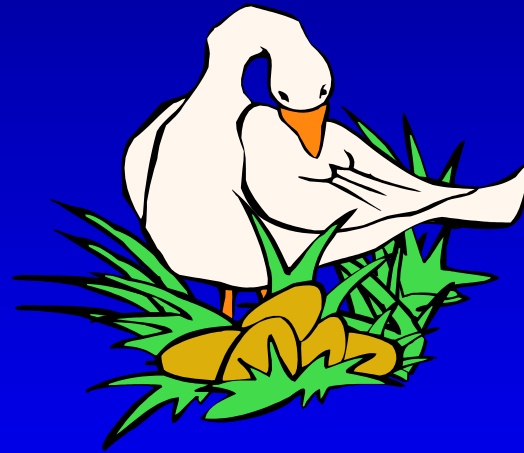


Viral Hepatitis



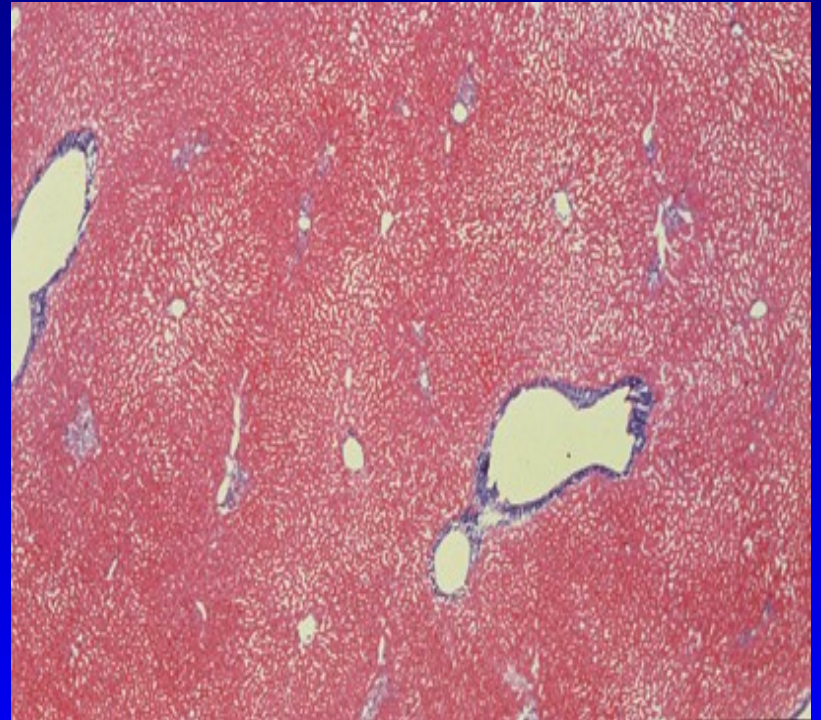
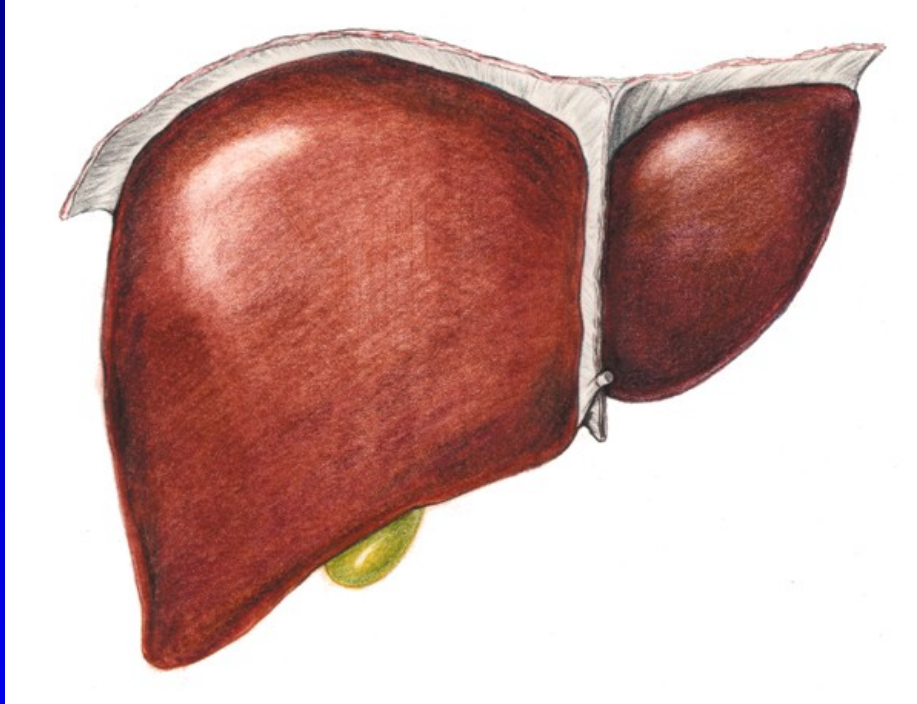
Prof. MUDr. Petr Husa, CSc.

Klinika infekčních chorob, FN Brno

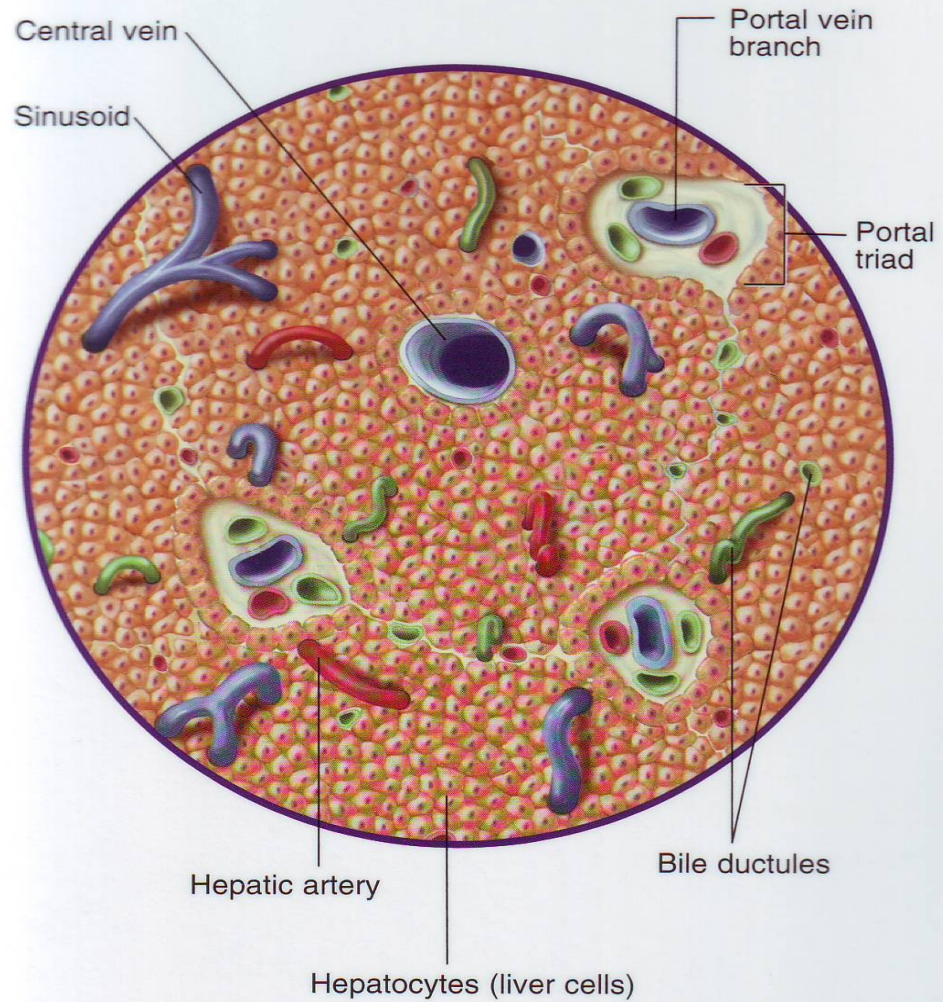
Viral Hepatitis

1. Enterically transmitted – no chronic stage
 - VH A
 - VH E
2. Parenterally transmitted – possible chronic stage
 - VH B
 - VH C
 - VH D

