treat the disease. Hepatitis B vaccine is highly effective when the first dose is given to babies within 24 hours of birth and followed up with two further doses. People living with chronic hepatitis B can be treated with highly effective medicines to stop the disease from progressing and reduce the risk of it developing into liver cancer. People with hepatitis C can now be cured within three months by taking new oral medicines called direct acting antivirals. However, many people with hepatitis do not know they are infected and thus do not seek treatment. To eliminate this deadly disease, the Philippines must invest in hepatitis testing and treatment services. Aside from a program like this being the right thing to do for peoples health, it is also a very wise investment, as it saves money by avoiding much more costly care for liver cancer and cirrhosis. Globally, we are aiming to reduce new viral hepatitis infections by 90 percent and deaths from chronic hepatitis by 65 percent by 2030, from the baseline of 2015. To reach that goal in the Philippines, hepatitis services must be covered by the Philippine Health Insurance Corporation (PhilHealth) much like it covers outpatient HIV/AIDS treatment. The Philippines must also continue to strengthen the hepatitis B immunization for infants and adults. Current estimates indicate only 50 percent of newborn infants are administered with the hepatitis B birth dose within 24 hours after birth. The hepatitis B vaccine is a cost-effective measure to prevent hepatitis B. Those who have completed their immunization schedule are likely to be protected for at least 20 years, and probably longer. Another vital action is to improve awareness of the problem. Put simply, if people dont know about hepatitis, they wont avoid infection or seek testing and treatment. Instead, their health will be damaged and they may be unwittingly infecting others. In some countries, misunderstandings about hepatitis have led to stigma and discrimination toward people living with the disease, meaning that people may be less likely to seek the life-saving treatment they need. Lack of awareness about the health impact of hepatitis also means not enough resources are allocated to tackling the disease. We are supporting the Department of Health in translating commitments to reality, such as a high-impact project launched this year in Bataan and some parts of Metro Manila to integrate hepatitis services at the primary care level and strengthen referral systems. We are also providing technical assistance to the DOH in developing treatment guidelines, information, education and communication strategies, the development of training materials and a PhilHealth package for viral hepatitis. But this is just a start; a lot more needs to be done. Its not only the DOHs job to eliminate hepatitis in the Philippines, we all have a role to play. So, on World Hepatitis Day tomorrow, July 28, I call on everyone to be more proactive in fighting hepatitis. Make sure your children and other kids in your community get fully vaccinated. Educate yourself and others about the risk of viral hepatitis and how to get tested. If you have been diagnosed with hepatitis, speak with a health worker about your treatment. Join local advocacy events to increase awareness in your community, and show your support for more investment toward eliminating the disease. Lets work together to eliminate hepatitis. Gundo Weiler is the WHO representative in the Philippines. This commentary was originally published in the Philippine Daily Inquirer on 27 July 2019. 368700760180025%10%280... Skip to main content This publication provides guidance for planning country-specific programming to achieve the triple elimination of mother-to-child (or vertical) transmission... Countries are navigating major challenges and emerging opportunities in funding and delivering HIV, viral hepatitis, and STIs (HHS) services, with... This operational guidance provides a structured approach to support countries in sustaining priority services for HIV, viral hepatitis and sexually transmitted... Following years of having achieved very high coverage with hepatitis B immunization, Maldives and Sri Lanka have been verified by an independent expert... Skip to main content Chronic viral hepatitis causes 1.3 million deaths every year, mostly from liver cancer and cirrhosis. That's 3500 deaths every single day on par with tuberculosis. Hepatitis B and C are spreading silently, with 6000 new infections daily. Despite being preventable and treatable, the disease burden continues to rise, especially in regions with limited access to care.2. Knowing your status is the first step to stopping liver cancer. Most people living with hepatitis dont know theyre infected. Early diagnosis is the first step to accessing life-saving treatment and preventing liver cancer. Testing especially for those in endemic regions or at higher risk is critical to ending hepatitis.3. We can prevent 2.8 million deaths by 2030 but only if countries act now. Hepatitis elimination is within reach. We have vaccines, curative therapies, and proven tools to stop transmission. Most cases go undiagnosed until its too late. Progress demands national commitment, smart investment, and public health systems that embed hepatitis services into primary care. Investing in timely diagnosis and integrated, people-centred care will save lives and stop liver cancer before it starts. Get tested for hepatitis B and C. Vaccinate newborns with the hepatitis B birth dose within 24 hours. Learn the facts and talk to your healthcare provider about early testing and treatment. Help stop stigma by sharing accurate information. Lead and fund awareness campaigns linking hepatitis to liver cancer prevention. Expand hepatitis B birth-dose vaccination, safe blood/injection practices, and harm reduction. Scale up affordable, decentralized testing and treatment integrated into primary care across health platforms, including HIV and other communicable and Non-communicable (NCD) care pathways, cancer control, and maternal and child health. Embed hepatitis services in universal health coverage and national insurance schemes. Engage all stakeholders and invest in strong data systems for accountability. Prioritize early diagnosis and treatment, focusing on high burden and underserved communities. Decentralize services to primary and district health centers. Integrate hepatitis prevention into maternal and child health programs. Ensure free or universal access to testing and treatment. Mobilize sustainable funding and use data to drive progress. Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease. The virus is most commonly transmitted from mother to child during birth and delivery, in early childhood, as well as through contact with blood or other body fluids during sex with an infected partner, unsafe injections or exposures to sharp instruments. WHO estimates that 254million people were living with chronic hepatitis B infection in 2022, with 1.2million new infections each year. In 2022, hepatitis B resulted in an estimated 1.1million deaths, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer). Hepatitis B can be prevented by vaccines that are safe, available and effective. Hepatitis B is an infection of the liver caused by the hepatitis B virus. The infection can be acute (short and severe) or chronic (long term). Hepatitis B can cause a chronic infection and puts people at high risk of death from cirrhosis and liver cancer. It can spread through contact with infected body fluids like blood, saliva, vaginal fluids and semen. It can also be passed from a mother to her baby. Hepatitis B can be prevented with a safe and effective vaccine. The vaccine is usually given soon after birth with boosters a few weeks later. It offers nearly 100% protection against the virus. Hepatitis B is a major global health problem. The burden of infection is highest in the WHO Western Pacific Region and the WHO African Region, where 97million and 65million people, respectively, are chronically infected. Sixty-one million people are infected in the WHO South-East Asia Region, 15million in the WHO Eastern Mediterranean Region, 11million in the WHO in the WHO European Region and 5million in the WHO Region of the Americas. Transmission in highly endemic areas, hepatitis B is most commonly spread from mother to child at birth (perinatal transmission), especially from an infected child to an uninfected child during the first 5 years of life. The development of chronic infection is very common in infants infected from their mothers or before the age of 5 years. Hepatitis B is also spread by needlestick injury, tattooing, piercing and exposure to infected blood and body fluids, such as saliva and menstrual, vaginal and seminal fluids. Transmission of the virus may also occur through the sharing or reuse of contaminated needles and syringes or sharp objects either in health care settings, in the community or among persons who inject drugs. Sexual transmission is more prevalent in unvaccinated persons with multiple sexual partners. Hepatitis B infection acquired in adulthood leads to chronic hepatitis in less than 5% of cases, whereas infection in infancy and early childhood leads to chronic hepatitis in about 95% of cases. This is the basis for strengthening and prioritizing infant and childhood vaccination. Symptoms Most people do not experience any symptoms when newly infected. Some people have acute illness with symptoms that last several weeks: yellowing of the skin and eyes (jaundice), dark urine, extreme fatigue, nausea, vomiting and abdominal pain in the abdomen. When severe, acute hepatitis can lead to liver failure, which can lead to death. Although most people will recover from acute illness, some people with chronic hepatitis B will develop progressive liver disease and complications like cirrhosis and hepatocellular carcinoma (liver cancer). These diseases can be fatal. HBV-HIV coinfection About 1% of persons living with HBV infection (2.7million people) are also infected with HIV. Conversely, the global prevalence of HBV infection in HIV-infected persons is 7.4%. Since 2015, WHO has recommended treatment for everyone diagnosed with HIV infection, regardless of the stage of disease. Tenofovir, which is included in the treatment combinations recommended as first-line therapy for HIV infection, is also active against HBV. Diagnosis It is not possible on clinical grounds to differentiate hepatitis B from hepatitis caused by other viral agents; hence laboratory confirmation of the diagnosis is essential. Several blood tests are available to diagnose and monitor people with hepatitis B. Some laboratory tests can be used to distinguish acute and chronic infections, whilst other can assess and monitor the severity of liver disease. Physical examination, ultrasound and elastography can also be performed to assess degree of liver fibrosis and scarring and monitor progression of liver disease. WHO recommends that all blood donations be tested for hepatitis B to ensure blood safety and avoid accidental transmission. As of 2022, 13% of all people estimated to be living with hepatitis B were aware of their infection, while 3% (7 million) of the people living with chronic hepatitis B were on treatment. According to latest WHO estimates, the proportion of children under five years of age chronically infected with HBV dropped to just under 1% in 2019 down from around 5% in the pre-vaccine era