Hepatitis B, Past, Present, Future Inaugural Canadian Hepatitis B Community Forum

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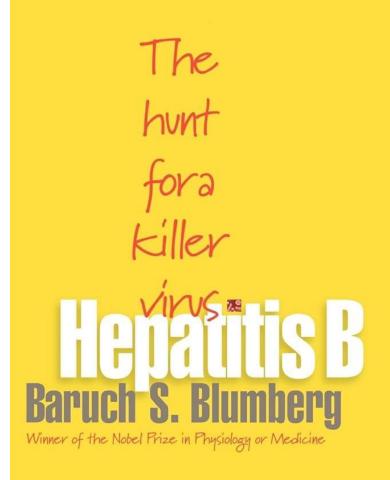


The Past

Discovery of the Hepatitis B Virus



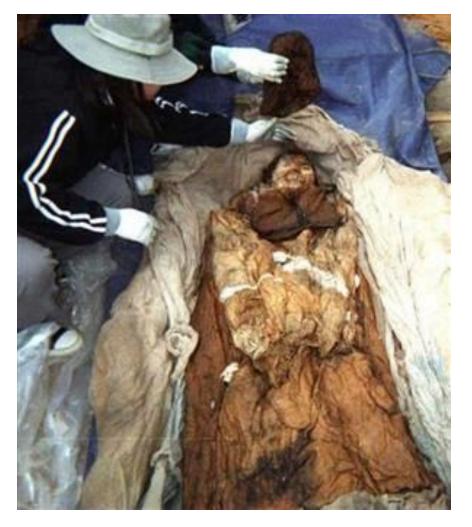
Dr. Baruch Blumberg (1925-2011)
Discovery HBV 1965
Winner Nobel Prize in Medicine



- Collected blood samples from around the world to study genetic traits
- "Accidently" found a "protein" in the blood of an Australian Indigenous person
- Later identified it to be the "Hepatitis B Virus Surface Antigen" (Australian Antigen)
- Invented the 1st Hepatitis B Vaccine in 1969
 - >70% Decreased Rates of Liver Cancer in some Countries

Korean Mummy Found With Hepatitis B Virus

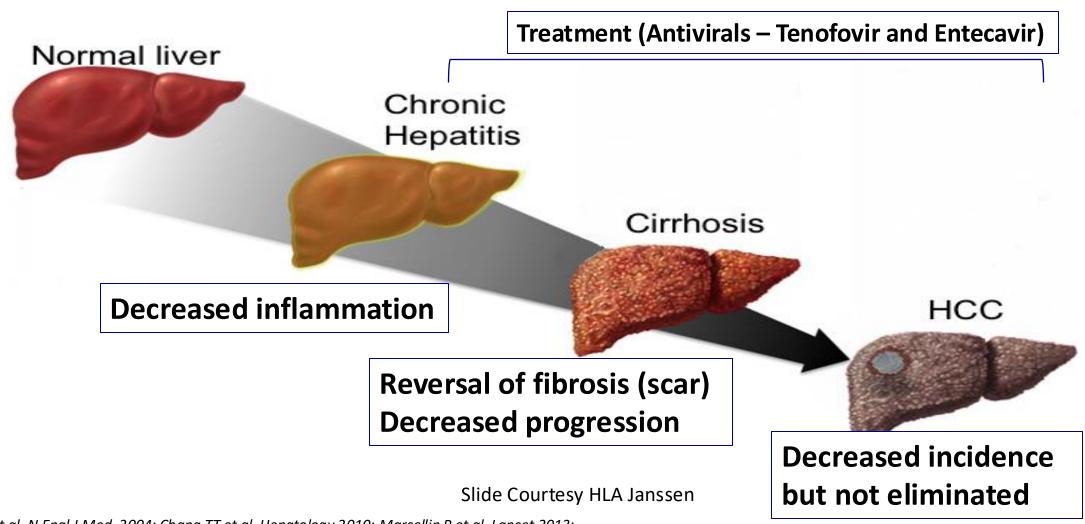
- Virus discovered in the liver of a South Korean mummy
 - 500-year-old child
- First time HBV ever been found in a mummified body
- The virus genome (strain) (genotype C) estimated to be 3000 - 10,000 years old



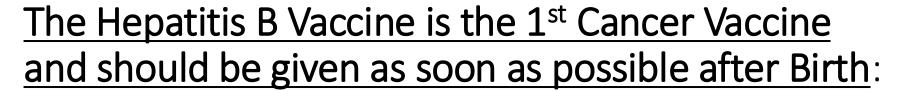


The Present

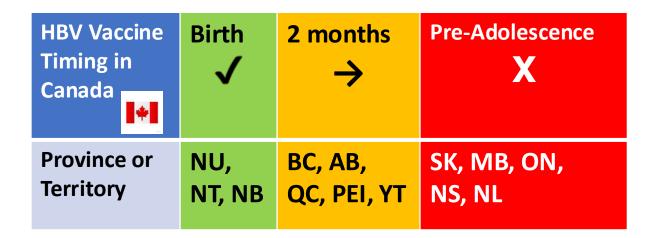
Hepatitis B Virus Can Cause Progressive Liver Disease and Liver Cancer