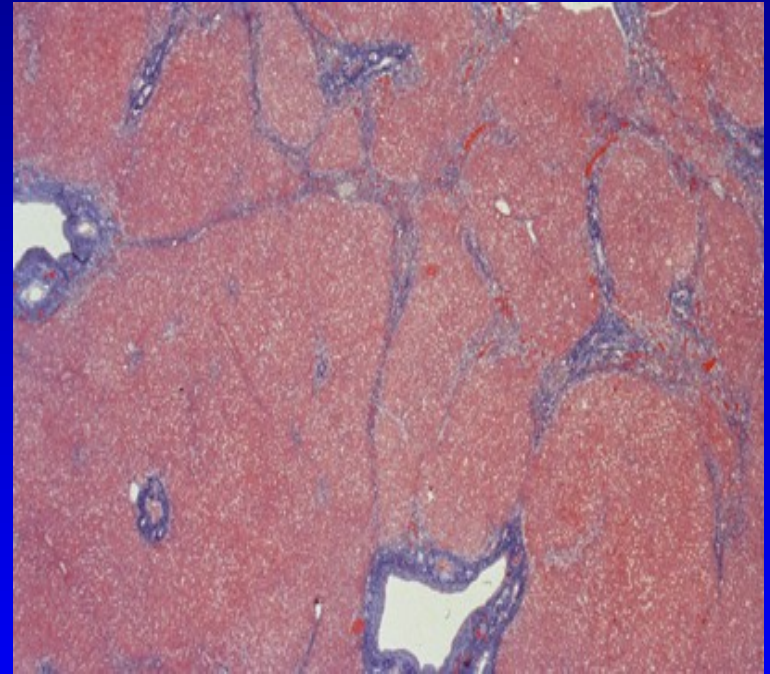
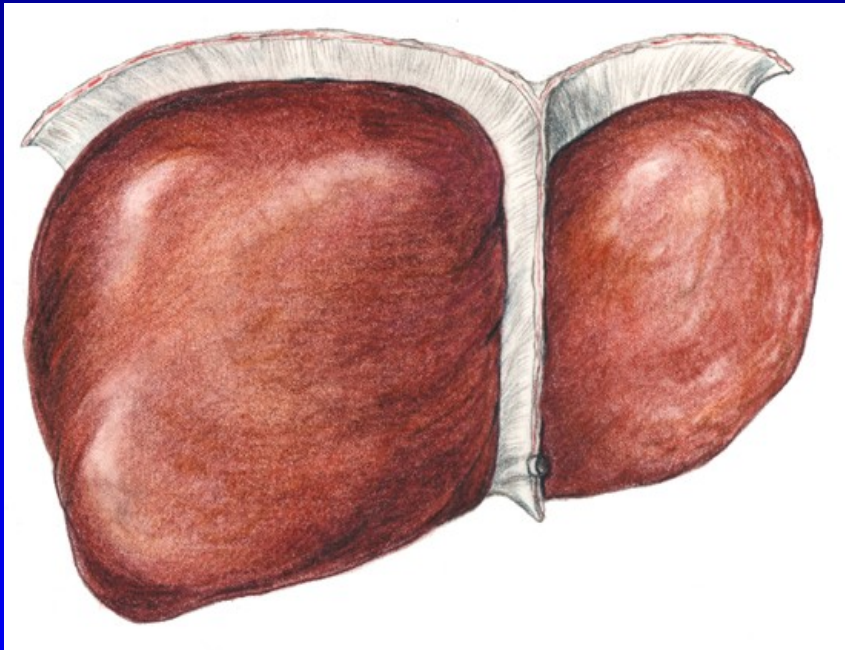
Healthy liver



Normal Biopsy



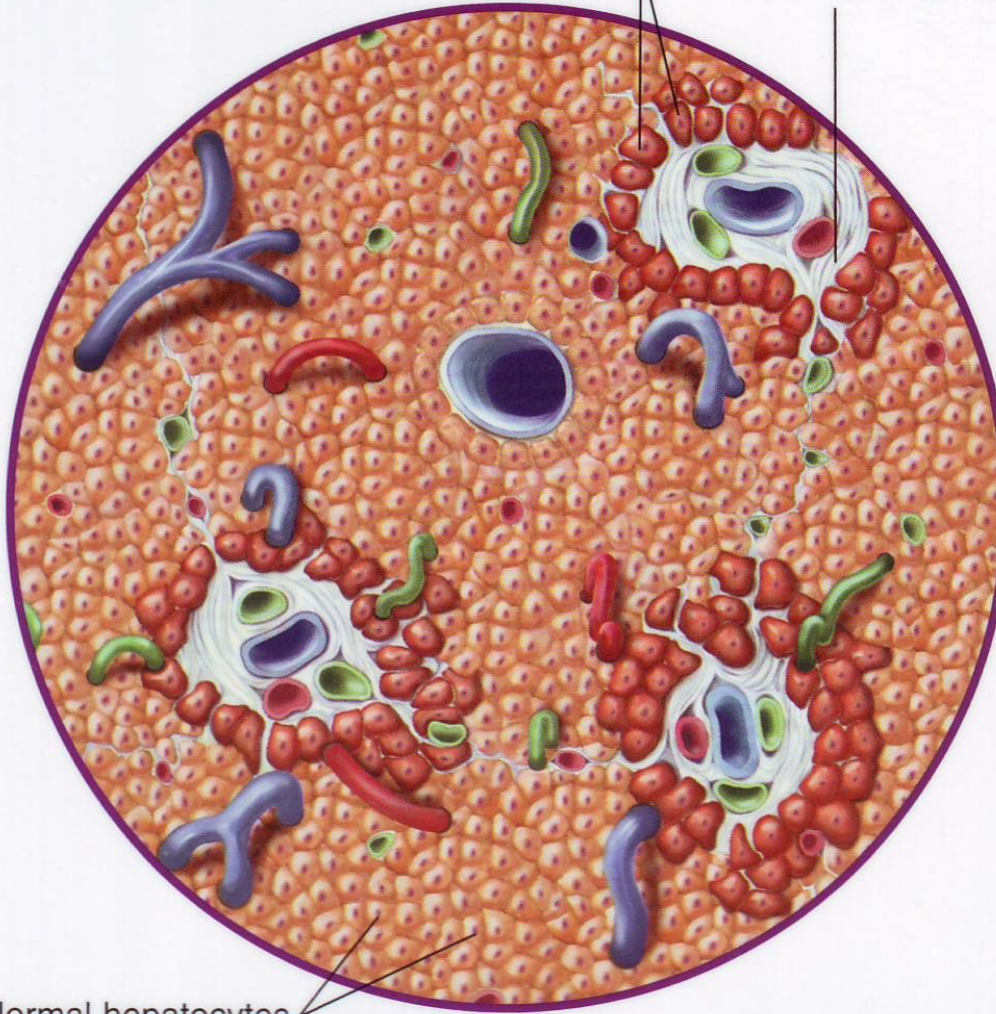
Liver fibrosis



Mild Fibrosis

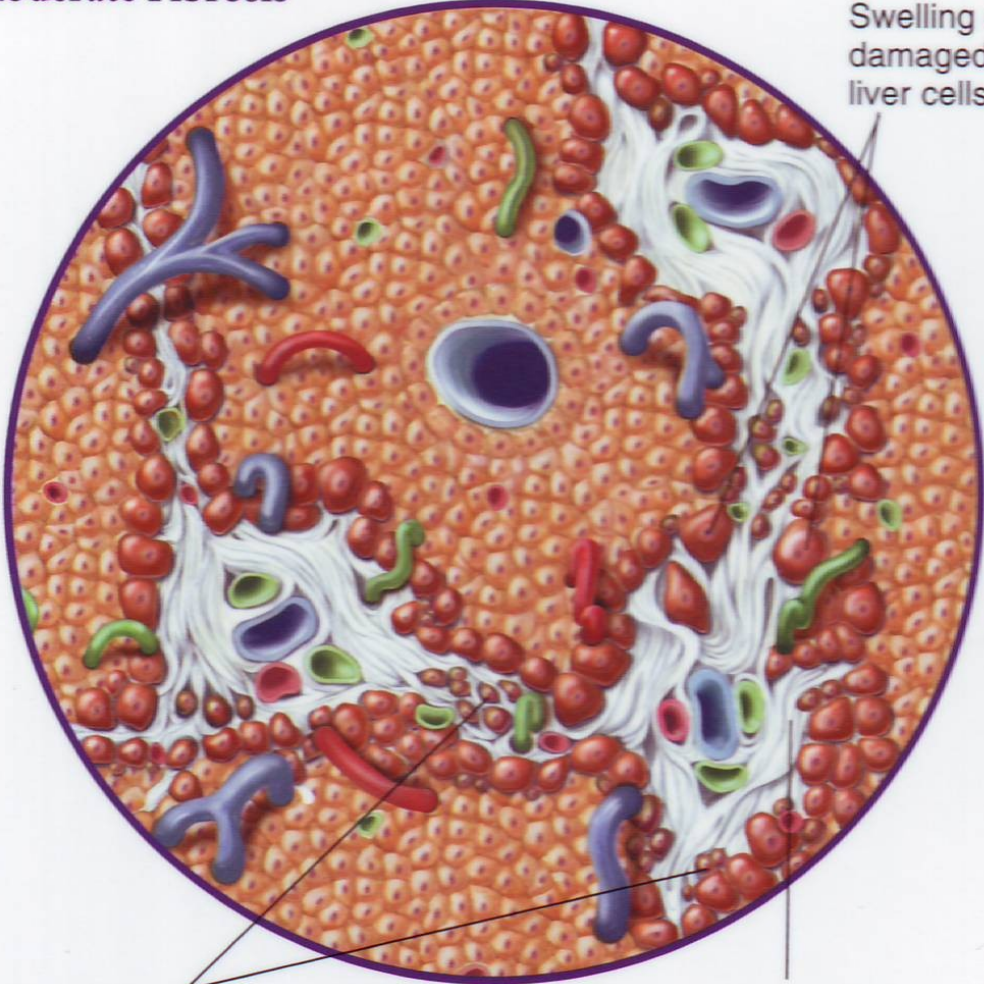
Mild swelling and inflammation of
damaged liver cells around portal areas

