

Understanding Hepatitis D: 4 Questions With Professor Maria Buti

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Most people are familiar with the hepatitis B (HBV) and hepatitis C (HCV) viruses that attack the liver. But not many have heard of hepatitis D (HDV), the most severe form of viral hepatitis. People living with HDV are at a high risk of severe liver disease, but there is currently no cure or vaccine.

Dr. Maria Buti, Professor of Medicine and Chief of Internal Medicine and Hepatology at the Hospital General Universitari Valle Hebron in Barcelona, has devoted her 40-year medical career to better understanding the epidemiology, diagnosis and treatment of HDV.

The virus, she explains, is rare in that it only affects people who already have HBV. However, the prognosis for people with HDV is much worse than those with HBV alone, as it increases the risk of liver cirrhosis, liver failure and liver cancer. Here she helps us better understand this often-underdiagnosed virus.

Q: Tell us more about hepatitis D and what causes the virus? Hepatitis D is also called hepatitis delta and is acquired the same way as HBV, through blood or other body fluids.

A person is either diagnosed with HDV and HBV at the same time, or HDV is diagnosed later following HBV infection. Some common ways in which people get the virus are by sharing needles and sexual transmission.

Q: What can be done to treat hepatitis D? While there are no treatments approved for HDV in the United States, there have been recent advances in medical innovation which have provided an opportunity to improve outcomes for those living with HDV today. Preventative measures are key. While there isn't a vaccine for HDV, there is one for HBV. Hepatitis delta occurs only in the presence of the hepatitis B virus. Therefore, if you are vaccinated against HBV, then you are protected against HDV.

Q: How would you describe the emotional impact of a hepatitis D diagnosis? A person typically experiences fear after being diagnosed with HDV. They're afraid of having not just one virus, but two viruses and potentially more complications. They're worried they can transmit both viruses to their partners, family and friends. There's also stigma that can affect their quality of life by interfering with relationships at home and at work. They feel isolated, which in many cases leads to depression.

Q: What immediate steps can healthcare professionals take to make a positive impact on those at risk, and those living with hepatitis D? The first thing to do is increase screening efforts because there are a lot of people living with HDV who are undiagnosed. Diagnosing people with HDV earlier is critical for the clinical management of the disease. After screening, it's important to get a specific HDV test to confirm the virus is active and then link people to care so they can get the care that they need to manage their HDV.

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