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Hepatitis C eradication: A promise unfulfilled

Hepatitis non-A and non-B hepatitis was recognized as a unique form of viral hepatitis distinct from hepatitis A, hepatitis B, and other unusual types of a chronic hepatitis such as CMV, EBV as well other more uncommon types of viral hepatitis in the late 1970s. His clinical characteristics, biochemical manifestations as well as its chronicity from its initial presentation followed by increasing stages of chronic hepatitis and hepatic fibrosis ultimately resulting in cirrhosis and occasionally progressing to hepatic cancer and required an additional 15-30 years. A host of potentially antiviral agents were utilized initially to treat the disease process with minimal or no success. With the introduction of interferons (alfa 2a or alfa 2b) with or without additional ribavirin, a modicum of success defined as a reduction in transaminase levels was achieved with little or no retrospectively determined viral clearance. With the isolation and characterization of the hepatitis C virus genome and the various polypeptides it codes for, a new era of treatment directed at inhibiting viral replication as opposed to enhancing the immune response against the virus began. The initial direct acting antiviral agents increased viral clearance rates to 40%. Agents more recently developed have increased the rates of viral clearance to 95 to 100%. This initiated reports (a promise) that hepatitis C would be eliminated as a disease process by 2020 with a progressive decline in the rates of cirrhosis and hepatocellular carcinoma thereafter through at least 2030. Unfortunately this does not appear to be the case as multiple obstacles prevent the favourable outcome. The issues and remaining and prohibit the promises full film and include the following: Lack of knowledge of primary care physician's that the disease is a serious hepatic disease that slowly and quietly progresses to cirrhosis and potentially hepatic cancer and is treatable. As a result large numbers estimated to be three quarters of the infected population failed to be identified. Secondly the cost of the drugs is prohibitive to those individuals with no insurance and contributes to the effort by third party pears and cover mental agencies to limit treatment to selected groups with advanced liver disease. As a result only a minor fraction of the infected population is identified for treatment and receives treatment. In addition, individuals with non-hepatic manifestations of hepatitis C are not recognized this having the disease process and are excluded from treatment despite the fact that this population represents the largest group of individuals perpetuating the disease in the community as they do not know they have the disease. In order with a promise of the elimination of hepatitis C and a reduction in long-term consequences of the infection universal defecation of infected patient's to include all forms of hepatic dysfunction as well as non-hepatic manifestations of the disease need to be recognized in treated. To accomplish this, the cost of treatment will have to be dramatically reduced and includes not only the cost of the therapeutic agent but also through numerous tests required to justify treatment. Some progress is being made by governmental agencies that are looking at the concept of micro-elimination as a potential means of reducing the prevalence of the disease in high prevalence groups such as men having sex with men, individuals enrolled in drug treatment programs, who said receive multiple transfusions as result of clotting disorders and/or hemolytic anemias. This is clearly a started but only if start.

Biography

David Van Thiel obtained his MD from the University of California at Los Angeles and completed his Internal Medicine residencies at Cornell University Hospitals and Boston University. He completed a Gastrointestinal/Hepatology fellowship at Boston University and the University of Pittsburgh. At the latter institution, he progressed from an Instructor of Medicine to Professor of Medicine and Director of the Gastroenterology & Hepatology Program and served as the medical Director of Liver transplantation. He has published more than 100 peer reviewed papers in a variety of journals and is on the Editorial Board of several journals as well as serves as a reviewer.

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