Development of
scar tissue (fibrosis)



Normal hepatocytes
(liver cells)

Moderate Fibrosis

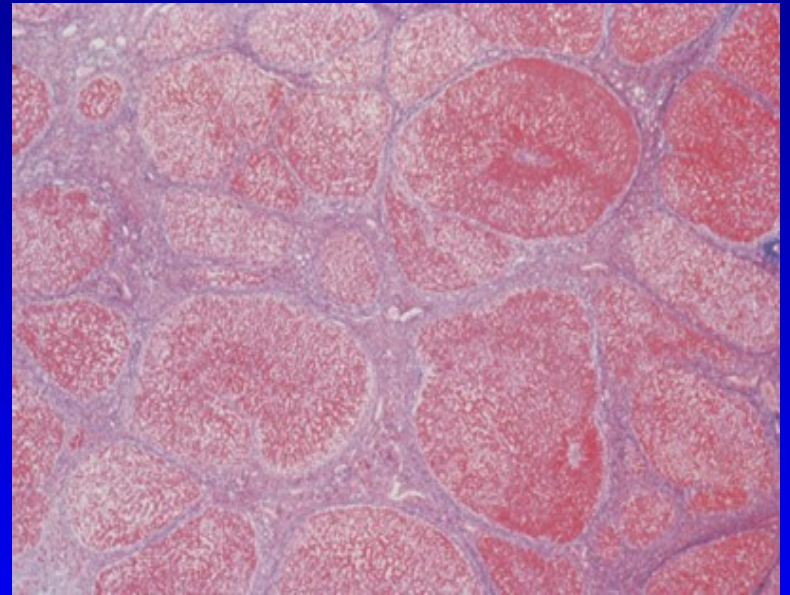
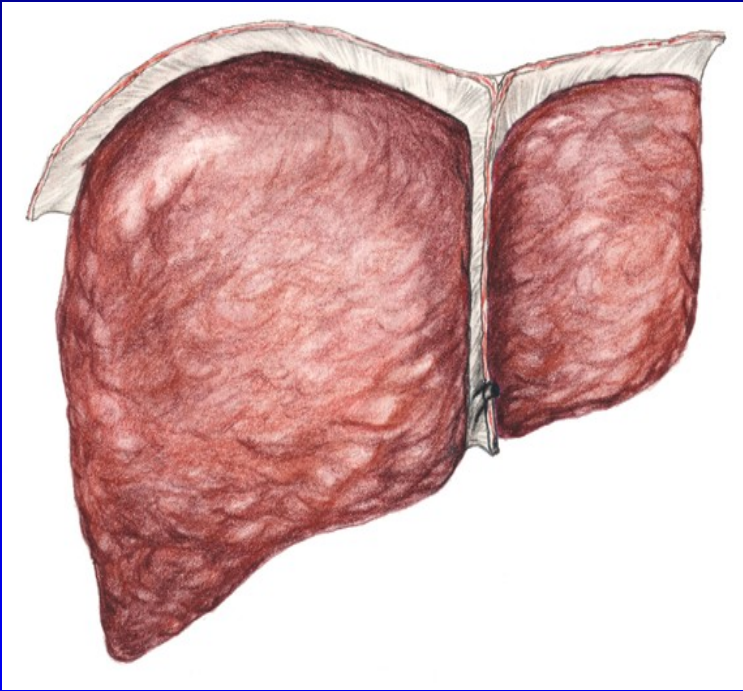