ranging from the 1980s to the early 2000s. In settings with intermediate and high Hepatitis B surface antigen (HBsAg) seroprevalence in the general population (defined as ≥2% HBsAg seroprevalence), WHO recommends that all adults have access to and be offered HBsAg testing with linkage to prevention and care and treatment services as needed. WHO also recommends targeted testing, in all settings, of people with suspicions of liver disease, blood donors, and all pregnant women, the latter in order to provide the opportunity to institute measures for prevention of mother-to-child transmission (MTCT). In addition, WHO recommends testing among specific high-risk groups, including migrants from endemic regions, partners or family members of infected persons, health-care workers, people who inject drugs (PWID), people in prisons and other closed settings, men who have sex with men (MSM) sex workers, transgender people and people living with HIV. Treatment There is no specific treatment for acute hepatitis B. Chronic hepatitis B can be treated with antiviral medications. Care for people with acute hepatitis B should focus on managing symptoms. They should eat a healthy diet and drink plenty of liquids to prevent dehydration from vomiting and diarrhoea. Chronic hepatitis B infection can be treated with oral medicines, including tenofovir or entecavir. Treatment can slow the advance of cirrhosis, reduce cases of liver cancer, improve long term survival. Most people who start hepatitis B treatment must continue it for life. With the updated Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection, released in 2024, it is estimated that more than 50% of people with chronic hepatitis B infection will require treatment, depending on setting and eligibility criteria. In low-income settings, most people with liver cancer present late in the course of the disease and die within months of diagnosis. In high-income countries, patients present to hospital earlier in the course of the disease and have access to surgery and chemotherapy, which can prolong life for several months to a few years. Liver transplantation is sometimes used in people with cirrhosis or liver cancer in technologically advanced countries, with varying success. Prevention Hepatitis B is preventable with a vaccine. All babies should receive the hepatitis B vaccine as soon as possible after birth (within 24 hours). This is followed by two or three doses of hepatitis B vaccine at least four weeks apart. Booster vaccines are not usually required for people who have completed the three-dose vaccination series. The vaccine protects against hepatitis B for at least 20 years and probably for life. Hepatitis B can be passed from mother to child. This can be prevented by taking antiviral medicines to prevent transmission, in addition to the vaccine shortly after birth. To reduce the risk of getting or spreading hepatitis B: practice safe sex by using condoms; avoid sharing needles or any equipment used for injecting drugs, piercing, or tattooing; wash your hands thoroughly with soap and water after coming into contact with blood, body fluids, or contaminated surfaces; and get a hepatitis B vaccine if working in a health-care setting. WHO response Global health sector strategies on, respectively, HIV, viral hepatitis, and sexually transmitted infections for the period 2022-2030 (GHSSs) guide the health sector in implementing strategically focused responses to achieve the goals of ending AIDS, viral hepatitis (especially chronic hepatitis B and C) and sexually transmitted infections by 2030. The GHSS recommend shared and disease-specific country actions supported by actions by WHO and partners. They consider the epidemiological, technological, and contextual shifts of previous years, foster learnings across the disease areas, and create opportunities to leverage innovations and new knowledge for effective responses to the diseases. They call to scale up prevention, testing and treatment of viral hepatitis with a focus to reach populations and communities most affected and at risk for each disease, as well as addressing gaps and inequities. They also promote synergies under a universal health coverage and primary health care framework and contribute to achieving the goals of the 2030 Agenda for Sustainable Development. WHO supports countries to develop national strategies in line with this vision. Furthermore, WHO develops and updates guidelines for the prevention, testing and treatment of HBV and supports countries in their efforts to reflect the latest science and recommendations in their public health response. WHO organizes annual World Hepatitis Day campaigns to increase awareness and understanding of viral hepatitis. Skip to main content Hepatitis is an inflammation of the liver, most commonly caused by a viral infection. The five main strains of hepatitis viruses are A, B, C, D and E. Hepatitis A and E are typically caused by ingestion of contaminated food or water while hepatitis B, C and D usually occur as a result of blood-to-blood contact with infected body fluids (e.g. from blood transfusions or invasive medical procedures using contaminated equipment). Hepatitis B and C can also be transmitted through sexual contact, although this is less common with hepatitis C. Symptoms include jaundice (yellowing of the skin and eyes), dark urine, extreme fatigue, nausea, vomiting and abdominal pain. Hepatitis infections, however, remain asymptomatic in the majority of cases, and are hard to detect without proper testing. Hepatitis B and C affect millions of people in the European Region. Worldwide, 500 million people are estimated to be infected with hepatitis B or C. These viruses kill 1.5 million people a year; 1 in every 3 