THE NEWSLETTER OF THE HEPATITIS B FOUNDATION FALL 2015

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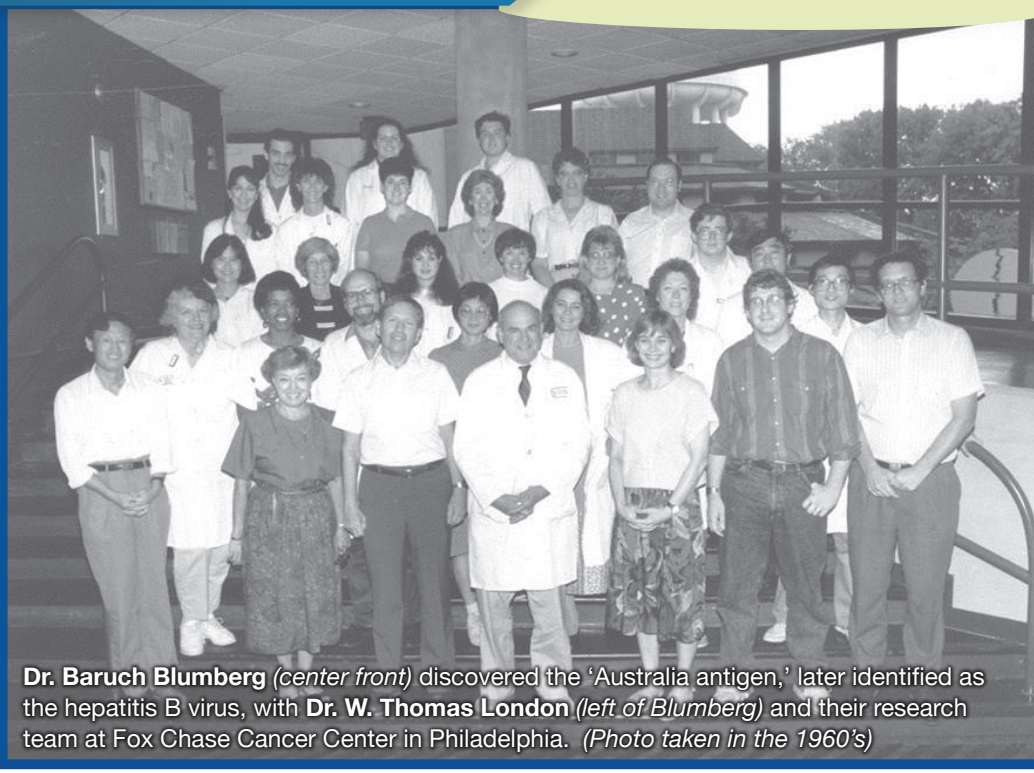
50 years

Celebrating the 50th Anniversary of the Hepatitis B Virus Discovery



Dr. Baruch Blumberg *(center front)* discovered the 'Australia antigen,' later identified as the hepatitis B virus, with **Dr. W. Thomas London** *(left of Blumberg)* and their research team at Fox Chase Cancer Center in Philadelphia. *(Photo taken in the 1960's)*

This year marks the 50th anniversary of the scientific paper that first identified the "Australia antigen," which was later shown to be the hepatitis B virus.

Should we be celebrating?

"Yes and no," according to **Timothy Block, PhD**, president and co-founder of the Hepatitis B Foundation and its research arm, the Baruch S. Blumberg Institute. "There is no question that the discovery of HBV, its association with liver disease, and development of the HBV vaccine are recognized as being among the major scientific achievements of the 20th century."

The discovery of HBV and invention of the vaccine have literally saved hundreds of millions of lives. Indeed, for these discoveries, **Baruch S. Blumberg, MD, DPhil**, was awarded the Nobel Prize in 1976.

During the early 1960s, Blumberg and colleagues were searching for genetic polymorphisms by analyzing blood proteins from individuals of diverse geographic origins, including aboriginal people from Australia. The designation "Australia antigen" (Au) was used in the first paper to report this finding (*Blumberg, Alter, Visnich, JAMA 1965*).

The association of Au with chronic hepatitis was first suggested in 1966 in a study of patients with Down's syndrome. This prompted **W. Thomas London, MD**, and others working with Blumberg to analyze the serum of many more patients with acute, resolved and persistent hepatitis.