Swelling of
damaged
liver cells

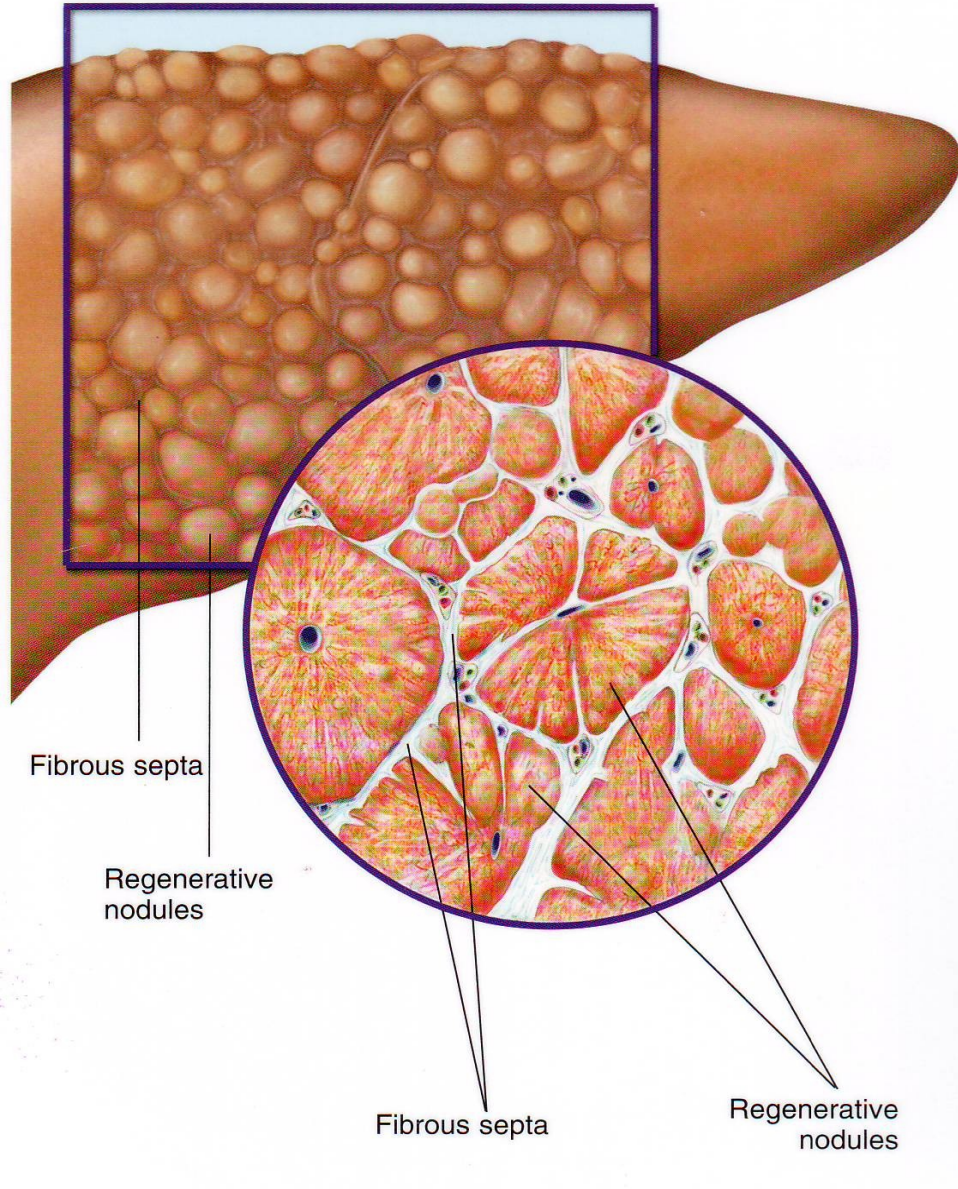
Necrosis of liver cells

Fibrosis extending
between portal areas

Liver cirrhosis

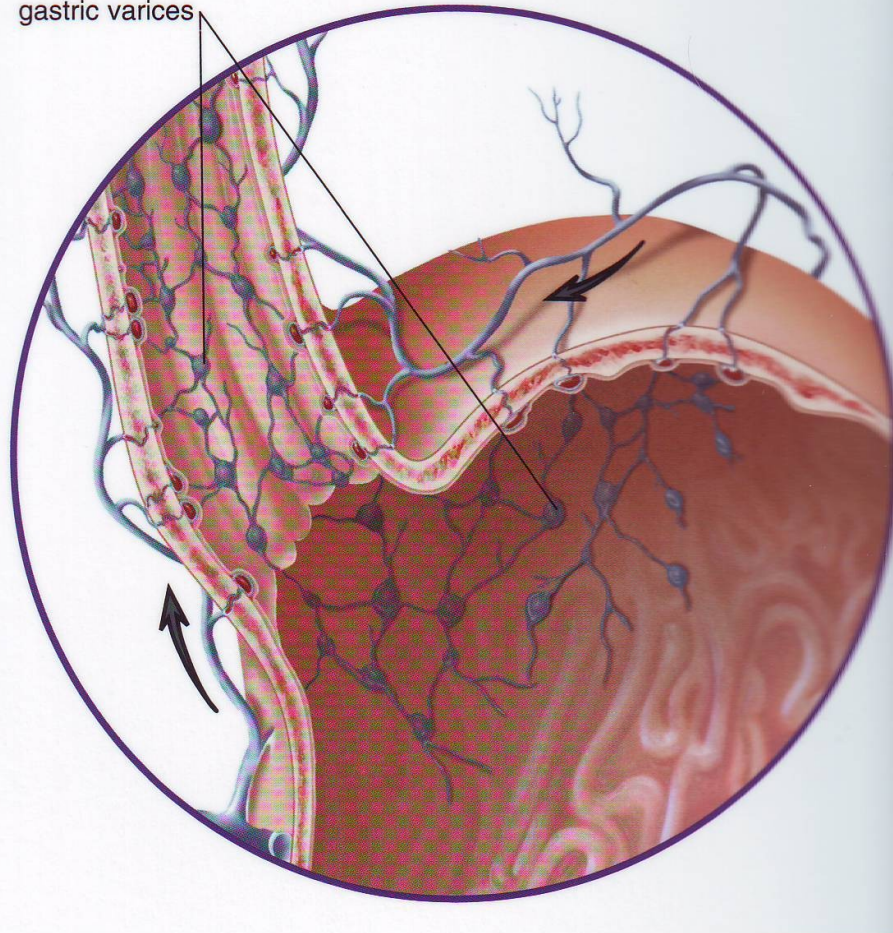


Cirrhosis



Development of Varices

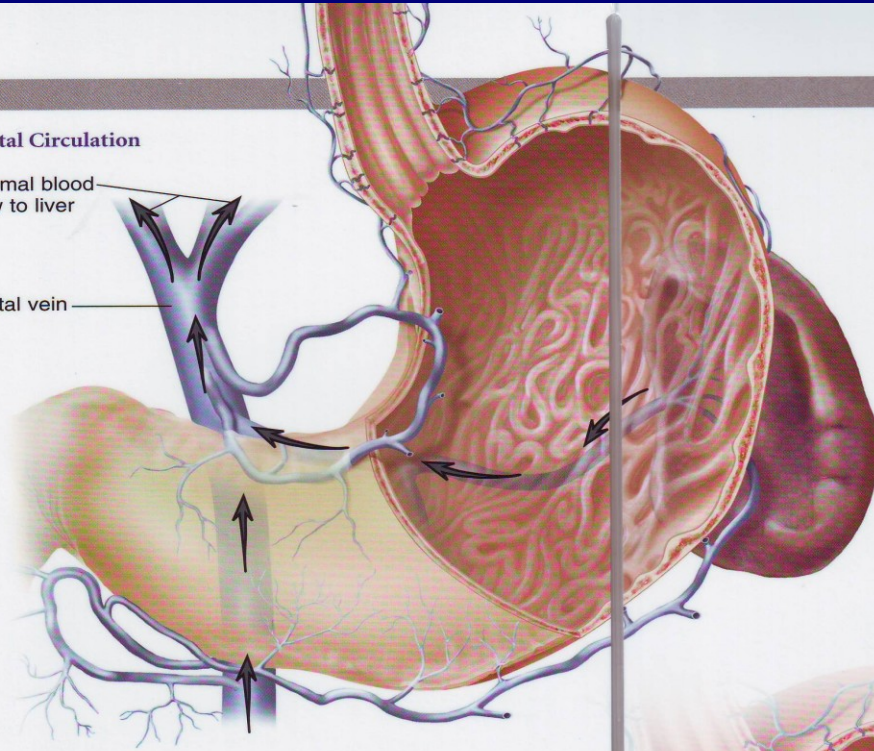
Esophageal and
gastric varices



Portal Circulation

Normal blood flow to liver

Portal vein

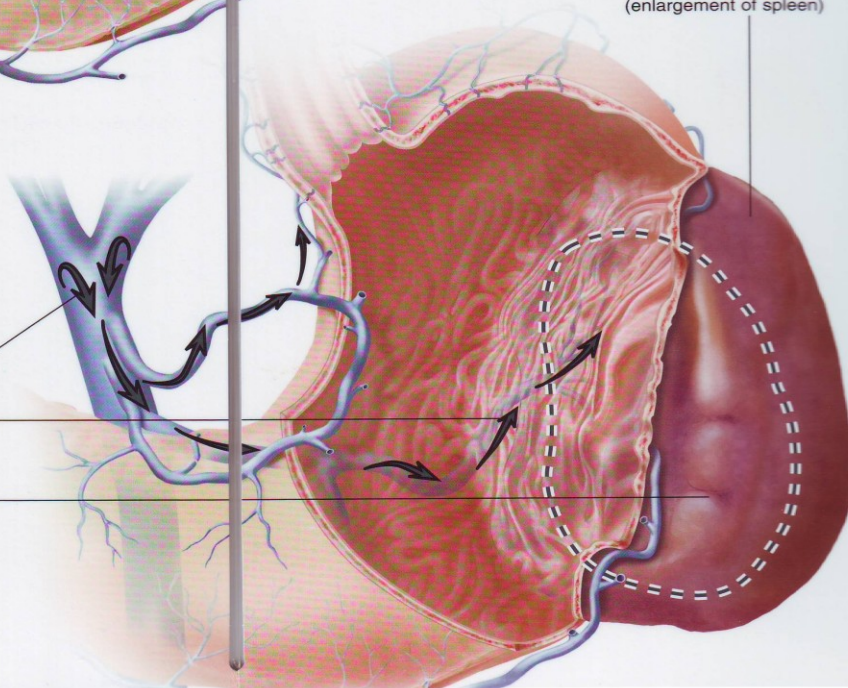


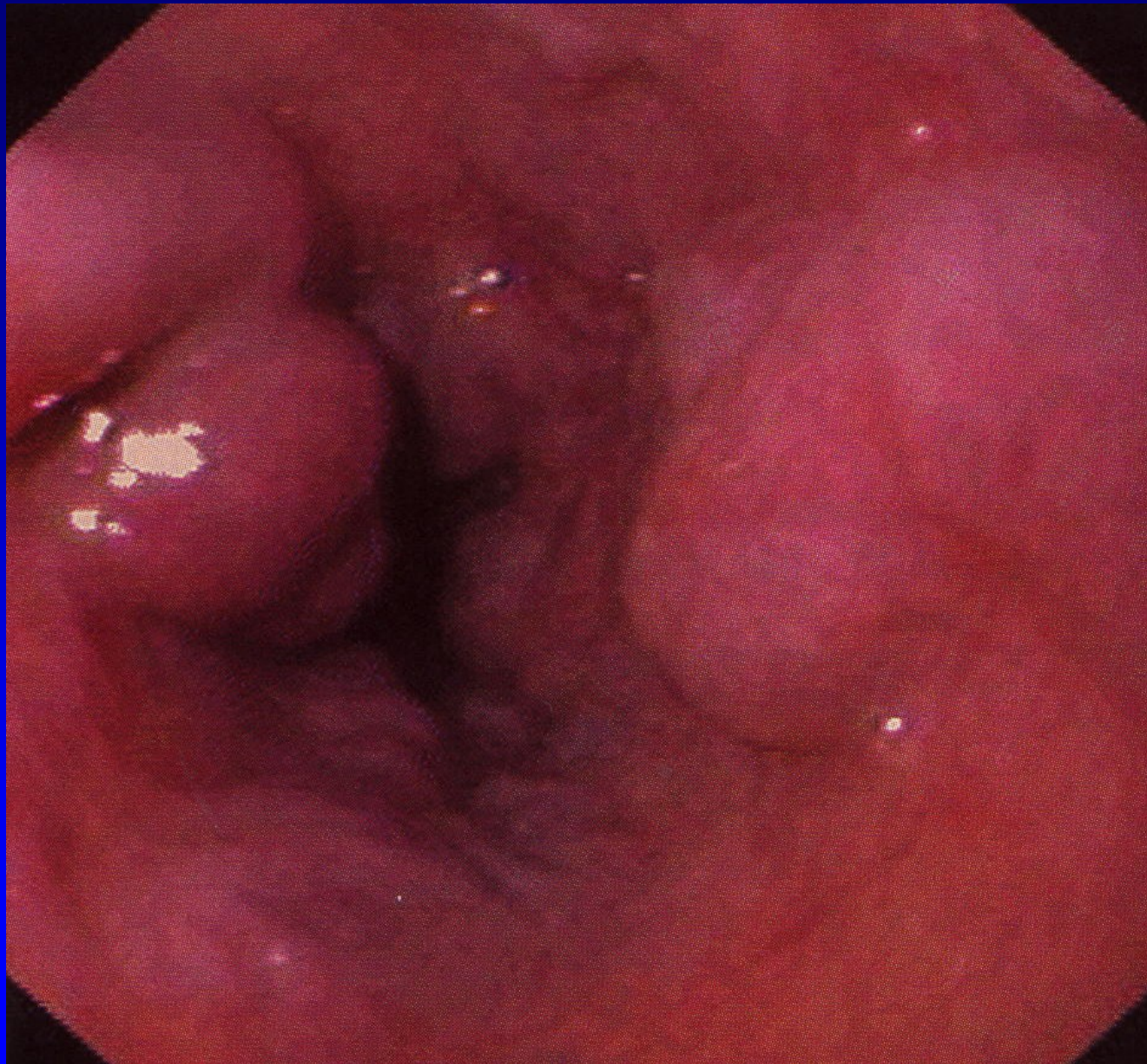
Splenomegaly
(enlargement of spleen)