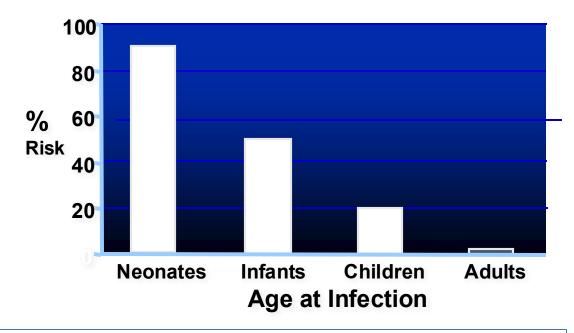


Liaw YF et al, N Engl J Med. 2004; Chang TT et al, Hepatology 2010; Marcellin P et al, Lancet 2013; Hosaka et al, Hepatology 2013; Lai CL et al., Hepatology 2013. Kim et al, Cancer 2015; Papatheodoridis et al, J Hepatol 2015



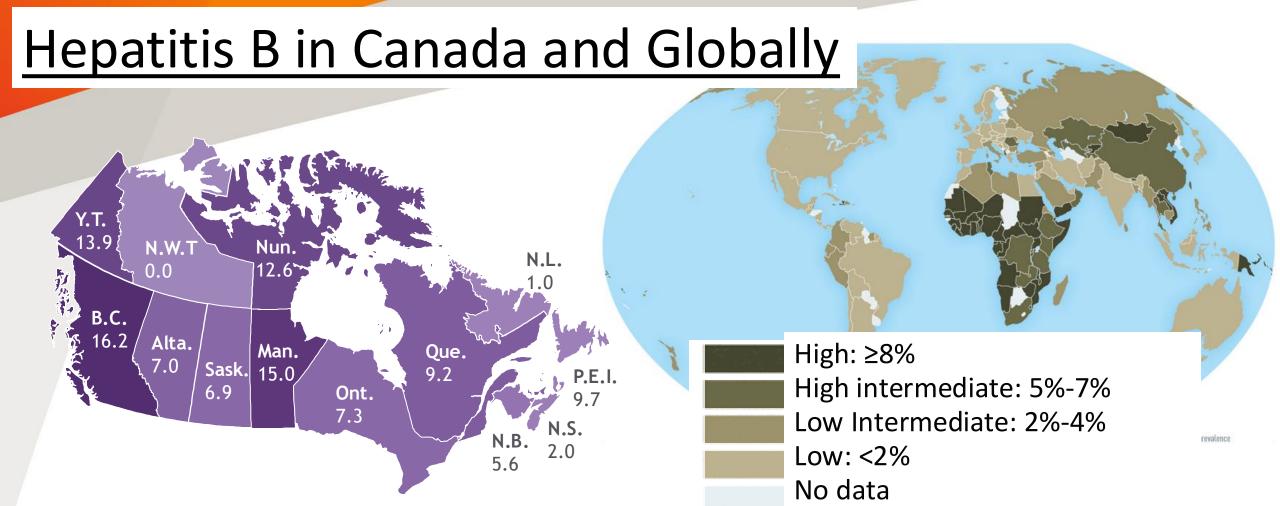






There is no cure for
Hepatitis B
"An Ounce of Prevention
is Worth a Pound of
Cure"

- Greatest Risk in Infants and young children
 - 80-90% < 1 year
 - 30-50% < 6 y
 - <5% otherwise healthy teens or adults (maybe even <1%)



250,000 Canadians



1.5 million new HBV infections per year
260 million people infected
2 billion people are anti-HBc positive
<10% treated

References: 1. Public Health Agency of Canada. Hepatitis B in Canada: 2021 surveillance data update. Ottawa, ON: Public Health Agency of Canada; 2023; 2. Kochaksaraei GS, et al. Ann Hepatol. 2025 Jan-Jun; 30(1):101576. 3. Makuza JD, et al. Viruses. 2022 Nov 21;14(11):2579.