In 1967, Blumberg and London published a paper that linked Au with hepatitis infection and later developed an assay to detect its presence in the blood. The association of Australia antigen with both acute and chronic hepatitis was eventually firmly established.

Even before complete acceptance that HBV was the cause of "serum hepatitis," **Harvey Alter, MD**, and his colleagues at the National Institutes of Health led the call to test all blood to be used for transfusions for the presence of Au.

Testing the national blood supply was an important translation of basic scientific findings into an enormously useful clinical application in an unprecedented short amount of time. Transfusion-associated hepatitis declined more than 70% in a matter of a few years.

But then, advances in hepatitis B research stalled. The safe blood supply and an effective vaccine made it less urgent that a cure be found.

Continued on page 3

Cause for a Cure

The Hepatitis B Foundation is a national nonprofit organization dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide through research, education and patient advocacy.

From the Editor's Desk

First World Hepatitis Summit Focuses on Elimination

Joan M. Block, Co-Founder and Executive Director

The mood was euphoric. It was a love fest, actually. More than 600 policy makers, public health experts, and representatives from non-governmental organizations (NGOs) and patient advocacy groups from 80 countries, including the Hepatitis B Foundation, were invited to participate in the first World Hepatitis Summit during September 2-5 in Glasgow, Scotland, hosted by the World Hepatitis Alliance in partnership with the World Health Organization (WHO).

The message was serious. Hepatitis B and C kill more people each year than HIV/AIDS and tuberculosis combined, and together the two viruses represent the seventh-leading cause of death worldwide. Yet, viral hepatitis as a global health concern, which results in 1.5 million deaths annually, remains mostly invisible and under-funded.

But the focus at the summit was on raising awareness and solving the problem. This wasn't a pity party. Rather, the WHO unveiled its ambitious global plan to eliminate viral hepatitis by 2030 based on their assessment that elimination is a feasible goal.

Given that the policy-makers in attendance and the NGO and patient advocacy representatives were in agreement that more can and must be done to address the viral hepatitis pandemic, the WHO plan was an inspiring light at the end of a long tunnel.

Many speakers emphasized a key message driving the summit - that action is much cheaper than inaction. The high economic cost of illness and premature deaths caused by viral hepatitis would be greatly reduced if more effective immunization, screening and treatment programs were available.

Without aggressive intervention, the WHO estimates there will be 20 million needless deaths around the world from viral hepatitis over the next 15 years.

In addition, addressing the global problem of viral hepatitis is more than just a public health concern. It's also a human rights issue.

Patient advocacy representatives from North America, including the Hepatitis B Foundation, and Central and South America invited to the first World Hepatitis Summit in Glasgow, Scotland. *(Sept. 2-5, 2015)*

Individuals don't want to get tested for HBV or HCV because they can lose educational and career opportunities, lose their jobs (see page 7) and their loved ones. If one is afraid to access necessary health care, then a basic human right is being violated. As a result, stigma and discrimination must be addressed in any global planning for the elimination of viral hepatitis.

Editor's Message continued on page 8

Please give generously to our 2015 Annual Fund!

Your donation will help us continue our valuable research, outreach, and patient advocacy programs. Thank you in advance for your support of our mission to find a cure for hepatitis B and to improve the lives of those affected worldwide. A secure donation can be made on our website at www.hepb.org. *Thank you!*

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50th Anniversary of HBV Discovery

…continued from Front Page

The fortuitous, albeit important, discovery that interferon and oral antivirals in the management of HIV could be used to manage HBV made the U.S. and the western world even more complacent.

The search for a cure for hepatitis B lost momentum.

The hepatitis C virus (HCV) was then discovered in 1989 and the nation became panicked. The already limited funding for hepatitis research was redirected toward the new virus. Now, within just 25 years of its discovery, HCV is essentially curable.

But what about hepatitis B? It is still not cured by current therapies.

Renewed Momentum

Finally, after a decade of limited interest in HBV science, the momentum around hepatitis B is growing. Perhaps because researchers are now shifting their focus from HCV or perhaps because Asia — where HBV is most prevalent — is growing in wealth, a renewed interest in a cure for chronic HBV infection has never been greater.