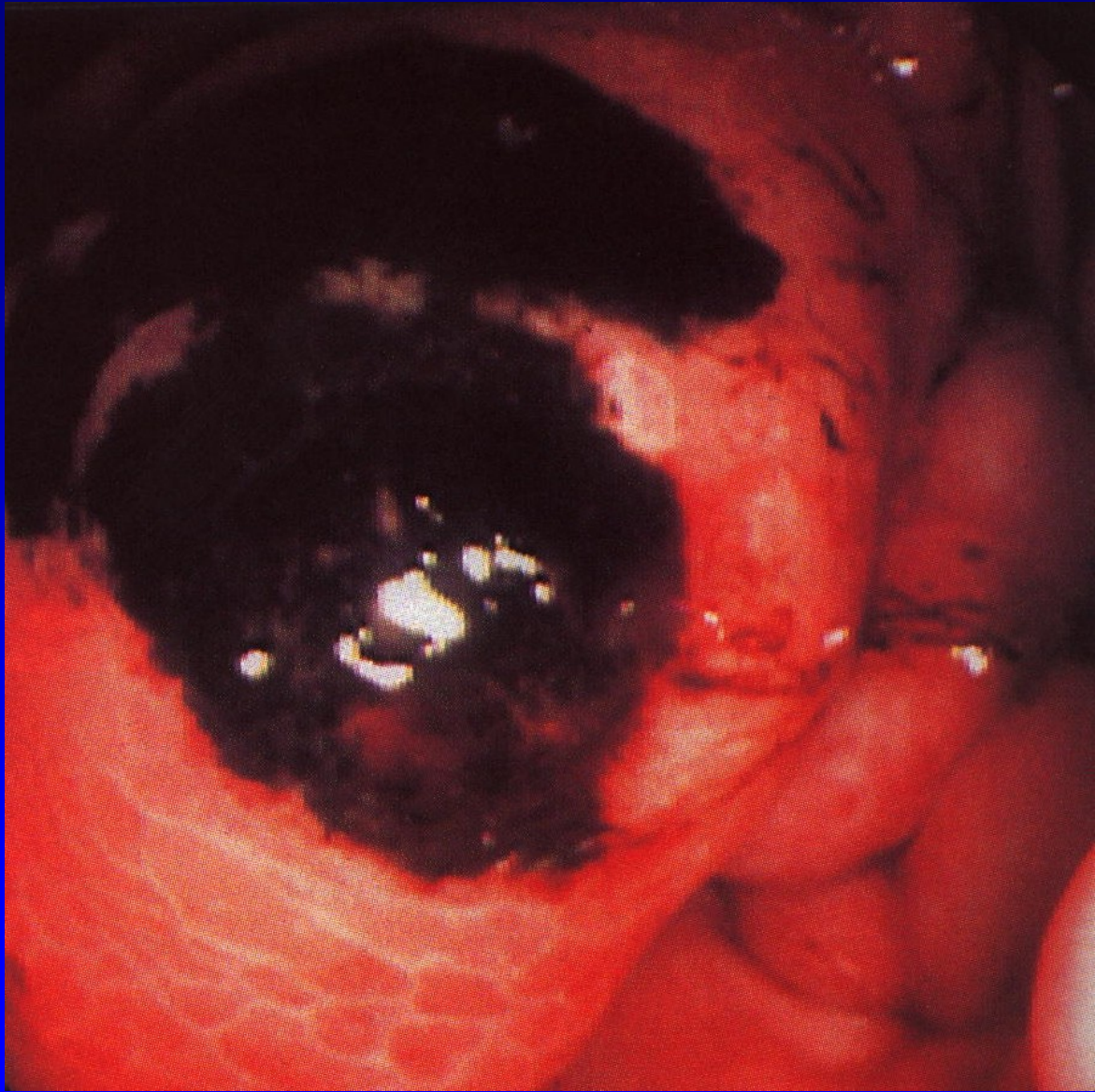
Portal Hypertension

As pressure in portal vein rises, blood backs up into spleen

Size of normal spleen















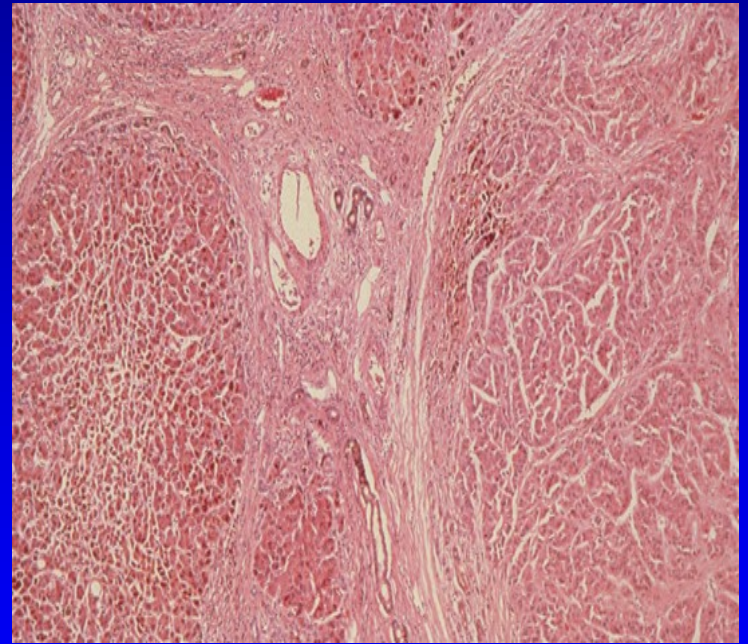
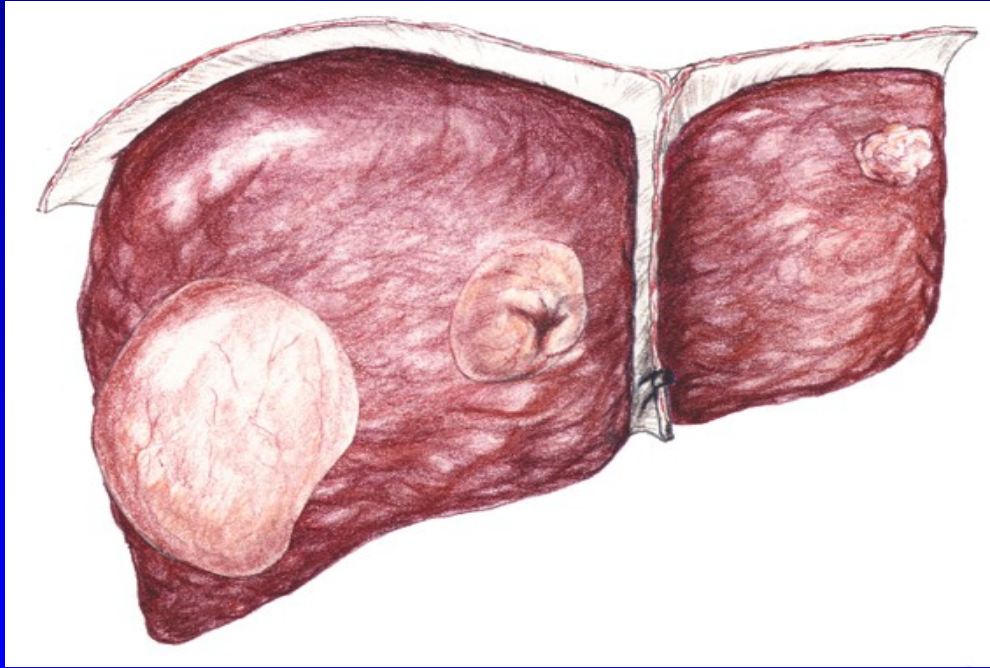








Hepatocellular carcinoma



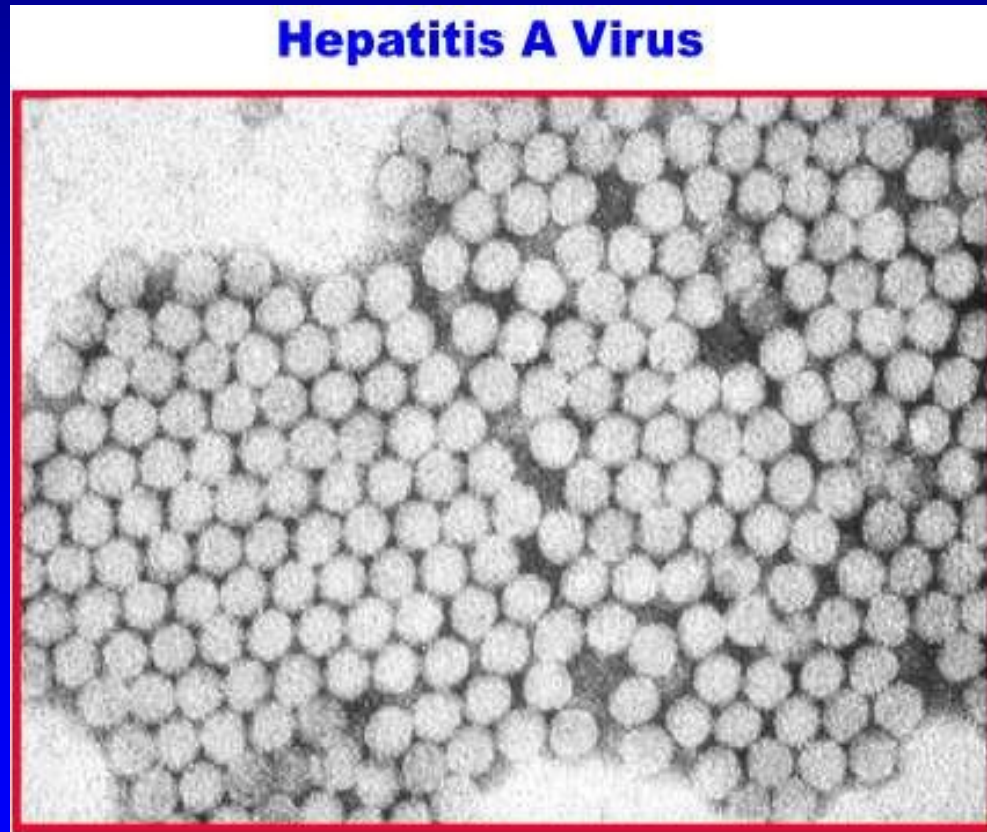


Virové hepatitidy v ČR 2001-2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
VHA	325	127	114	70	322	132	128	1648	1104	862
VHB	457	413	370	392	361	307	307	306	247	244
VHC	798	858	846	868	844	1022	980	974	836	708
VHE	13	12	21	36	37	35	43	65	99	72

