

Health-e Bytes™

An eNewsletter published by Hepatitis Foundation International

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Dear Friends,

Welcome to Hepatitis Foundation International's (HFI) special edition of our newsletter that highlights July 28, 2014 as the 7th annual global acknowledgment of World Hepatitis Day. This Day is a call to action for the more than 1.5 million people worldwide who die each year from viral hepatitis. Viral hepatitis is severely neglected and is the world's 8th leading cause of death--surpassing HIV/AIDS. World Hepatitis Day also raises awareness and serves to highlight the need for access to testing, treatment, better prevention programs and government action. It is especially important to HFI and we ask patients, families, health care providers, organizations, governments and countries nationally and internationally to get involved. Visit [World Hepatitis Alliance](#) for a free toolkit to plan an event or tweet using the hashtags #thinkhepatitis or #WorldHepatitisDay. Whatever you decide to do, please take action and help bring awareness to everyone you know. We look forward to your continued support and your feedback to ceo@hepatitisfoundation.org. Here's to your best health!

*Ivonne Perlaza Fuller, CEO
Hepatitis Foundation International*

P.S. This newsletter also includes important announcements and highlights hepatitis globally by the World Health Organization's Region/Country designation.



HFI Launches Patient Registry

[Read More...](#)

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Join the World Hepatitis Day "Thunderclap"



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Announcing HFI's Medical Advisory and Scientific Council

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FAST FACTS

- Hepatitis is the 8th leading cause of death worldwide.
- Did you know the number of people worldwide with hepatitis would fill over 6,000 Olympic stadiums?
- Although hepatitis is one of the 4 main communicable diseases, the WHO assigns only 3 people to work on it, compared to 98 for TB, 75 for Malaria and 59 for HIV/AIDS.
- The prevalence of hepatitis is far higher than the prevalence of HIV or any cancer. However, less than 1/3 of governments report funding action to reduce the stigmatization of, and discrimination against people living with hepatitis B or C.
- If everyone with hepatitis held hands, they would circle the globe 15 times.
- International organizations such as the Global Fund and Gates Foundation do not fund or address hepatitis, despite its significant prevalence rate.
- 1 in 12 people worldwide is living with either chronic hepatitis B or C.
- Hepatitis B and C together kill 3 people every minute.
- Every 10 seconds someone contracts hepatitis.
- Hepatitis does not discriminate by age, race, occupation or background.
- More than half of the world's population lives in countries with no provision for free testing of hepatitis B or C and 41% in countries where no government funding exists for treatment.



HEPATITIS KNOW THE FACTS

Know the main routes of transmission of hepatitis

	hepatitis B	hepatitis C
1 UNPROTECTED SEX	✓	7*
2 BLOOD TRANSFUSIONS	✓	✓
3 SHARING NEEDLES	✓	✓
4 MOTHER TO CHILD	✓	✓
5 USING THE TOILET	✗	✗
6 SHARING UTENSILS	✗	✗
7 SHARING TOOTHBRUSHES & RAZORS	✓	✓

What you can do

	hepatitis B	hepatitis C
1 SEE A DOCTOR	✓	✓
2 GET VACCINATED	✓	✗

* The risk of transmission of hepatitis C during unprotected sex is considered very low, especially if you are in a long-term, stable relationship. This risk may be higher among men who have sex with men or if blood is involved.

This is hepatitis... Know it. Confront it. www.worldhepatitisalliance.org

- 1 in 3 people on the planet has been exposed to either or both viruses (HBV, HCV).
- Many people do not have any symptoms if they contract hepatitis B or C, although they can still transmit the viruses to others.
- Globally 2.7% of all deaths are due to hepatitis B and C, liver cancer and cirrhosis of the liver.
- 500 million people worldwide are currently living with chronic hepatitis B or C infections.

Health-e Bytes

July-August 2014

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HFI in the Know...