For example, just a couple of year ago only 50 people showed up for the Special Interest Group (SIG) on hepatitis B at the American Association for the Study of Liver Diseases meeting. Last year, more than 500 people attended the SIG to hear about the research pipeline for new HBV experimental therapies!

"With that quantity, and, frankly, quality of interest, we are very optimistic our time has come, and we will be seeing revolutionary new therapies for hepatitis B within the next few years," Block predicts.

Fortunately, there is now a new wave of HBV antiviral strategies coming through the research pipeline. There are many other steps in the virus life cycle that can be targeted for potential drug intervention. Some of these are viral functions and, of course, some involve the immune system.

So that brings us back to the original question. Yes, we should be celebrating the 50th anniversary of the discovery of HBV and can now look forward with growing confidence to celebrating the cure. Hopefully, we are beginning to write the next and perhaps final chapter in the history of the hepatitis B virus.

"We are very optimistic our time has come, and we will be seeing revolutionary new therapies for hepatitis B within the next few years." — *Dr. Timothy Block, president and co-founder, Hepatitis B Foundation and the Baruch S. Blumberg Institute*

Key Advances in the Hepatitis B Story

- **1965:** Australia antigen (Au) detected by B. Blumberg
- **1967:** Au identified as causing clinical "hepatitis" by Blumberg & WT London
- **1972:** Blumberg invents serum-based HBV vaccine
- **1980:** Merck develops recombinant HBV vaccine
- **1991:** Interferon alpha is 1st approved drug for HBV Hepatitis B Foundation established
- **1998:** Lamivudine is 1st approved oral drug for HBV
- **2002-2008:** Five more drugs approved for HBV
- **2010:** Institute of Medicine report on Hepatitis and Liver Cancer
- **2011:** U.S. Dept. of HHS National Viral Hepatitis Action Plan
- **2013:** HBV protected under Americans with Disabilities Act (ADA)
- **2015:** WHO Global Hepatitis Plan calls for elimination by 2030

Hepatitis B: A Wave of New Therapies on the Horizon

To mark the 50th anniversary of the discovery of the hepatitis B virus, the *Journal of Antiviral Research* has compiled an *HBV Symposium* – a special collection of articles – organized by **Drs. Timothy Block, Jinhong Chang and Ju-Tao Guo of the Baruch S. Blumberg Institute**, which was established by the Hepatitis B Foundation to fulfill its research mission.

Although much has been accomplished over the past five decades, current antiviral therapies for chronic hepatitis B achieve sustained clearance of infection in only a minority of patients. Recent success in using combinations of drugs to cure almost all cases of chronic hepatitis C has stimulated interest in a similar approach to curing chronic hepatitis B.

Papers in the HBV symposium review the history, science and current management of hepatitis B, and describe a wave of newly identified drug targets, investigational compounds and experimental strategies that are under clinical evaluation or in preclinical development.

Articles in the symposium are available for free download on the website of *Antiviral Research*, the official publication of the International Society for Antiviral Research at *www.journals.elsevier.com/antiviral-research/symposia/symposium-hepatitis-b.*