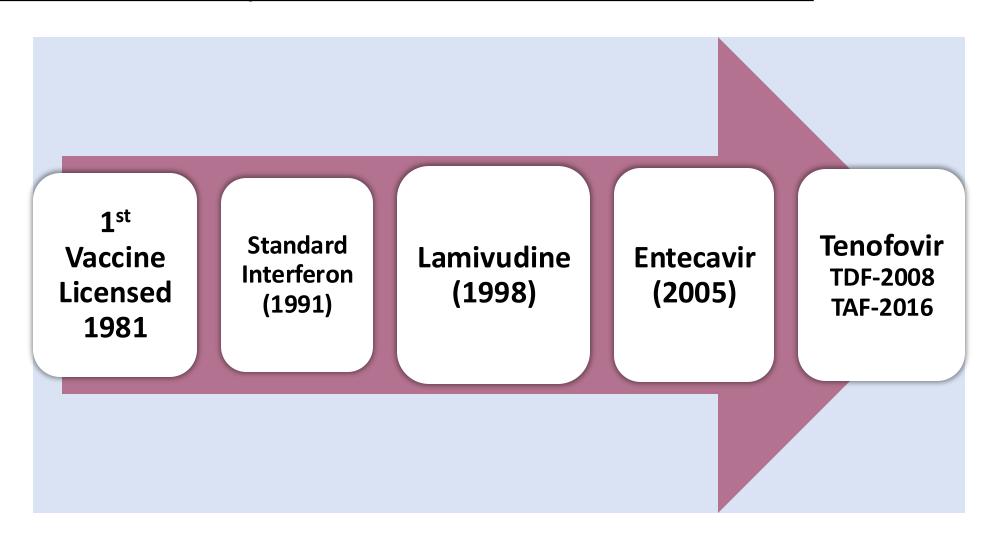
Argument for Universal HBV Screening:

- Up to 30% of people with HBV do not fall into known risk groups
- Current screening guidelines are not always followed due to complexity
- 40% of Canadians are living with HBV and don't know it

Testing is the only way to identify *all* with asymptomatic infection that might benefit from treatment to reduce liver disease and liver Cancer



Timeline in Hepatitis B Care 1981-Present



Author_year	RR (95% CI)	% Weight
Death		
Kim et al., 2012 →	0.44 (0.34, 0.58)	73.58
Wong et al., 2013	0.55 (0.31, 0.99)	16.74
Fattovich et al., 1997	0.71 (0.33, 1.53)	9.70
Subtotal (I-squared = 0.0%, p = 0.450)	0.48 (0.38, 0.61)	100.00
HCC		
Hosaka et al., 2013	0.57 (0.28, 1.23)	9.91
IIHCSG, 1998	0.88 (0.41, 1.88)	10.06
Kim et al., 2012	0.59 (0.41, 0.84)	20.93
Ma et al., 2007	0.33 (0.15, 0.72)	9.76
Mahmood et al., 2005	0.82 (0.34, 1.98)	8.28
Wong et al., 2013	0.26 (0.13, 0.55)	10.80
Benvegnu et al., 1998	0.26 (0.04, 1.92)	2.17
Fattovich et al., 1997	0.83 (0.25, 2.75)	5.10
Ikeda et al., 1998	0.48 (0.24, 0.88)	12.65
Tong et al., 2008	1.25 (0.59, 2.62)	10.34
Subtotal (I-squared = 36.3%, p = 0.118)	0.57 (0.42, 0.77)	100.00
Decompensated Liver Disease		
Kim et al., 2012 →	0.34 (0.25, 0.48)	61.55
Fattovich et al., 1997	0.70 (0.33, 1.48)	38.45
Subtotal (I-squared = 67.2%, p = 0.081)	0.45 (0.22, 0.89)	100.00
NOTE: Weights are from random effects analysis		

Benefits of Long-Term Antiviral Therapy: **Clinical outcomes for** observational studies comparing treatment vs. no treatment in 59,201 with "immune active" HBV infection: Lower death, liver cancer and decompensated liver disease

Lok et al., Hepatology, 2016; 63

-Generic HBV drugs cost about \$2200 per year! With Alberta blue cross copay \$1200 per / year (Only \$200/year other countries)

Message from the Chair "Canada relies on a confusing patchwork of over 100 public prescription drug plans and over 100,000 private plans—with a variety of premiums, copayments, deductibles and annual limits"

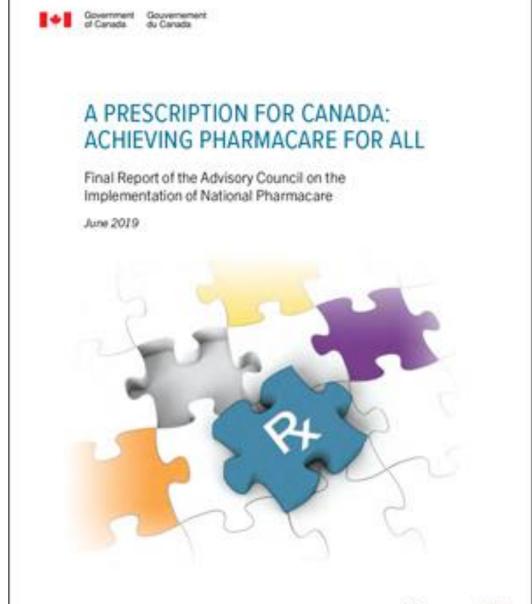
Dr. Eric Hoskins



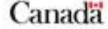
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Research