July 28, 2014 – World Hepatitis Day

July 2014

- Fireworks Safety Month
- Eye Injury Prevention Month
- UV (Ultra Violet) Safety Month
- Juvenile Arthritis Awareness Month
- 24–28 Watch the 2014 Commonwealth Games in Glasgow, Scotland with around 4,500 competing athletes across 17 different sports. The Games will be live-streamed from the World Hepatitis Alliance website. Tweet #ThinkHepatitis during the Games, and watch what happens!
- 25 National African American Hepatitis C Testing Day
- 28 World Hepatitis Day World Hepatitis Day Observation Events <http://www.worldhepatitisalliance.org/en/host-an-event.html>
Experts from around the globe will be answering questions on viral hepatitis tweet to @WHO Twitter or text to 01287 244033

August 2014

- Children's Eye Health and Safety Month
- Medic Alert Awareness Month
- National Breastfeeding Month
- National Immunization Awareness Month
- Psoriasis Awareness Month
- 1-7 World Breastfeeding Week
- 10-16 National Health Center Week



WORLD HEPATITIS DAY



**World Hepatitis Day Observation Events:
Around the World:
Find, Host or Participate [Click Here](#)**

**Be Part of
World Hepatitis Day
Thunderclap!**

"Hundreds of millions have chronic hepatitis, over 1.4 million die each year"

Hepatitis: Think Again

#WorldHepatitisDay

<http://thndr.it/1kfp0tq>

Join World Hepatitis Alliance
in sharing this message together at the
same time - automatically.

TWITTER

FACEBOOK

TUMBLR



Advocacy Op-Ed...

You Are Needed in the Fight – World Hepatitis Day and Everyday

2014 marks a decade of my working with the hepatitis community to address critical legislative and public policy issues. As this World Hepatitis Day approaches, I find myself reflecting on just how far we have come in that time.

Progress is made in Washington, D.C. on Capitol Hill when individuals on the grassroots level reach out to their elected officials and ask for the support of federal programs. As the saying goes, “the squeaky wheel gets the grease.” Over the years, the hepatitis community has become increasingly vocal and effective at making its collective voice heard. As a result, the National Institutes of Health (NIH) currently devotes \$200 million annually to hepatitis research (not an insignificant sum), and other federal programs to focus on community interventions to improve public health.

The hard work of the hepatitis community, collaboration with federal programs, and other stakeholders has formed the cornerstone of a partnership that is increasingly leading to breakthroughs in diagnosis and treatment. As opportunities increase, so have the challenges. More needs to be done to ensure affected individuals have unhindered access to quality care and innovative treatment options. As we approach this critical tipping point, I encourage anyone to view World Hepatitis Day as a rallying point to lend their voice to a growing chorus of stakeholders working to affect positive change. Please join the fight!

Thank you for joining with us in the fight!

Dane Christiansen

Vice Chair, HFI Board of Directors



Lifestyle...

HFI Launches Patient Registry

In collaboration with a team from the Genetic Alliance, the Hepatitis Foundation International (HFI) has been approved by the Patient-Centered Outcomes Research Institute (PCORI) to develop and expand a health data network that will be part of PCORnet: the National Patient-Centered National Clinical Research Network, Community-Engaged Network for All (CENA).

This collaboration will test the prospect of recruiting patients from academic medical centers into participant-led models to form a new national resource that will serve to accelerate health research, while ultimately shortening cures for hepatitis and other liver related diseases.

HFI's goal for this new patient registry is to collect self-reported data on a

patient's health along the hepatitis health care continuum.

HFI's, CEO, Ivonne Fuller says, "HFI believes engaging more individuals in patient centered research will

significantly increase data that has been collected over the years and will allow the Foundation to gain more insight into the patients, families and others we are serving for better health

outcomes." She further stated, "The patient registry is an exciting step for us, HFI continues to make inroads and address all areas that impact our constituents including research."

HFI will launch the new patient registry on our website on August 1, 2014. For more information about the registry, email:

research@hepatitisfoundation.org



Grand Rounds...