HBF DRUG WATCH

FALL 2015

HBV Compounds in Development

www.hepb.org/drugwatch

FAMILY/DRUG NAME	MECHANISM	COMPANY	WEBSITE	STATUS, USA
INTERFERONS Mimic naturally occurring infection-fighting immune substances produced in the body				
Intron A (Interferon alfa-2b)	Immunomodulator	Merck, Whitehouse Station, NJ	merck.com	FDA Approved 1991
Pegasys (PegInterferon alfa-2a)	Immunomodulator	Genentech, South San Francisco, CA	gene.com	FDA Approved 2005
NUCLEOSIDE ANALOGUES Interfere with the viral DNA polymerase enzyme used for hepatitis B virus reproduction				
Epivir-HBV (Lamivudine)	Inhibits viral DNA polymerase	GlaxoSmithKline, Phila., PA	gsk.com	FDA Approved 1998
Hepsera (Adefovir Dipivoxil)	Inhibits viral DNA polymerase	Gilead Sciences, Foster City, CA	gilead.com	FDA Approved 2002
Baraclude (Entecavir)	Inhibits viral DNA polymerase	Bristol-Myers Squibb, Princeton, NJ	bms.com	FDA Approved 2005
Tyzeka (Telbivudine)	Inhibits viral DNA polymerase	Novartis, Switzerland	novartis.com	FDA Approved 2006
Viread (Tenofovir)	Inhibits viral DNA polymerase	Gilead Sciences, Foster City, CA	gilead.com	FDA Approved 2008
Clevudine (L-FMAU)	Inhibits viral DNA polymerase	Bukwang, South Korea Eisai, Japan	bukwang.co.kr	Approved in S. Korea 2006 (Levovir)
Tenofovir alafenamide (TAF)	Prodrug of tenofovir	Gilead Sciences, Foster City, CA	gilead.com	Phase III
CMX157	Prodrug of tenofovir	ContraVir Pharmaceuticals, Edison, NJ	contravir.com	Phase II
AGX-1009	Prodrug of tenofovir	Cinkate Pharma, China (licensed from Agenix)	cinkate.com	Phase I, China
NON-NUCLEOSIDE ANTIVIRALS Interfere with proteins involved in viral reproduction				
Myrcludex B	Entry inhibitor	Hepatera, Russia with Myr-GmbH, Germany	hepatera.ru	Phase II for HBV & HDV
ARC520	RNAi gene silencer	Arrowhead Research, Pasadena, CA	arrowheadresearch.com	Phase II/III
NVR 3-778	Capsid inhibitor	Novira Therapeutics, Doylestown, PA	noviratherapeutics.com	Phase IIa
Morphothiadine mesilate (GLS4)	Capsid inhibitor	Sunshine Lake Pharma of HEC Pharma, China	hecpharm.com	Phase II
ISIS-HBVRx	Antisense drug	ISIS Pharma (with GSK), Carlsbad, CA	Isispharm.com	Phase II
SB 9200 HBV	Small molecule nucleic acid hybrids or "SMNH"	Spring Bank Pharma, Milford, MA	springbankpharm.com	Phase II
Rep 2139-Ca	HBsAg release inhibitor	REPLICor Inc., Montreal, Canada	replicor.com	Phase II
Birinapant (TL32711)	SMAC inhibitor	TetraLogic, Malvern, PA	tetralogicpharma.com	Phase I/IIa
Bay 41-4109	Capsid inhibitor	AiCuris, Germany	aicuris.com	Phase I
TKM-HBV	RNAi gene silencer	Arbutus Biopharma (formerly Tekmira), Canada	arbutusbio.com	Phase I
Alinia (Nitazoxanide)	Small molecule	Romark Labs, Tampa, FL	romark.com	Preclinical
ALN-HBV	RNAi gene silencer	Alnylam, Cambridge, MA	alnylam.com	Preclinical
CpAMS	HBV Core Protein	Assembly Biosciences, New York, NY	assemblybio.com	Preclinical
OCB-030	Cyclophilin inhibitor	Arbutus Biopharma (formerly Tekmira), Canada	arbutusbio.com	Preclinical
CPI-431-32	Cyclophilin inhibitor	Ciclofilin Pharma, San Diego, CA	ciclofilin.com	Preclinical
Hepbarna	RNAi gene silencing	Benitec, Australia	benitec.com	Preclinical
NON-INTERFERON IMMUNE ENHANCERS Boost T-cell infection-fighting immune cells and natural interferon production				
ABX 203	Therapeutic vaccine	ABIVAX, France	abivax.com	Phase IIb/III
GS-4774	Therapeutic vaccine	Gilead Sciences with GlobeImmune, Louisville, CO	gilead.com	Phase II
GS-9620	TLR-7 agonist	Gilead Sciences, Foster City, CA	gilead.com	Phase II
RG7795 (formerly ANA773)	TLR7 agonist	Roche, Switzerland	roche.com	Pase II
CYT107 (Interleukin-7)	Immunomodulator	Cytheris, France	cytheris.com	Phase I/IIa
INO-1800	Therapeutic vaccine	Inovio, Blue Bell, PA	inovio.com	Phase I
NCT01641536	Therapeutic vaccine	Ichor Medical Systems (with Janssen), San Diego, CA	ichorms.com	Phase I
TG 1050	Immunotherapeutic	Transgene, France	transgene.fr	Phase I
CYT-003	TLR9 agonist	Arbutus Biopharma (formerly Tekmira), Canada	arbutusbio.com	Preclinical
Hepatitis Delta Virus (HDV) Drug Watch				
Myrcludex B	Prenylation inhibitor	Hepatera, Russia with Myr-GmbH, Germany	hepatera.ru	"Orphan Drug" status approved in U.S. and Europe for HDV
Lonafarnib	Prenylation inhibitor	Eiger BioPharmaceuticals, Palo Alto, CA	eigerbio.com	Phase II for HDV
Rep 2139-ca	HBsAg release inhibitor	REPLICor, Canada	replicor.com	Phase II for HDV