Variable access to antiviral treatment of chronic hepatitis B in Canada: a descriptive study



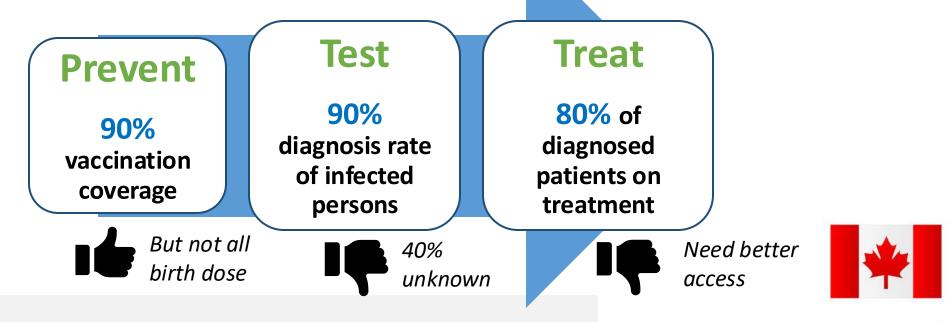






The Future

World Health Organization HBV Elimination Goals



World Health Organization (WHO) Goals for HBV Elimination by 2030

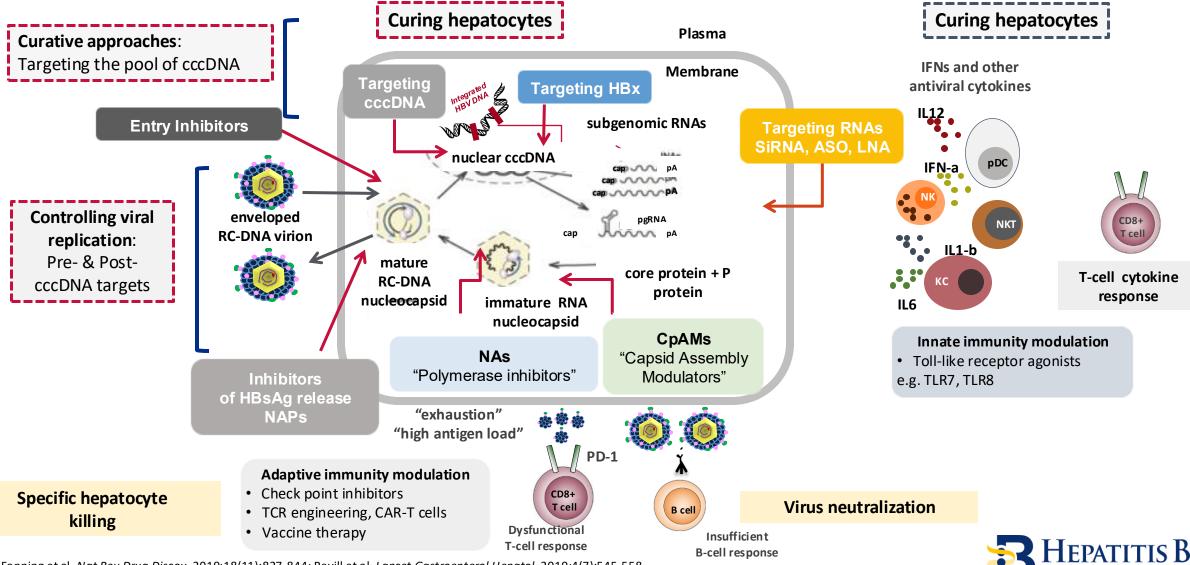
- Reduce new infections by 90%
- Reduce mortality by 65%



Clinical Trials: Timelines for HBV Cure?



Emerging Treatment Targets for HBV – Stay Tuned



Conclusion – Hepatitis B Past, Present and Future

- Hepatitis B IS a Major Global Health Problem and in Canada
- WHO Global Targets:
 - Universal birth dose HBV vaccination The 1st shot is the most timely
 - Increase screening, linkage to care You should know if you have hepatitis B
 - Culturally appropriate public education and awareness
- Safe and effective therapies reduce liver disease risk and cancer
 - Need to improve access to life-saving treatments

THERE is HOPE for a Hepatitis B Cure