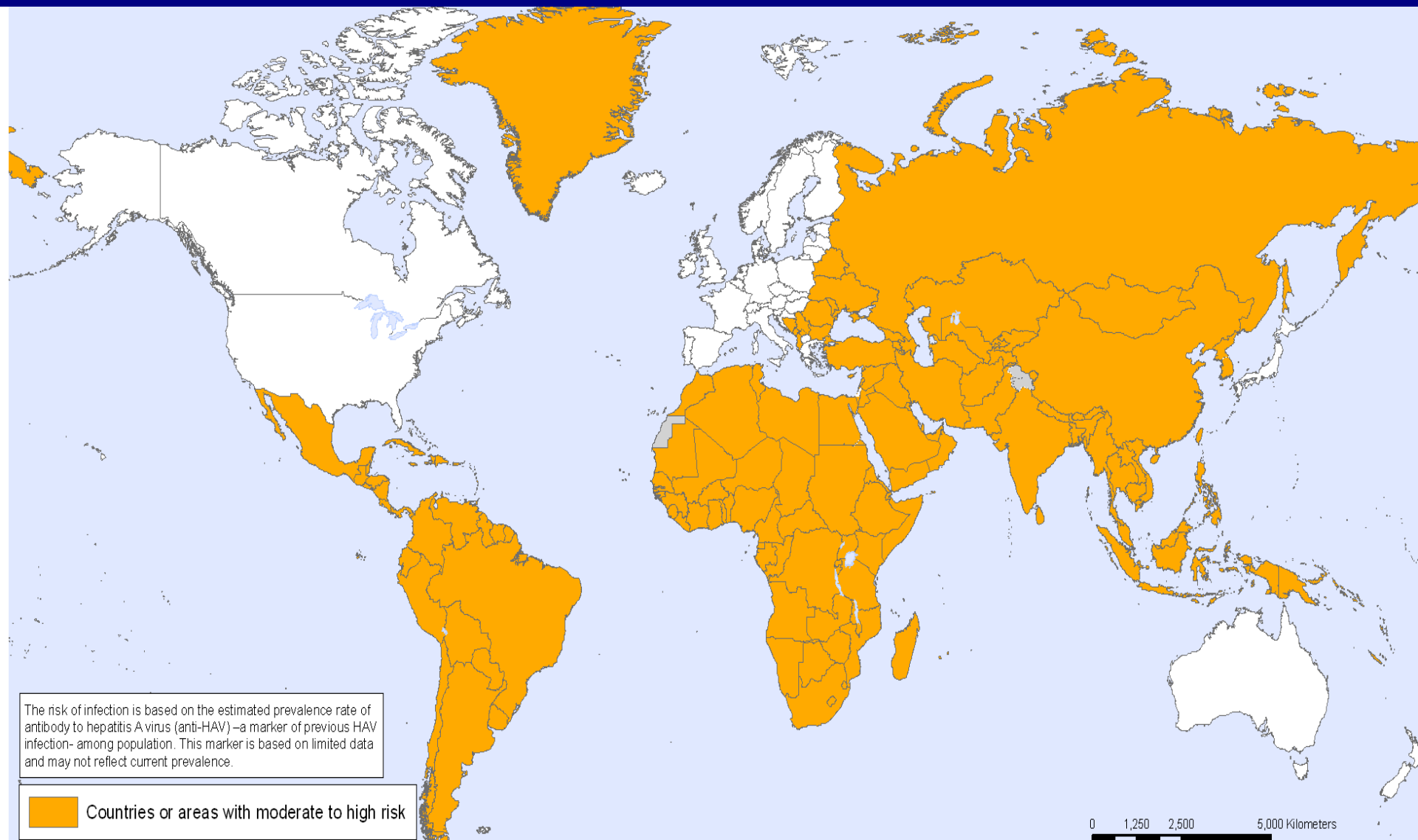
	A	B	C	D	E
Genom	RNA	DNA	RNA	RNA	RNA
Incubation	15-50	30-180	15-180	30-180	15-60
Enteral	Yes	No	No	No	Yes
Parenteral	Rare	Yes	Yes	Yes	No
Sexual	Rare	Yes	Rare	Yes	Rare
Vertical	No	Yes	Rare	Yes	Yes
Chronicity	No	Yes	Yes	Yes	Very rare
Vaccination	Yes	Yes	No	VH B	No
Imunoglob.	Yes	Yes	No	VH B	No