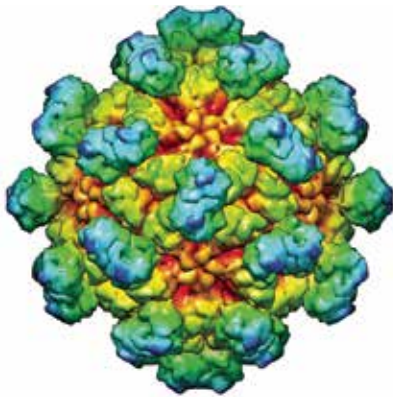
Hepatitis Foundation International Launches Medical Advisory and Scientific Council (HFI-MASC)

The Hepatitis Foundation International (HFI) has developed a Medical Advisory and Scientific Council (MASC) that will serve to increase HFI's body of medical literature and lend increased credibility to the integrity of HFI research, programs and resources. The MASC will advise the Foundation on specific medical and clinical aspects, as well as establish standards of care guidelines for the treatment of hepatitis, other related illnesses, liver disease and disorders.

HFI is seeking physicians, scientists, nurses, pharmacists, physician assistants, researchers, addiction professionals and other treatment and/or public health professionals nationally and internationally in the broad fields of testing, care, treatment, addiction, research and care, AIDS, hepatitis, diseases affecting the liver and other infectious diseases.

For additional information and to indicate your interest and/or nominate a candidate please forward information to MASC@Hepatitisfoundation.org by August 15th.

What do you know about Hepatitis E?



Hepatitis E virus infection, which can be transmitted to humans by multiple means, is a critical public health concern in underdeveloped countries. In a study published in *Hepatic Medicine: Evidence and Research*, Santiago Mirazo, MSc, University of the Republic, Uruguay, and colleagues provided the latest information on HEV.

HEV in humans has four genotypes and multiple subtypes. Outbreaks tend to occur in developing countries as well as India, Bangladesh and the People's Republic of China. Small outbreaks have occurred in other countries and often are associated with travelers returning home.

The virus is transmitted through drinking contaminated water in areas with poor sanitation and consuming raw or uncooked meat of HEV-infected animals (foodborne, zoonotic transmission), especially in industrialized countries by human to human, parenteral and perinatal transmission. HEV is usually diagnosed through detection of anti-HEV antibodies and analyzing HEV RNA in biologic specimens such as stool, serum and liver biopsy.

There are no established systematic guidelines for the treatment of HEV.

To learn more about hepatitis E, see these articles:

- [***Six important aspects of hepatitis E***](#) (courtesy Healio.com)
- [***Cleveland Clinic Report: Hepatitis E – An Evolving Disease***](#)



Hepatitis Highlights By Regions: World Health Organization...

Viral Hepatitis Resolution Passed at World Health Assembly

194 World Health Organization (WHO) member states unanimously adopted a new viral hepatitis resolution at the World Health Assembly on May 24, 2014. This is a big step forward for viral hepatitis. For the first time, hepatitis is getting the attention it deserves.

49 countries from every region of the world spoke out to express their strong support for the Resolution as well as their recognition of viral hepatitis as a major global public health threat. Many countries, however, recognized the challenges they face, often citing concern over costs of both drugs and diagnostics.

The resolution asks the WHO to strengthen their commitment to viral hepatitis by devising a monitoring system to track progress. The Resolution also urges all member states to develop comprehensive national plans.

To read the full resolution, [click here](#).



AFRICAN REGION — The 46 Member States that make up the World Health Organization (WHO) African Region, has a total population of 857 million. The African Region ranks behind the other five WHO regions on key measures of overall population health. It has the lowest life expectancy at birth (54 years in 2009), the highest infant and under-five mortality rates, one of the lowest immunization coverage levels among one-year-olds and also has severe shortages in its health workforce.

The African Region is estimated to have some of the highest prevalence rates for hepatitis A globally, with $\geq 90\%$ of children in sub-Saharan Africa exposed to infection by the age of 10 years. The prevalence of hepatitis E in the Region varies from $< 2\%$ in several countries to $> 20\%$ in Central Africa. The prevalence of hepatitis B is estimated at 8% in West Africa and 5%–7% in central, eastern and southern Africa. The prevalence of hepatitis C is even higher in some areas, reaching levels of up to 10%.

