

# H D V

## in the UK

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 **HEPATITIS B**  
FOUNDATION  
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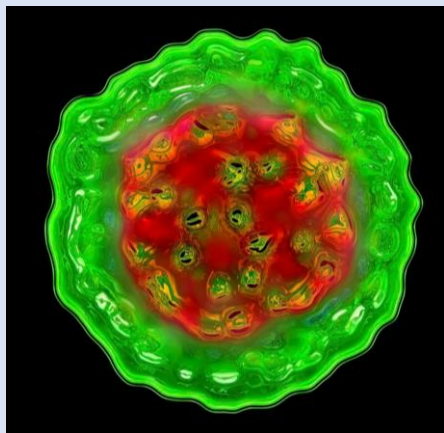
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# Challenges for HDV in the UK



- A 'satellite virus'
- Co-agent with HBV
- The smallest virus known to infect mammals
- Estimated to infect 12-70 million people worldwide
- Increased risk of long-term liver disease

## EPIDEMIOLOGY

- A neglected condition.
- Commoner in certain groups, including some populations who are under-served by healthcare – and this changes over time.
- Regional differences between and within countries.

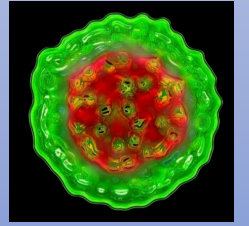
## LAB TESTS

- Availability of lab tests is not consistent, and different tests are required:
  - **HDV antibody** (exposure to the virus)
  - **HDV RNA** (active current infection with the virus)
- Long turn-around time
- We need rapid diagnostic tests / 'point of care' tests

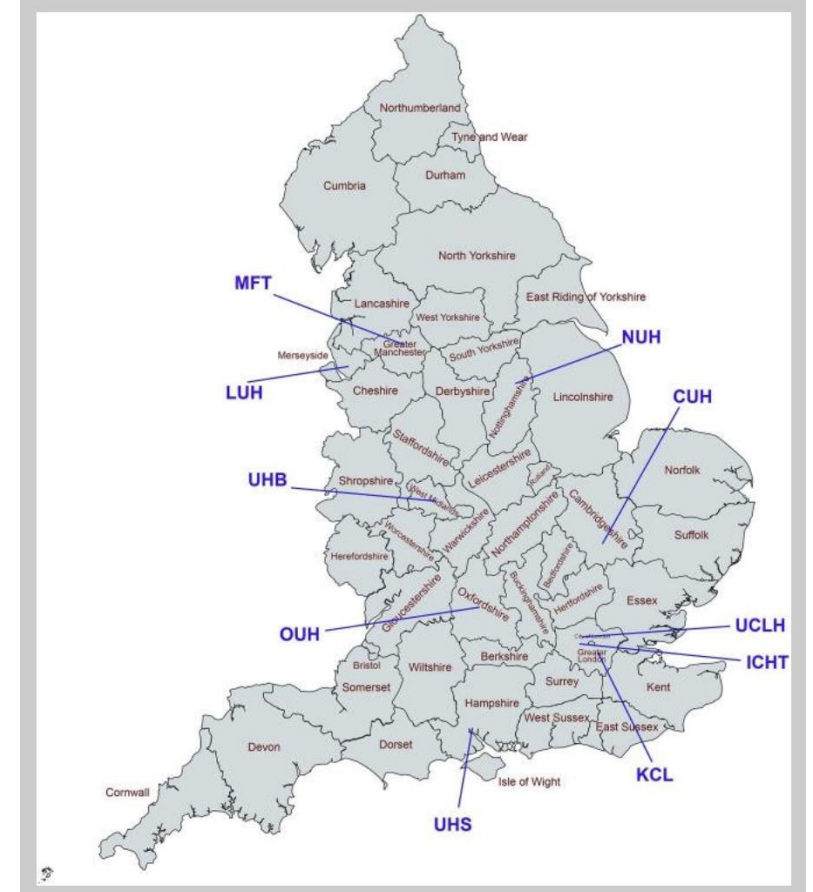
## GUIDELINES

- Lack of consistent guidelines on HDV testing ('Recommendations' only).
- Many people living with HBV are not tested for HDV, or tested once only during their lifetime.