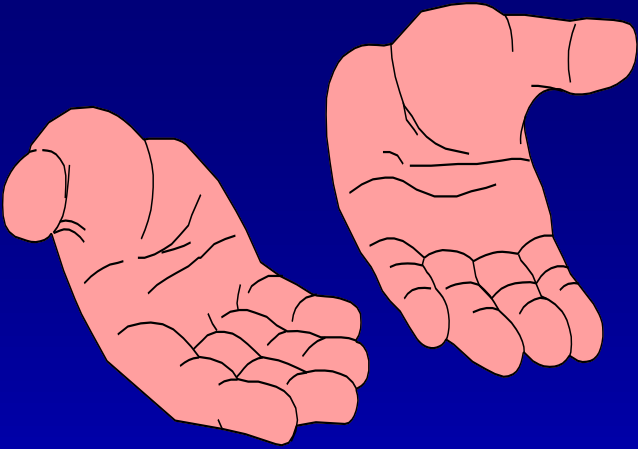
Hepatitis A



family *Picornaviridae*, genus *Hepatovirus* – non-enveloped RNA, 27 nm

Hepatitis A

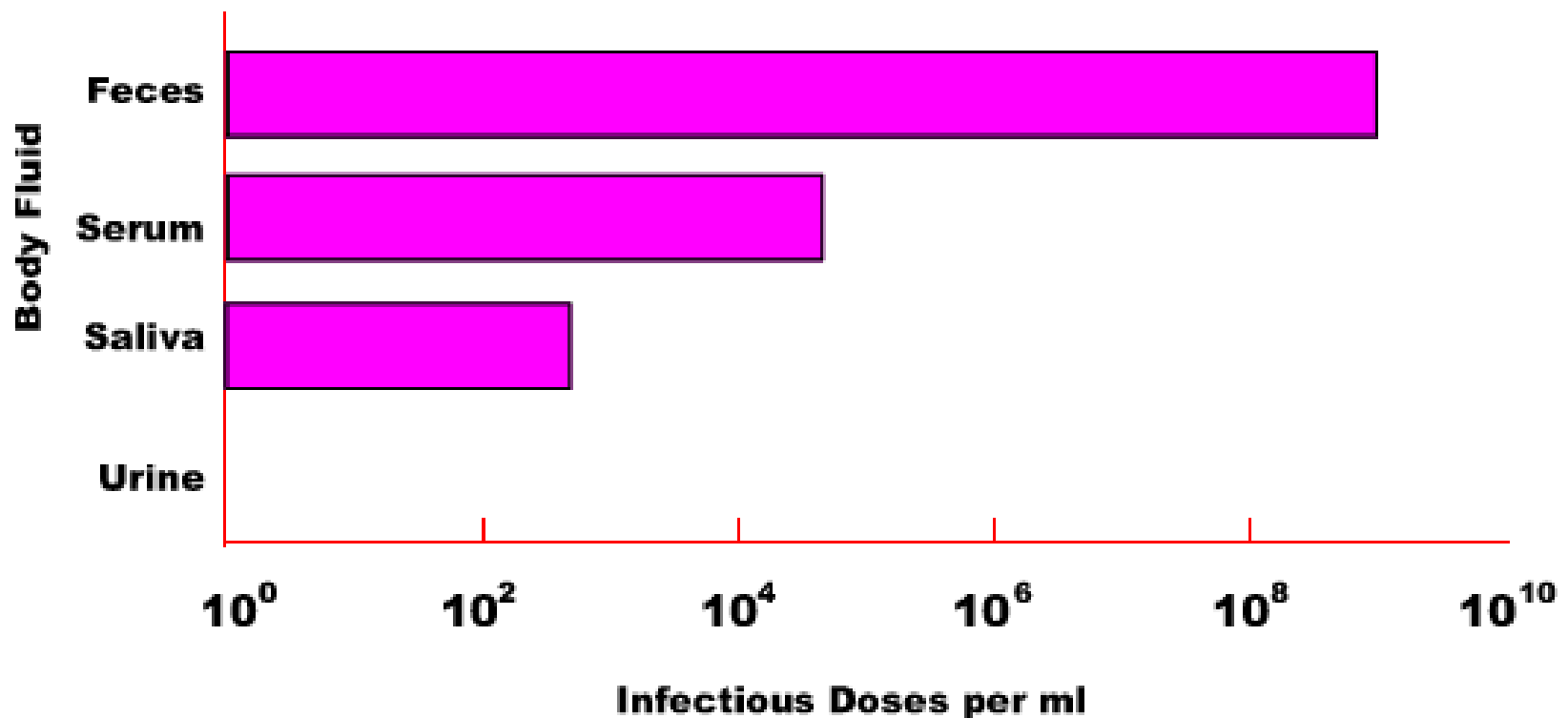




Epidemiology

- **Fecal –oral route of transmission**
 - ✓ Contaminated hands or daily used instruments
 - ✓ Contaminated drinking water
 - ✓ Contaminated food
- Vaccination available, recommended especially for travelers to countries with lower standard of hygiene

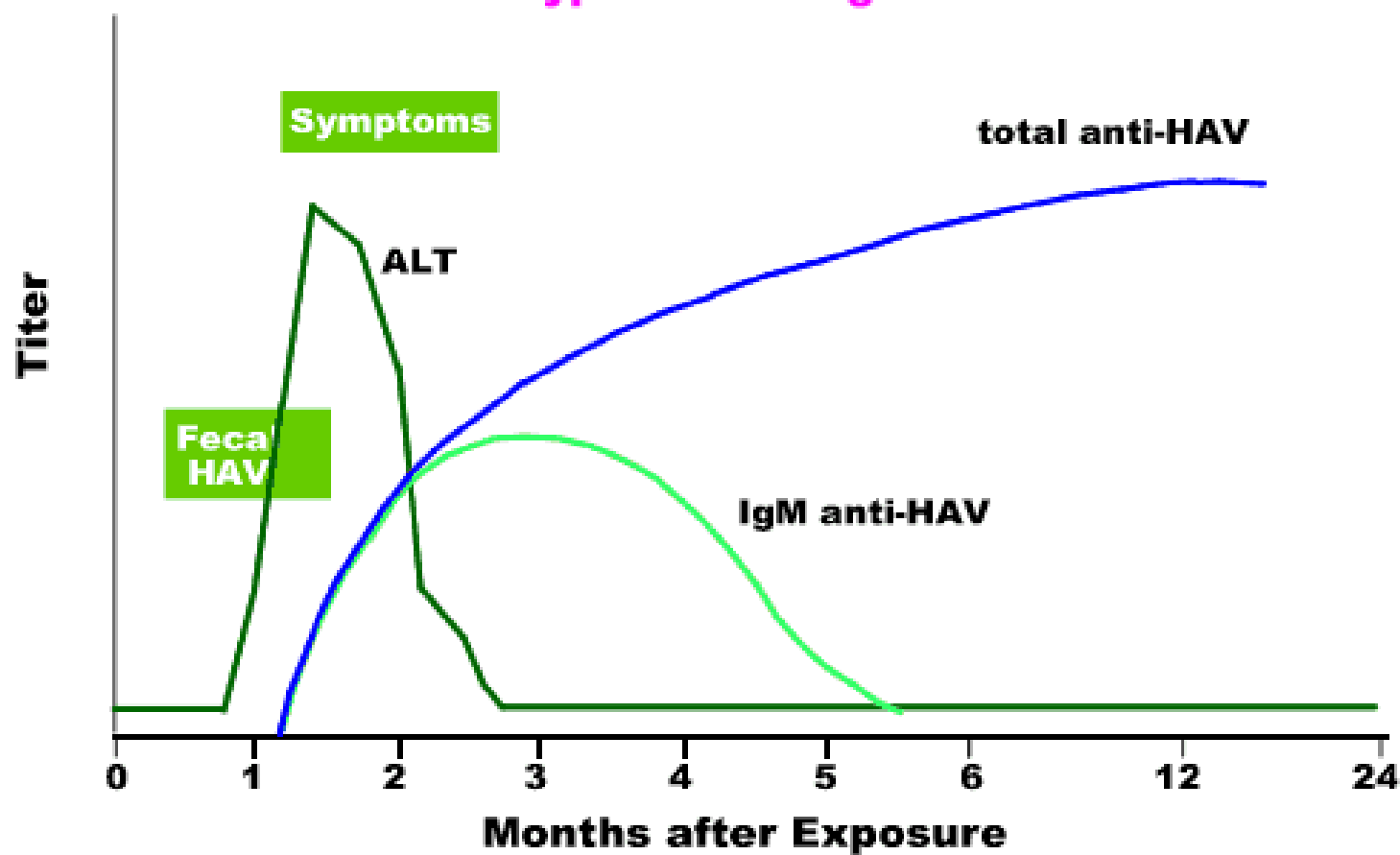
Concentration of Hepatitis A Virus in Various Body Fluids



Source: Viral Hepatitis and Liver Disease 1984;9-2
J Infect Dis 1989; 160:887-890