*Thank you to **Timothy Block, PhD** (HBF President), **Brent Korba, PhD** (Georgetown U) and **Raymond Schinazi, PhD** (Emory U and RFS Pharma) for their regular review of the HBF Drug Watch.*

For More Information...

- **HBV Clinical Trials** hepb.org/clinicaltrials
- **Resource Round-Up** hepb.org/resources
- **Liver Cancer Drug Watch** livercancerconnect.org
- **HBV Info & Support List** (adults) HBList.net
- **HBV Adoption List** (parents) groups.yahoo.com/group/hbv-adoption/info

Baruch S. Blumberg Institute Honors W. Thomas London, MD, with Named Distinguished Professorship

During a special ceremony on October 1st, the Baruch S. Blumberg Institute, established by the Hepatitis B Foundation to fulfill its research mission, announced the creation of the ***W. Thomas London Distinguished Professorship*** in recognition of Dr. London's transformational contributions to the discovery of the hepatitis B virus and his unwavering commitment to the elimination of this devastating liver disease, which kills almost one million people each year.

Dr. W. Thomas London *(left)* celebrates the new *W. Thomas London Distinguished Professorship*, which was established to honor his transformative contributions to the discovery of the hepatitis B virus, with **Dr. Ju Tao Guo** *(right)* of the Blumberg Institute who is the inaugural recipient of the new professorship *(Oct. 1, 2015)*.

"For more than half a century, Dr. London has represented the very best in a doctor and scientist – sincere compassion and outstanding research to advance the cause of and cure for hepatitis B," said **Dr. Timothy Block**, president and co-founder of the Baruch S. Blumberg Institute and the Hepatitis B Foundation.

"The *W. Thomas London Distinguished Professorship* is imbued from the outset with a legacy of scientific integrity and achievement that will inspire the occupants of this professorial chair for generations to come."

In 1966, Dr. London left the National Institutes of Health to join **Dr. Baruch S. Blumberg** at the Fox Chase Cancer Center in Philadelphia, PA. His long-term collaboration with Dr. Blumberg, who won the Nobel Prize for his discovery of the hepatitis B virus, led to breakthrough epidemiological, clinical, and virological studies of hepatitis B and its link to primary liver cancer (hepatocellular carcinoma).

Dr. London was the first to report the association of what was then called the 'Australia antigen' with acute hepatitis, and then, together with colleagues, the association with chronic hepatitis. The Australia antigen was named the 'hepatitis B virus' since there was already a hepatitis A virus. He showed that chronic hepatitis B infections were endemic among patients in hemodialysis units, while staff that became infected developed acute hepatitis. This was the first demonstration of the role of the immune system in determining the type of hepatitis a person developed.

In 2009, Dr. London retired from Fox Chase after having served as a senior member of the Division of Population Science, director of the Liver Cancer Prevention Center, and chairman of the Institutional Review Board. He currently serves as vice-president of the Board of Directors for both the Hepatitis B Foundation and the Blumberg Institute.

Dr. London is a graduate of Oberlin College and Cornell University Medical College. He received his clinical training in Internal Medicine at Bellevue Hospital and the Memorial Sloan-Kettering Cancer Center in New York City.

Dr. Ju Tao Guo Named First *W. Thomas London Distinguished Professor*

The inaugural recipient of the *W. Thomas London Distinguished Professor* is **Ju-Tao Guo, MD**, director of Experimental Therapeutics at the Baruch S. Blumberg Institute.

Dr. Guo is a leader in the field of hepatitis B research and worked closely with Dr. London and other leading hepatitis scientists at the Fox Chase Cancer Center before joining the Blumberg Institute. Dr. Guo has been conducting antiviral research and studying the molecular pathogenesis of hepatitis viruses, flaviviruses and human coronaviruses for more than 30 years.

