Living with Chronic Hepatitis B and D

What is hepatitis D?

Hepatitis D is a liver infection caused by the hepatitis D virus that results in the most severe form of viral hepatitis. Only people who already have chronic hepatitis B, or those who contract both viruses during one exposure, can become infected with hepatitis D. One in 20 people with hepatitis B are estimated to be coinfectected with hepatitis D.

What happens if I am coinfectected?

Managing a hepatitis B and D coinfection can be more complicated than living with hepatitis B alone. It will likely require altered management and treatment, which is why it is very important to find a knowledgeable liver specialist who can monitor your disease.

How can a coinfection be managed?

When someone is coinfectected with hepatitis B and D, hepatitis D usually becomes the dominant virus and main source of potential liver damage. It often suppresses hepatitis B and will lower your hepatitis B viral load (HBV DNA), while your hepatitis D viral load (HDV RNA) may be very high. Tests used to monitor disease progression and response to treatment may include:

- **HBV DNA and HDV RNA**: These tests are helpful in understanding how active hepatitis B and hepatitis D are in your body. Your doctor may use these tests to help assess response to treatment.
- **Alanine Aminotransferase (ALT) and Aspartate Aminotransferase (AST)**: These liver enzyme blood tests can be helpful in understanding if you are currently experiencing liver damage.
- **Alpha-Fetoprotein (AFP), liver ultrasounds, liver elastography (Fibroscan), liver biopsy**: These tests can provide a more accurate and detailed understanding of current liver health (fibrosis, cirrhosis, liver cancer).

How can a coinfection be treated?

A new hepatitis delta drug, known as Hepcludex, was approved for prescription by the European Medicines Agency in July of 2020. It will hopefully start to be available in other parts of the world throughout 2021-22. Prior to Hepcludex, pegylated interferon was the only treatment shown to help suppress the hepatitis D infection and help prevent liver damage for some patients. Although antiviral treatments used for hepatitis B do not have any effect on hepatitis D, they are often prescribed in addition to interferon to help manage hep B.

Will I need a liver transplant?

Liver transplants may be an option for coinfectected patients with severe liver damage. While the liver can often heal itself over time if the source of the liver damage is alleviated, this is not always the case for end stage (decompensated) cirrhosis. Patients, along with their doctors may discuss the possibility of getting on a liver transplant list in these cases.

The Hepatitis B Foundation is a national nonprofit research and disease advocacy organization for hepatitis B. It established Hepatitis Delta Connect as a dedicated program in 2016 to provide information and support for those affected by hepatitis D.
If you are infected, you can transmit the virus on to others through blood and sexual fluids. Sexual partners and close household contacts should be tested for hepatitis B. If the blood tests show they are not infected, or have not recovered from a past infection, then they should receive the hepatitis B vaccine series, which can provide a lifetime of protection against both viruses. When living with a coinfection, it is important to keep all cuts covered and avoid sharing any sharp personal items such as razors, toothbrushes, nail clippers, or earrings. The good news is that hepatitis B and D are NOT transmitted casually and it cannot be spread through sneezing, coughing, hugging, eating a meal with someone, or eating food prepared an infected person.

How can I prevent spreading hepatitis B and D to others?

1. Schedule regular visits with your liver specialist or health care provider with experience treating people who have coinfections, in order to monitor the viruses over time and check up on your liver health.
2. Get the hepatitis A vaccine to protect yourself from another virus that affects the liver.
3. Avoid drinking alcohol and smoking since both can harm your liver.
4. Talk to your provider before starting any herbal remedies or vitamin supplements because some could interfere with your prescribed drugs or even damage your liver.
5. Check with your pharmacist about any over-the-counter drugs (e.g. acetaminophen, paracetamol) or non-hepatitis B or D prescription drugs before taking them to make sure they are safe for your liver.
6. Avoid inhaling chemical fumes from paint, paint thinners, glue, household cleaning products, nail polish removers, and other potentially toxic chemicals that could damage your liver.
7. Eat a healthy diet of fruit, whole grains, fish and lean meats, and lots of vegetables. "Cruciferous vegetables" in particular – cabbage, broccoli, cauliflower – have been shown to help protect the liver against environmental chemicals.
8. Avoid eating raw or undercooked shellfish (e.g. clams, mussels, oysters, scallops) because they could be contaminated with a bacteria called vibrio vulnificus, which is very toxic to the liver and could cause a lot of damage.
9. Check for signs of mold on nuts, maize, corn, groundnut, sorghum, and millet before using these foods. Mold is more likely to be a problem if food is stored in damp conditions and not properly sealed. If there is mold, then the food could be contaminated by "aflatoxins," which are a known risk factor for liver cancer.
10. Reduce your stress by eating healthy foods, exercising regularly, and getting plenty of rest.

Everything you eat, drink, breathe, or absorb through the skin is eventually filtered by the liver. So, protect your liver and your health!

How can I live a healthy lifestyle as someone with chronic hepatitis B and D?

It's important to see a liver specialist or knowledgeable doctor on a regular basis to monitor the health of your liver. Below is our list of top 10 health decisions that you can start today!

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