AMERICAS — The 35 Member States which make up the World Health Organization (WHO) Region of the Americas, has a total population of 939 million. Most of the Region's countries are low- and middle-income countries, but it also encompasses high income countries of Canada and the United States. The average life expectancy in the Region of the Americas in 2010 was 76.2 years. By 2020, the Region will be home to almost 200 million people above the age of 60 years. Longer life expectancy and lifestyle changes have driven increases in non-communicable diseases, and these diseases now cause more than three fourths of the deaths in the Region annually.

The Region of the Americas stands out for its progress against vaccine-preventable diseases and the high level of childhood vaccination coverage. Although communicable diseases cause only about 13% of deaths in the Region of the Americas, they impose a high burden of disease in some populations.

Most countries in Latin America and the Caribbean (LAC) show intermediate endemicity for hepatitis A. However, the prevalence varies from region to region. A low prevalence and outbreaks of hepatitis E have been reported in some LAC countries. Although higher prevalence has been reported elsewhere, little is known about the epidemiology of this infection in this Region. Recent data indicate from 1990 to 2005, the prevalence of hepatitis B infection fell on average to below 2% in the central and tropical Latin American regions, while it remained between 2% and 4% in the Caribbean, Andean and southern Latin American regions.

In Andean, central, southern and tropical Latin American countries, approximately 7 million adults are estimated to be anti-hepatitis C positive, meaning that they have been exposed to hepatitis C and could contract chronic infection. With respect to hepatitis D, a high prevalence of coinfection among hepatitis B cases has been observed in the Amazonian region.



Hepatitis Highlights By Regions: World Health Organization...

EASTERN MEDITERRANEAN REGION — The prevalence of hepatitis A in the Region has decreased in recent decades; where studies from the 1980s reported 100% exposure rate by the age of 10 years, more recent studies indicate a modest decrease to 50% of children exposed by the age of 15 years. The prevalence of hepatitis E infection is high (>15%) in Sudan, South Sudan, Pakistan and Somalia. It is estimated that approximately 4.3 million people are infected with hepatitis B and 800,000 people are infected with hepatitis C annually in the Region. In North Africa and the Middle Eastern region, low–intermediate (2%–4%) prevalence of hepatitis B was reported across all age groups in 2005. The prevalence of hepatitis C is estimated to be 1%–4.6%, with levels as high as 15% and higher than 20% in parts of Egypt and Pakistan, respectively. Overall, an estimated 17 million people in the Region suffer from chronic Hepatitis C infection.

EUROPEAN REGION — The 53 Member States of the WHO European Region have a population of 899 million, with the Russian Federation accounting for approximately 1/6th of this total. The European Region, which includes 45 high income and upper–middle-income countries, is characterized by increasing life expectancy and a health profile shaped more by non-communicable than by communicable diseases.

By 2050, more than 1/4th of the Region's population will be aged 65 years or older. This trend is one factor driving the increase in non-communicable disease rates in the European Region, but lifestyle factors are also thought to play a major role in shaping the health of the population. For instance, while HIV infections are decreasing globally, the eastern part of the European Region has the fastest-growing HIV epidemic in the world; a trend driven largely by injection drug use.

Although the total number of cases is decreasing, hepatitis A infection is still an important public health threat in the Region, with a potential for outbreaks. Hepatitis E is responsible for fewer than 5% of cases of acute hepatitis in western Europe and, in most studies, antibodies against hepatitis E have been found in a small proportion (0%–10%) of healthy persons; for other parts of Europe, the prevalence is higher, reaching up to 27.8%. In the WHO European Region, over 13 million adults are living with hepatitis B and 15 million with hepatitis C. This data suggest that almost 1 in 50 adults is infected with hepatitis B and a similar proportion of people have chronic hepatitis C. Most of those infected in the WHO European Region live in eastern European and central Asian countries: 66% of those with hepatitis B and 64% of those with hepatitis C. People who inject drugs are the most affected (15% for hepatitis B and 44% for hepatitis C), but infection is also common in other vulnerable population groups such as men who have sex with men (8.7% and 4.2%, respectively), and sex workers (3.3% and 11%, respectively). By comparison, rates in the general population of countries in the European Region outside the European Union and European Free Trade Association are 3.8% for hepatitis B and 2.3% for hepatitis C.