"The selection committee had a list of highly distinguished candidates," Block said. "Dr. Guo was at the top of that list, and we are proud to name him as the first to hold the London professorship and continue the legacy of scientific achievement established by Drs. London and Blumberg."

Dr. Guo is working on innovative therapeutic strategies for hepatitis B with the goal of finding a cure. He received his medical training at Lanzhou University School of Medicine in China and postdoctoral training with Dr. Christoph Seeger at Fox Chase Cancer Center in Philadelphia.

We invite readers to make a donation to the *W. Thomas London Distinguished Professorship* to honor Dr. London, an internationally renowned physician-scientist whose work has saved hundreds of millions of lives from hepatitis B. A secure donation can be made at www.hepb.org. Thank you!

A Woman for All Seasons
HBF Associate Executive Director Peggy Farley Retires

The Hepatitis B Foundation salutes **Peggy Farley, MBA**, who is retiring after almost 12 years with the organization. She started as Outreach Coordinator and is leaving as Associate Executive Director. During her tenure marked by outstanding accomplishments, Peggy helped build awareness about the organization and hepatitis B, managed the comprehensive outreach and education programs, and coordinated its national and international meetings.

Under her leadership for the past 7 years, the International HBV Meeting, which brings hundreds of scientists together from around the world to North America, Europe and Asia on a rotating basis, has developed into a very successful, professionally run conference that is growing in numbers each year.

Most importantly, Peggy's lasting legacy will be her 'high-touch' approach to fulfilling the mission of the HBF. She cared deeply for the patients and families that are served and for the colleagues she managed and worked with. Peggy will be greatly missed by everyone who had the privilege of working with her and by the families whose lives were forever touched by her. Best wishes to an amazing woman as she enjoys the next season in her life!

3rd Annual *Hep B United* National Summit Convenes in DC

Local coalition leaders also honored as Hep B Champions

More than 60 *Hep B United* coalition members met at its 3rd Annual National Summit. *(July 2015)*

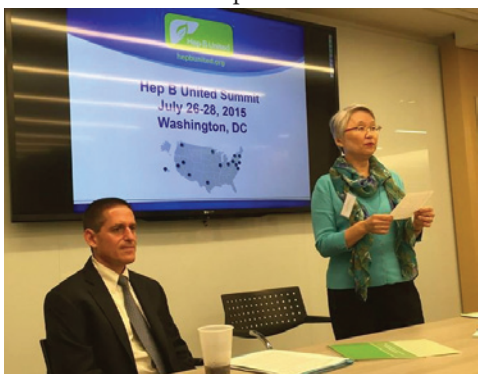
On July 26-28, 2015, *Hep B United* met in Washington, DC, for its third annual summit. "It is incredible to see how the coalition has grown in just a year," exclaimed **Kate Moraras, MPH**, senior program director of HBF and director of *Hep B United*, the national coalition founded by the Hepatitis B Foundation and the Association of Asian Pacific Community Health Organizations (AAPCHO).

This summit is the largest assembly of hepatitis B community coalition leaders from across the country with over 60 participants in attendance from 31 member coalitions and national organizations that focused on ways to prevent and eradicate hepatitis B in the United States.

From storytelling techniques such as the *#justB* campaign initiated by AAPCHO, to the power of data collection and coalition building, *Hep B United* members examined current strategies to eliminate hepatitis B and discussed future innovative practices. The issue of combating hepatitis B from more than a public health perspective to including a social justice framework was raised as a new paradigm for confronting hepatitis-B related stigma and discrimination.

Throughout the meeting, participants discussed, "What is the future of community-based hepatitis B screening? How can we complement and better integrate routine screening into health care systems?" They considered how to educate providers about the new USPSTF hepatitis B screening recommendations, and evaluated the role of patient navigators for linking patients to appropriate medical care.

Panel discussions with federal partners - HHS, US Office of Minority Health, Centers for Disease Control and Prevention (CDC), and the White House Initiative on Asian Americans and Pacific Islanders - provided opportunities to hear updates about agency programs and their hepatitis B-related priorities.



Dr. Jonathan Mermin (*left*), director of CDC NCHHSTP, with **Joan Block**, HBF executive director and co-chair of *Hep B United*, at the coalition summit.