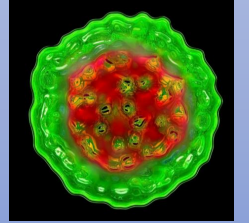
# Where can we get more information?



- We are establishing pathways to collect routine clinical data through the NIHR 'Health Informatics Collaborative'
  - Currently only 88 people known to be HDV-positive among 14,640 HBV patients (0.6%, likely to be an under-estimate)
- There is clear testing guidance from BHIVA – so we have better data for HDV in people living with HIV-HBV coinfection
- A new HDV registry is being established across the UK - UKHSA and partners



# Current Estimates



- UKHSA estimates 206,000 people living with HBV infection in England (CI 157,000 – 274,000) = prevalence of 0.45% (95% CI 0.35% - 0.60%)<sup>1</sup>
- Only a few UK centres have tested for HDV prevalence (mostly in London)
- HDV estimated prevalence in people living with HBV= 2.1-8.5%<sup>2-6</sup>

1. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1133813/Hepatitis\\_B\\_in\\_England\\_2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1133813/Hepatitis_B_in_England_2023.pdf) (Last accessed April 2023)

2. The increasing prevalence of hepatitis delta virus (HDV) infection in South London, Cross T et al. J of Med Virol 2008; Feb;80(2):277-82

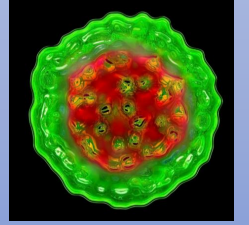
3., Hepatitis delta genotype 5 is associated with favourable disease outcome and better response to treatment compared to genotype 1 Spaan M et al. J Hepatol 2020, <https://doi.org/10.1016/j.jhep.2019.12.028> (Last accessed April 2023)

4. A re-assessment of the epidemiology and patient characteristics of hepatitis D virus infection in inner city London, Tong CYW et al J of Infection 2013, 66(6):521-7

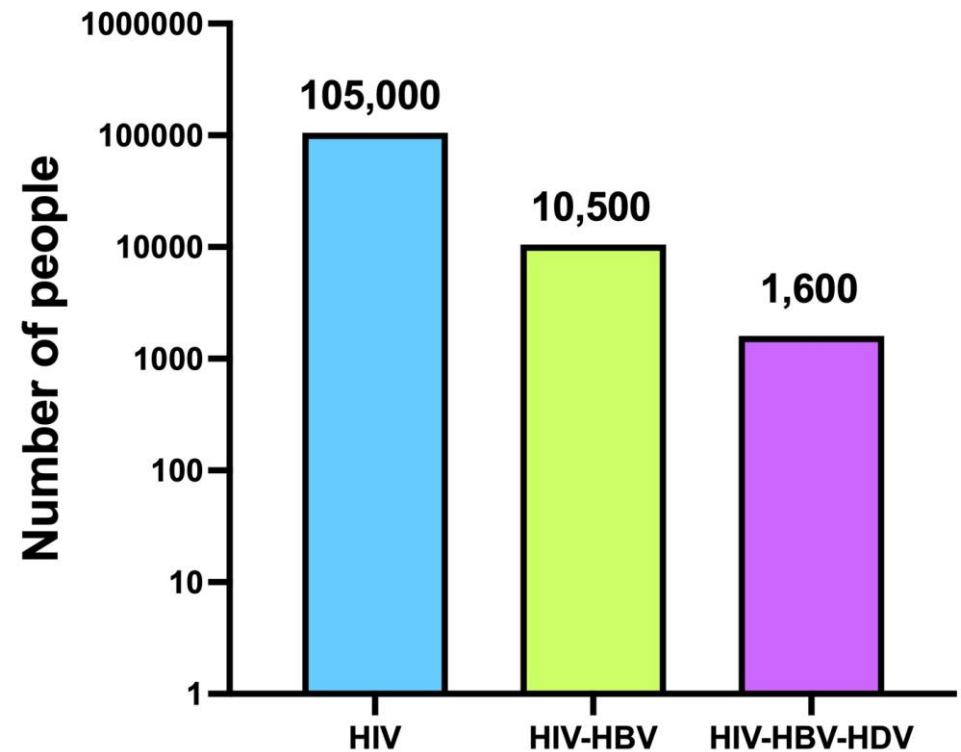
5. The burden of hepatitis D infection in East London, Htet H et al. 2021 <http://dx.doi.org/10.1136/gutjnl-2020-bsgcampus.269> (Last accessed April 2023);