SOUTH-EAST ASIA — The 11 Member States make up the (WHO) South-East Asia Region, has a total population of 1.83 billion. India, with a population of 1.24 billion, accounts for approximately 2/3rds of the Region's population. The South-East Asia Region hosts 1/4th of the world's population and carries about 30% of the world's total disease burden. In 2009, life expectancy at birth for the South-East Asia Region was 65 years.

The greatest contributors to morbidity and mortality are non-communicable diseases: cardiovascular diseases and cancer account for about 30% and 9% of deaths, respectively.

The endemicity of hepatitis A in the Region ranges from low (<50% exposed by the age of 30 years) in the eastern areas to high (>90% exposed by the age of 10 years) in the southern areas. Approximately 14 million cases of hepatitis E infection occur annually in the Region, which accounts for more than 1/2 the global burden. Indeed, the prevalence of hepatitis E is estimated to be above 25% in those >50 years of age. The prevalence of hepatitis B in the young age groups of 0–14 years is 1.2%–1.4%. However, in adults, the prevalence is higher, at above 5%. There are up to 50 million people with chronic hepatitis C infection in the South Asia. Because of the asymptomatic nature of chronic hepatitis B and hepatitis C, most people infected are not aware of their status until they have symptoms.

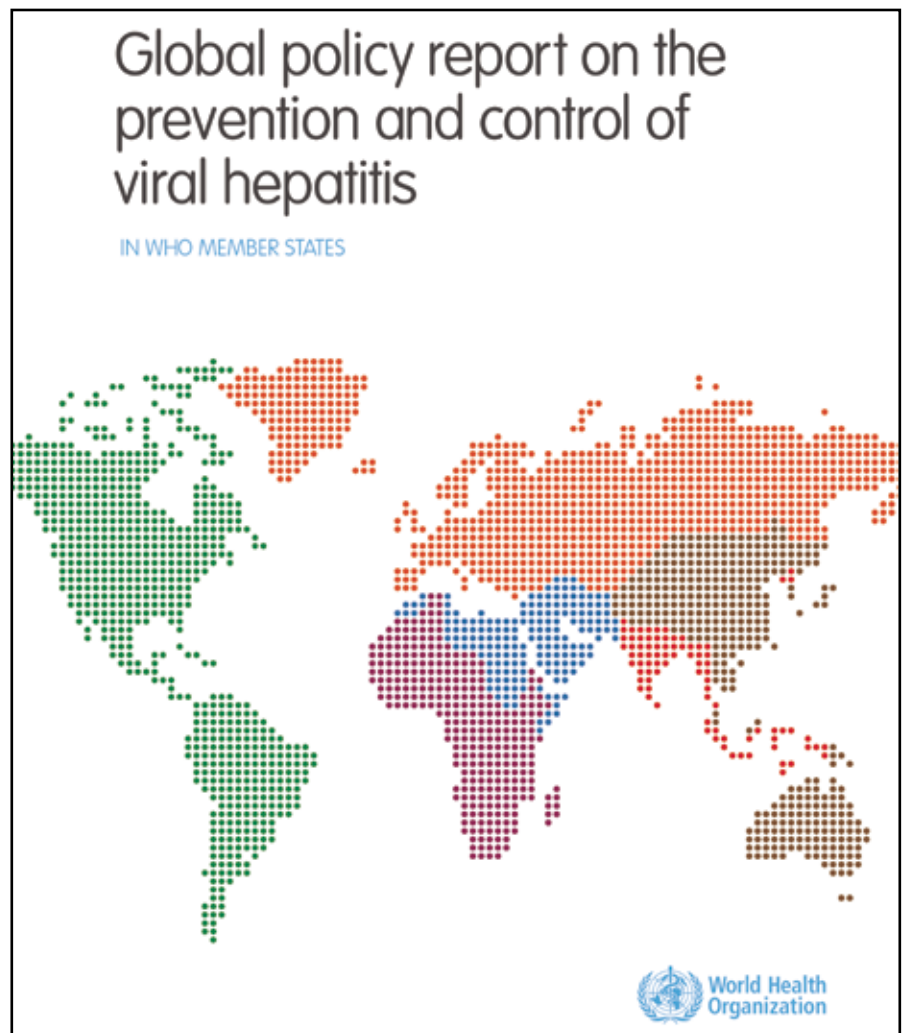


Hepatitis Highlights By Regions: World Health Organization...

WESTERN PACIFIC REGION — The 27 Member States make up the Western Pacific Region, which has a total population of 1.8 billion. The population of China accounts for approximately 75% of this total. The Western Pacific Region encompasses countries at different levels of socioeconomic development, and includes 6 high income countries. It also includes geographically isolated Pacific Island Countries with poor infrastructure. Health indicators for the Region vary widely. Across countries, the median life expectancy at birth is 70 years. However, it is 8–11 years lower in five countries of the Region, while Japan's life expectancy of 83 years is the highest in the world. Non-communicable diseases caused 80% of deaths in the Western Pacific Region in 2008, with cardiovascular diseases accounting for almost half of the deaths from non-communicable diseases. Liver cancer rates in this Region are far higher than in other regions.