CDC leaders affirmed their commitment to the importance of HBV screening and linkage to care. **Dr. Jonathan Mermin**, director of the CDC National Center for HIV/AIDS, Hepatitis, STDs and TB Prevention (NCHHSTP), emphasized that "With limited resources, the most important thing we can do is to make sure everyone with hepatitis B is diagnosed." Strengthening hepatitis surveillance at the state level and updating perinatal HBV recommendations to include management of infected moms was discussed by **Dr. John Ward**, director, CDC Division of Viral Hepatitis.

In addition, **Dr. Cynthia Jorgensen**, CDC lead for education and training at the Division of Viral Hepatitis, presented new resources from the *Know Hepatitis B* campaign, co-branded with *Hep B United*, during the summit.

A special highlight this year was a ceremony to honor four leaders with *Hep B United's* inaugural *Hep B Champion Awards* in recognition of their creative strategies to decrease the burden of hepatitis B in their local communities. The awardees were **Thaddeus Pham**, viral hepatitis prevention coordinator for the Hawaii Department of Health in Honolulu; **Dr. Binh Tran**, executive director of the Asian Pacific Health Foundation in San Diego, CA; the **Dallas-Fort Worth Hepatitis B Project** in Dallas, TX, led by medical students and represented by **Mike Zhang**, and; **Nirah Johnson**, director of the Hep B NYC Coalition.

Overall the *Hep B United* summit was an exhilarating few days for relationship building, reviewing progress, brainstorming new solutions, and looking forward to increasing the collective impact on shaping community-based programs and improving national policies to successfully eliminate hepatitis B.

Hep B United's inaugural **Hep B Champion Awards** were presented by **Dr. Cynthia Jorgensen**, CDC (*2nd from left*), to **Dr. Binh Tran** (*far left*), **Thaddeus Pham**, **Nirah Johnson** and **Mike Zhang** during the summit.

FREE LIVER CANCER WEBINARS

There's still time to learn more about liver cancer! Three webinars are available as free downloads on www.LiverCancerConnect.org.

The webinars are offered in collaboration with Blue Faery: The Adrienne Wilson Liver Cancer Association.

Treatment Options for Liver Cancer
Robert G. Gish, MD, Professor Consultant, Stanford University, and Medical Director, Hepatitis B Foundation

Clinical Trials in Liver Cancer
Jill McNair, The Center for Information and Study on Clinical Research Participation (CISCRP), and Kate Levy, BS, Johns Hopkins Gastroenterology & Hepatology

Support Services for Families Facing Liver Cancer
Karla Pillote, MSN, CANP, Johns Hopkins Gastroenterology & Hepatology
Andrea Wilson, MPW, Blue Faery: The Adrienne Wilson Liver Cancer Association

LIVER CANCER CONNECT

A dedicated program of the Hepatitis B Foundation

SPEAKING PERSONALLY

"There is no cure — you will have it for life."

By Buena O. Bariring

I'm a 31-year-old Filipino woman and I lost my job six years ago because of my hepatitis B infection. I will never forget that day. The clinic nurse said, "You are not fit to work in this company because you are hepatitis B positive."

I had never had health problems, and at that time I had absolutely no clue about hepatitis B.

I had to keep working because my parents were counting on me. I asked her how I could get well. The nurse said: "There is no cure; you will have it for life."

I was devastated. I had no control over a situation I could not even understand. I had quit college at age 18 to help support my family. But now not only was I unable to study, I also was no longer employable. Almost all companies ask for a hepatitis B test. Where would I go? No one would hire me.

The chance of work was taken away from me, along with the chance to dream.

When you are poor, your dreams are simple – to get a decent job that will support your family's basic needs.

I was denied this because I was hepatitis B positive. I tried to live a normal life because I did not want to upset my parents, but deep inside I was fighting the greatest battle of my life.

For 13 years I carried that burden. I spent days thinking about nothing else but my disease and fighting the depression. My doctor told me that I should not get married because I would infect my child. So I chose to live my life alone. My doctor never told me about the vaccine!

I realized that even if there was a cure, I would not be able to afford it, since I had no job. I cried every night and thought of ending my life. How would I explain my situation to others without being shunned or pitied? Gossip travels fast. I did not have anyone to talk to. These things hurt me.

I am very thankful for friends and family who stayed with me despite this disease. They gave me the strength to carry on.