people has been exposed to either or both viruses and most infected people do not know about it due to dormant symptoms. Data that has recently become available, shows that in the WHO European Region an estimated 13.3 million people live with chronic hepatitis B (1.8% of adults) and an estimated 15 million people with hepatitis C (2.0% of adults). Two-thirds of infected persons in the Region live in eastern Europe and central Asia. Hepatitis B causes about 36 000 deaths and hepatitis C about 86 000 deaths per year in WHO European Member States. The number of cases of hepatitis B and C reported in the WHO European Region does not necessarily reflect the full extent of transmission. A synthesis report on effective interventions to reduce hepatitis C infection from WHO/Europes Health Evidence Network (HEN) estimates prevalence of up to 98% among people who inject drugs. The European Centre for Disease Prevention and Control (ECDC) estimates: an overall hepatitis B incidence of 1.49 per 100 000; a hepatitis C incidence of 8.7 per 100 000 in the Member States of the European Union (EU); and high prevalence in people who inject drugs. Skip to main content 304 million people are living with chronic hepatitis B and C in 2022 Only 45% of babies received the hepatitis B vaccine within 24 hours of birth in 2022 1.3 million people died of chronic hepatitis B and C in 2022 World Hepatitis Day is observed each year on 28 July to raise awareness of viral hepatitis, an inflammation of the liver that causes severe liver disease and liver cancer. The theme for 2025: Hepatitis: Lets Break It Down calls for urgent action to dismantle the financial, social and systemic barriers including stigma that stand in the way of hepatitis elimination and liver cancer prevention. Chronic hepatitis B and C silently cause liver damage and cancer despite them being preventable, treatable, and, in the case of hepatitis C, curable. The theme emphasizes the need to simplify, scale up, and integrate hepatitis services vaccination, safe injection practices, harm reduction and especially testing and treatment into national health systems. The campaign is a reminder that we must act now to expand access, integrate care, and end hepatitis as a public health problem by 2030. Stories from across the world Skip to main content Skip to main content Hepatitis is an inflammation of the liver. The condition can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world but other infections, toxic substances (e.g. alcohol, certain drugs), and autoimmune diseases can also cause hepatitis. There are 5 main hepatitis viruses, referred to as types A, B, C, D and E. These 5 types are of greatest concern because of the burden of illness and death they cause and the potential for outbreaks and epidemic spread. In particular, types B and C lead to chronic disease in hundreds of millions of people and, together, are the most common cause of liver cirrhosis and cancer. Hepatitis A and E are typically caused by ingestion of contaminated food or water. Hepatitis B, C and D usually occur as a result of parenteral contact with infected body fluids. Common modes of transmission for these viruses include receipt of contaminated blood or blood products, invasive medical procedures using contaminated equipment and for hepatitis B transmission from mother to baby at birth, but also by sexual contact. Acute infection may occur with limited or no symptoms, or may include symptoms such as jaundice (yellowing of the skin and eyes), dark urine, extreme fatigue, nausea, vomiting and abdominal pain. What are the different hepatitis viruses? Scientists have identified 5 unique hepatitis viruses, identified by the letters A, B, C, D, and E. While all cause liver disease, they vary in important ways. Hepatitis A virus (HAV) is present in the faeces of infected persons and is most often transmitted through consumption of contaminated water or food. Certain sex practices can also spread HAV. Infections are in many cases mild, with most people making a full recovery and remaining immune from further HAV infections. However, HAV infections can also be severe and life threatening. Most people in areas of the world with poor sanitation have been infected with this virus. Safe and effective vaccines are available to prevent HAV. Hepatitis B virus (HBV) is transmitted through exposure to infective blood, semen, and other body fluids. HBV can be transmitted from infected mothers to infants at the time of birth or from family member to infant in early childhood. Transmission may also occur through transfusions of HBV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. HBV also poses a risk to healthcare workers who sustain accidental needle stick injuries while caring for infected-HBV patients. Safe and effective vaccines are available to prevent HBV. Hepatitis C virus (HCV) is mostly transmitted through exposure to infective blood. This may happen through transfusions of HCV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. Sexual transmission is also possible, but is much less common. There is no vaccine for HCV. Hepatitis D virus (HDV) infections occur only in those who are infected with HBV. The dual infection of HDV and HBV can result in a more serious disease and worse outcome. Hepatitis B vaccines provide protection from HDV infection. Hepatitis E virus (HEV) is mostly transmitted through consumption of contaminated water or food. HEV is a common cause of hepatitis outbreaks in developing parts of the world and is increasingly recognized as an important cause of disease in developed countries. Safe and effective vaccines to prevent HEV infection have been developed but are not widely available.

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