Very low prevalence rates (<50% of population exposed by the age of 30 years) for hepatitis A have been consistently reported from high-income Asia-Pacific countries and Australasia (Australia and New Zealand). Very little information is available from island nations in the Region, though they appear, on average, to have an intermediate prevalence rate. Similarly, for hepatitis E, studies are scarce; however, prevalence estimates above 5% are not reported in the Region. In this Region, with the exception of Australia, Japan and New Zealand where the chronic hepatitis B infection rate varies from 2% to 4%, countries have an estimated rate of 5%–7% or more. The Region accounts for 48% of global liver cancer cases among men and 62% among women. Moreover, liver cancer is the third most common cause of cancer mortality among men in the Region.

NOTE: To download and read the full WHO report, "Global policy report on the prevention and control of viral hepatitis", [click here](#).



Helping Hands

Summer's a great time to help Hepatitis Foundation International just by sharing. You join iGive for HFI and then get your

friends to join. Each person who joins iGive in July for the first time automatically has \$5 donated ... no purchase necessary! All they need to do is try the iGive button through 10/15/14. The person who gets the most new members to join iGive in July, then try the Button through 10/15/14 earns \$1,000. Go to [Tell a Friend](#) to get credit for the contest (it's the only way to get credit).



THERE'S AN APP FOR THAT:

GenieMD is a useful app that has a good drug database. If you are taking drugs that may interact, this app will alert you. Although it does include over-the-counter drugs in its database, it does not include herbs and supplements. GenieMD is more than a medication reminder. Reminders can be set for doctor's appointments, prescription refills, blood pressure monitoring, to exercise and even to drink more water. This app also includes personal health record keeping, discharge instructions and guides to healthy living. The user can load all personal information into this app and always have it on hand for medical appointments.

T.I.P.S.

HEPLINE

1-800-891-0707 • Hepatitis Health Hotline™

Established in 1994, the HFI's Hepatitis-Health Hotline™ links constituents, nationally and internationally, to care, treatment, health care resources and clinical trials, and individuals in better navigating the health system for optimal health outcomes. As a first line of defense for the newly diagnosed, it offers an effective way to provide callers/patients with accurate information, counseling, and referrals to appropriate community-based services or resources while preserving their anonymity.