I felt so blessed when I met the Yellow Warriors Society of the Philippines [a nonprofit organization for HBV and HCV patients in the Philippines]. Through them I gained a different outlook and was able to move on. I began to have faith in myself and my abilities.

I started my own handicrafts business, making bags, slippers, and other products from water hyacinth. I have 50 people working under me, mostly out-of-school youth and women. I am happy that I am able to give them an alternative livelihood. I know what it feels like to have no opportunities.

I hope to share my success story with other hepatitis B patients.

It took me 13 long years of self-pity and anger to accept this disease that came from an unknown cause and with no known cure. Our government has no systems or programs for hepatitis B carriers like me. We have no access to jobs, information or education about our disease and no access to appropriate doctors and treatment.

The system must change, so that no other Filipino will live a wasted life or live in hiding because of the stigma associated with hepatitis B. Now is the time for hope and change.

Story courtesy of the Hep B Aware campaign of the Hepatology Society of the Philippines and Yellow Warriors Society of the Philippines.

Giving hope to millions is as easy as giving … and we've made it easier.

Make a secure donation online at www.hepb.org

YES! I want to support the Hepatitis B Foundation with a tax-deductible gift.

Name _____

Address _____

City_____ State_____ Zip_____ Email _____

Please charge my gift to my credit card: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Name on Card_____ Exp Date _____

Card #_____ Security Code* _____

Signature_____ **We cannot process your donation without the security code.*

Please make check payable to: Hepatitis B Foundation

Use remittance envelope or mail to: 3805 Old Easton Road, Doylestown, PA 18902 USA

Donations will be acknowledged in our Annual Report unless otherwise requested.

A copy of the official registration and financial information may be obtained by calling the PA Department of State toll-free within PA at 800-732-0999 or out-of-state at 717-783-1720. Registration does not imply endorsement.

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World Hepatitis Summit Focuses on Elimination

Continued from page 2

During the first World Hepatitis summit, leaders from the WHO leaders unveiled a draft global hepatitis plan, the first of its kind, with twin goals to reduce chronic viral hepatitis cases by 90%, and to reduce deaths from viral hepatitis by 65%.

These are ambitious but technically possible goals if countries make the commitment and investment! The WHO global hepatitis plan includes the following by 2030:

- Immunize everyone at risk for hepatitis B, including all newborns
- Promote safe and sterile injection practices by healthcare providers
- Treat at least 8 million people living with chronic infections; that is, 5 million with HBV and 3 million with HCV

The global hepatitis plan is supported by WHO's **Director General Dr. Margaret Chan**, who publicly promised to address viral hepatitis at next year's World Health Assembly, which will truly be historic.

Dr. Su Wang, the North America representative for the World Hepatitis Alliance, holds her baby who was all smiles because HBV treatment was included as a target in the WHO global hepatitis plan presented at the first World Hepatitis Summit. *(Sept. 2-5, 2015)*

"We're ready for a global hepatitis movement," said **Charles Gore**, president of the World Hepatitis Alliance. "We must shift our energies from promoting just one day of awareness -- World Hepatitis Day -- to creating awareness every day so that we can all live in a world without viral hepatitis."

With WHO taking a strong leadership position and launching its first global action plan, and more than 200 NGOs and patient advocacy groups around the world dedicated to eliminating viral hepatitis, there is hope that the global pressure will move policy-makers in highly affected countries to make the investment and finally take action to end viral hepatitis.

Calendar of Events 2015-2016

2015

Oct. 4-8, 2015
30th Annual International HBV Meeting
Coordinated by Hepatitis B Foundation
Dolce Bad Nauheim, Germany
HBVMeeting.org

Nov. 13-17, 2015
AASLD: The Liver Meeting 2015
San Francisco, CA
aasld.org

Dec. 6-10, 2015
HepDart 2015
Maui, Hawaii
informedhorizons.com/hepdart2015

2016

Feb. 20-24, 2016
APASL Conference
Tokyo, Japan
apasl2016.org

April 8, 2016
25th Anniversary Crystal Ball
Hepatitis B Foundation
Warrington, PA
hepb.org

April 13-17, 2016
EASL: The International Liver Congress
Barcelona, Spain
ilc-congress.eu

May 19, 2016
National Hepatitis Testing Day
U.S. Centers for Disease Control and Prevention
cdc.gov/hepatitis

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