6. Hepatitis delta virus testing, epidemiology and management: a multicentre cross-sectional study of patients in London, El Bouzidi K et al. J Clin Virol 2015, 66:33-7

# HIV-HBV-HDV in the UK



- Approx 105,000 people living with HIV in UK
- Estimated 5-10% of PLWHIV are HBV co-infected, of which 15% have HDV (approx. 1600 patients)
- 99% on Antiretroviral therapy



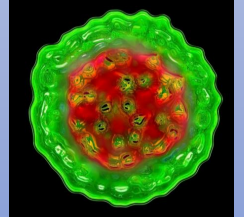
# New news!

**NICE** National Institute for Health and Care Excellence



## Bulevirtide for treating chronic hepatitis D

Technology appraisal guidance [TA896] **Published: 07 June 2023**



[Guidance](#) [Tools and resources](#) [Information for the public](#) [Evidence](#)

[Overview](#)

**Guidance**

**1 Recommendations**

### 1 Recommendations

1.1 Bulevirtide is recommended as an option for treating chronic hepatitis D in adults with compensated liver disease only if:

- there is evidence of significant fibrosis (METAVIR stage F2 or above or Ishak stage 3 or above) and
- their hepatitis has not responded to peginterferon alfa-2a (PEG-IFN) or they cannot have interferon-based therapy.

Bulevirtide is only recommended if the company provides it according to the [commercial arrangement](#).

1.2 This recommendation is not intended to affect treatment with bulevirtide that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.



***Thank you!***

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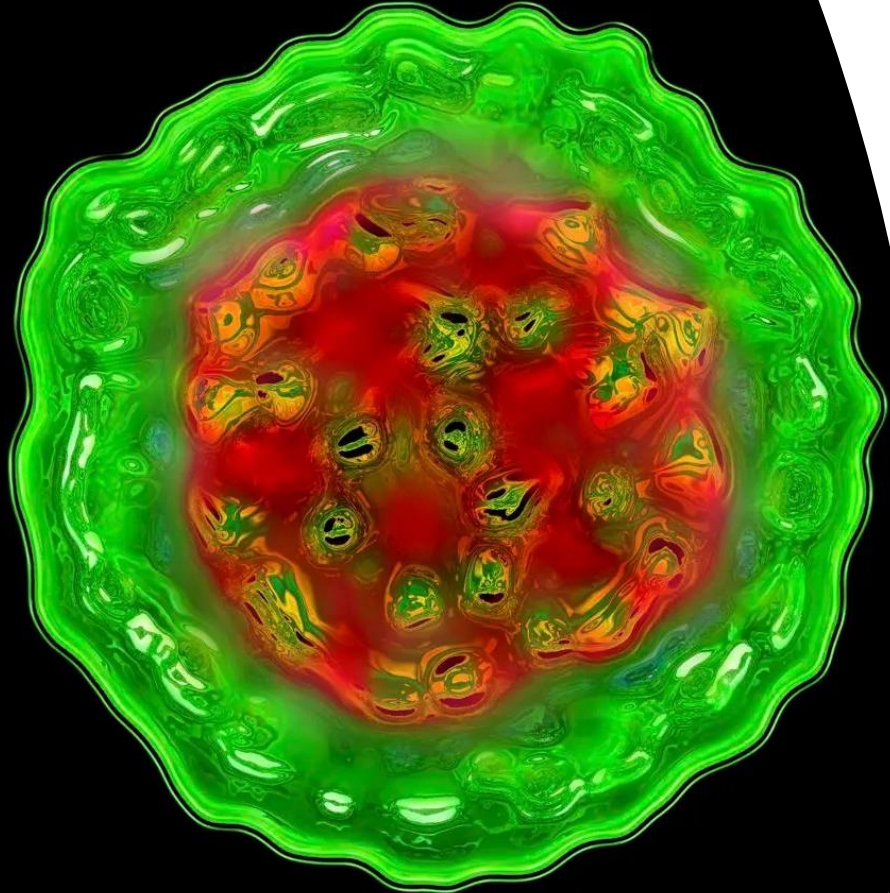
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