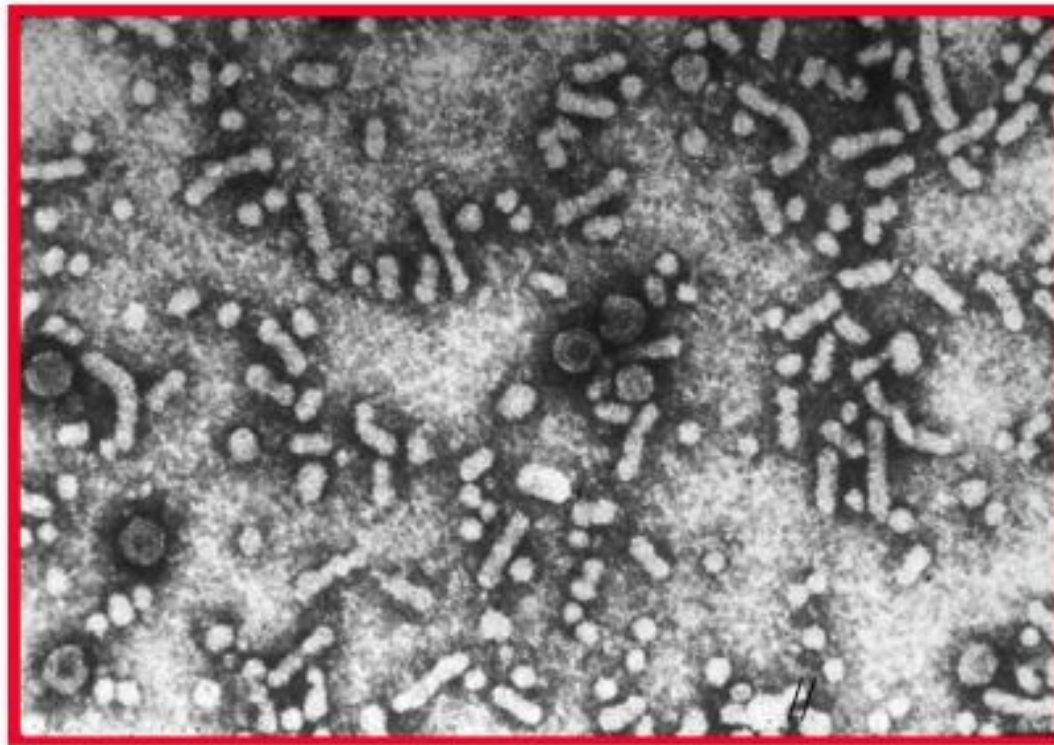
Hepatitis A Virus Infection

Typical Serologic Course



Hepatitis B

Hepatitis B Virus



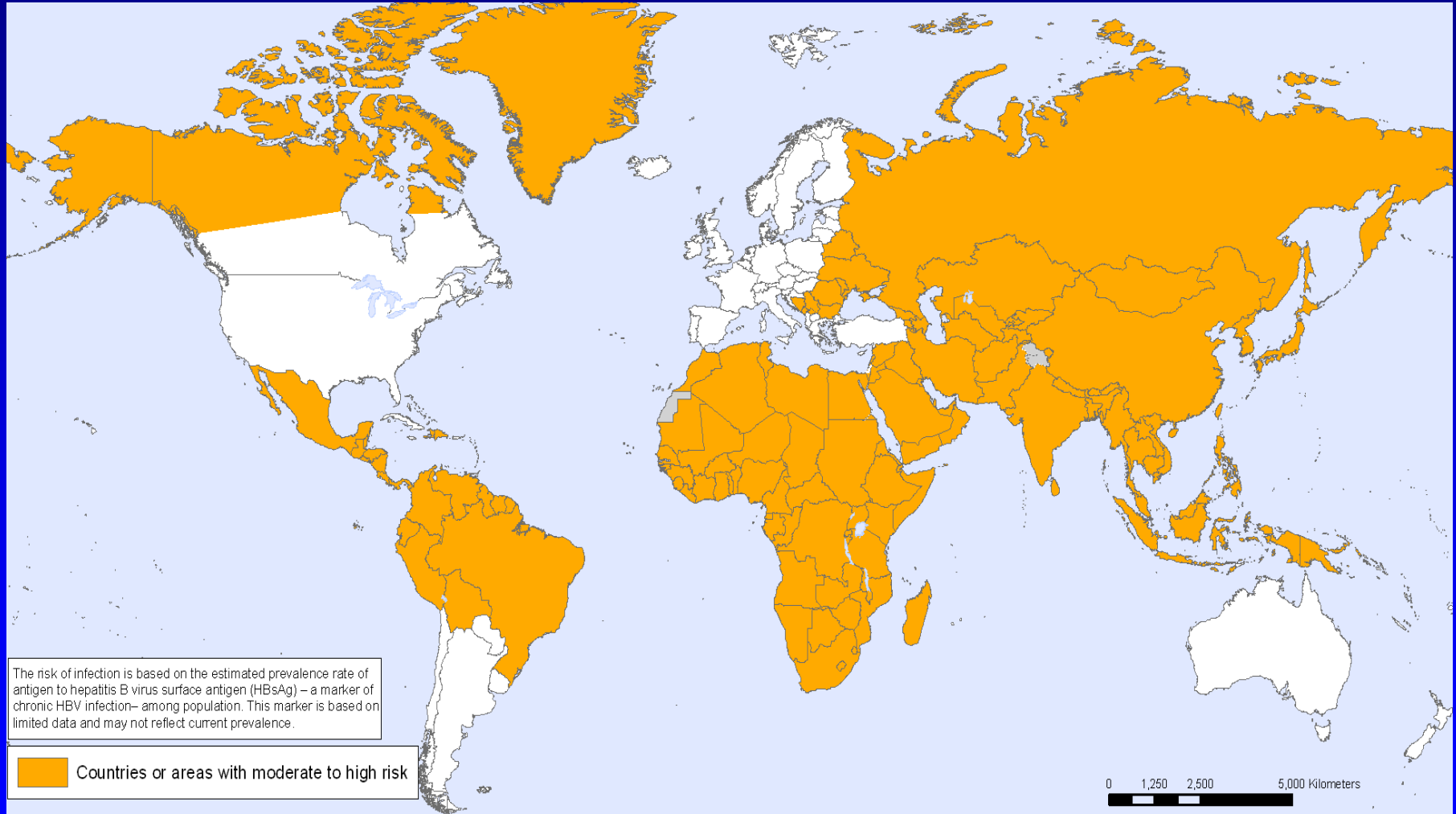
family *Hepadnaviridae*, enveloped DNA virus, 42 nm

Global significance of HEP B

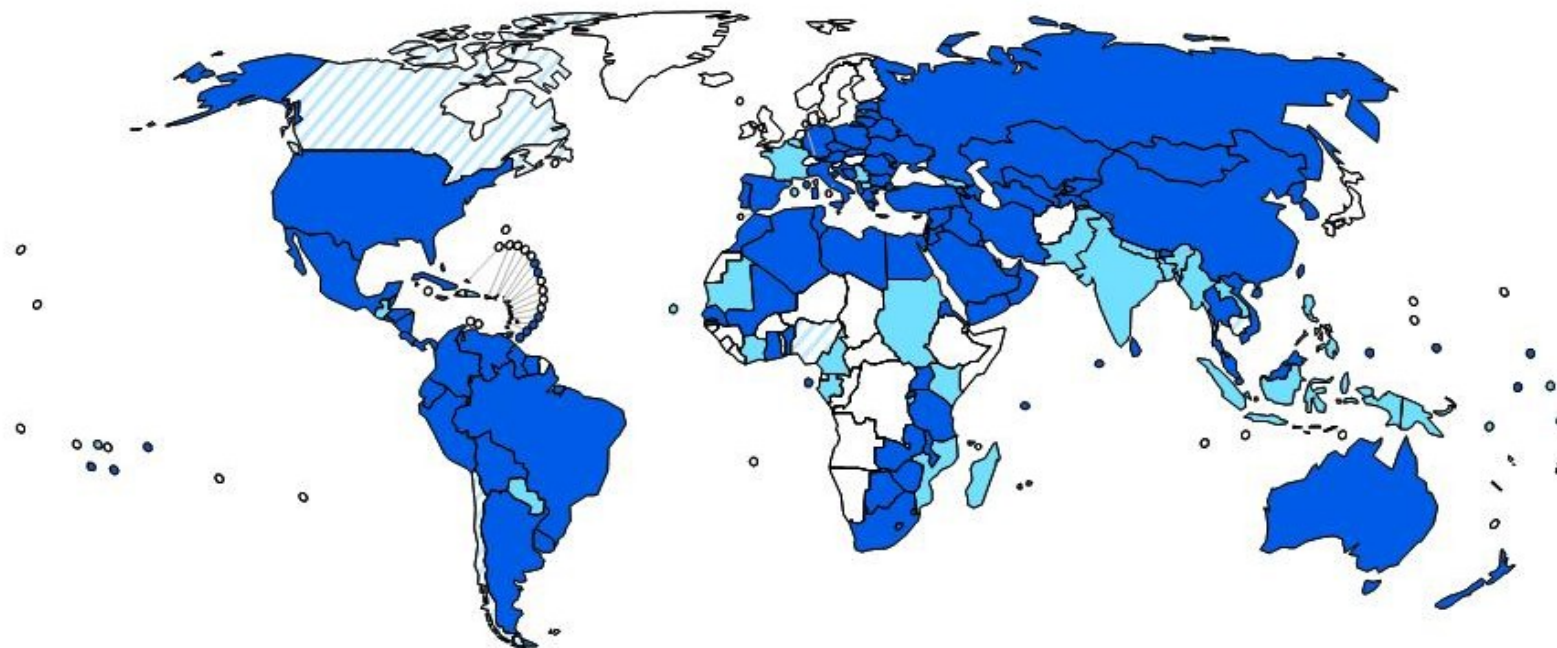
- One of the biggest global health problems
 - ✓ More than 2 billions of infections during the life
 - ✓ 350-400 million chronic carriers - China (125 million), Brazil (3,7 million), South Korea (2,6 million), Japan (1,7 million), USA (more than 1 million), Italy (900 thousand).
 - ✓ 25-40 % chronic carriers have LC or HCC, 0,5-1,0 million death due to decompensated LC or HCC
 - ✓ 50 thousand death annually due to fulminant hepatitis
 - ✓ Global vaccination in 158 countries



Hepatitis B



Global vaccination against HBV- 2005



158 countries introduced in national infant immunization schedule

■ HepB3 \geq 80% (119 countries or 62%)

■ HepB3 < 80% (36 countries or 19%)

▨ HepB vaccine introduced but no coverage data reported (3 countries or 1%)

□ HepB* vaccine not introduced (34 countries or 18%)

* 4 countries introduced HepB in adolescent immunization schedule

Source: WHO/UNICEF coverage estimates 1980-2005, August 2006

Date of slide: 5 September 2006

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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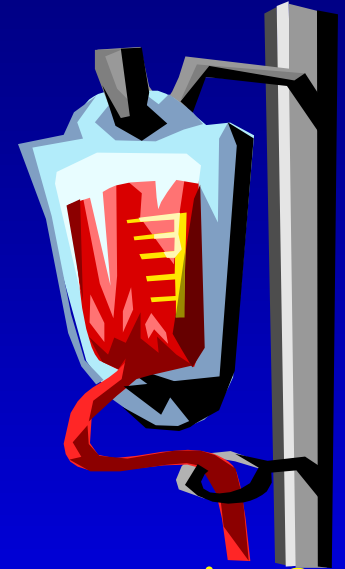


Hepatitis B in Czech Republic

- Still important infection but incidence and prevalence are gradually decreasing
 - ✓ Prevalence of chronic carriers was 0.56 % (2001)
 - ✓ Prevalence of historical antibodies anti-HBc total was 5,59% (2001)
 - ✓ Decrease of prevalence and incidence due to vaccination of high-risk persons (health care workers, newborns of HBsAg-positive mothers, before hemodialysis)
 - ✓ Global vaccination of all newborns and 12-years old children since 2001

Epidemiology of HEP B

- **Transmission**
 - ✓ blood and blood products
 - ✓ sexual intercourse
 - ✓ organ and tissue transplant recipients
 - ✓ vertically from mother to newborn
- **Who is in the highest risk in well-developed countries?**
 - ✓ intravenous drug abusers
 - ✓ persons with multiple sexual partners



Clinical pictures of acute HEP B

- IP: 30–180 days (mostly 2–3 months)
- Prodromal stage - flu-like syndrome
- Icteric form: < 5 years < 10 %, > 5 years (30–50 %)
- Chronicity: newborns > 90 %, children 30-40 %, adults 5–10 %
- Fulminant hepatitis: < 1 %
- Chronic HBV infection mortality: 15 – 25 %



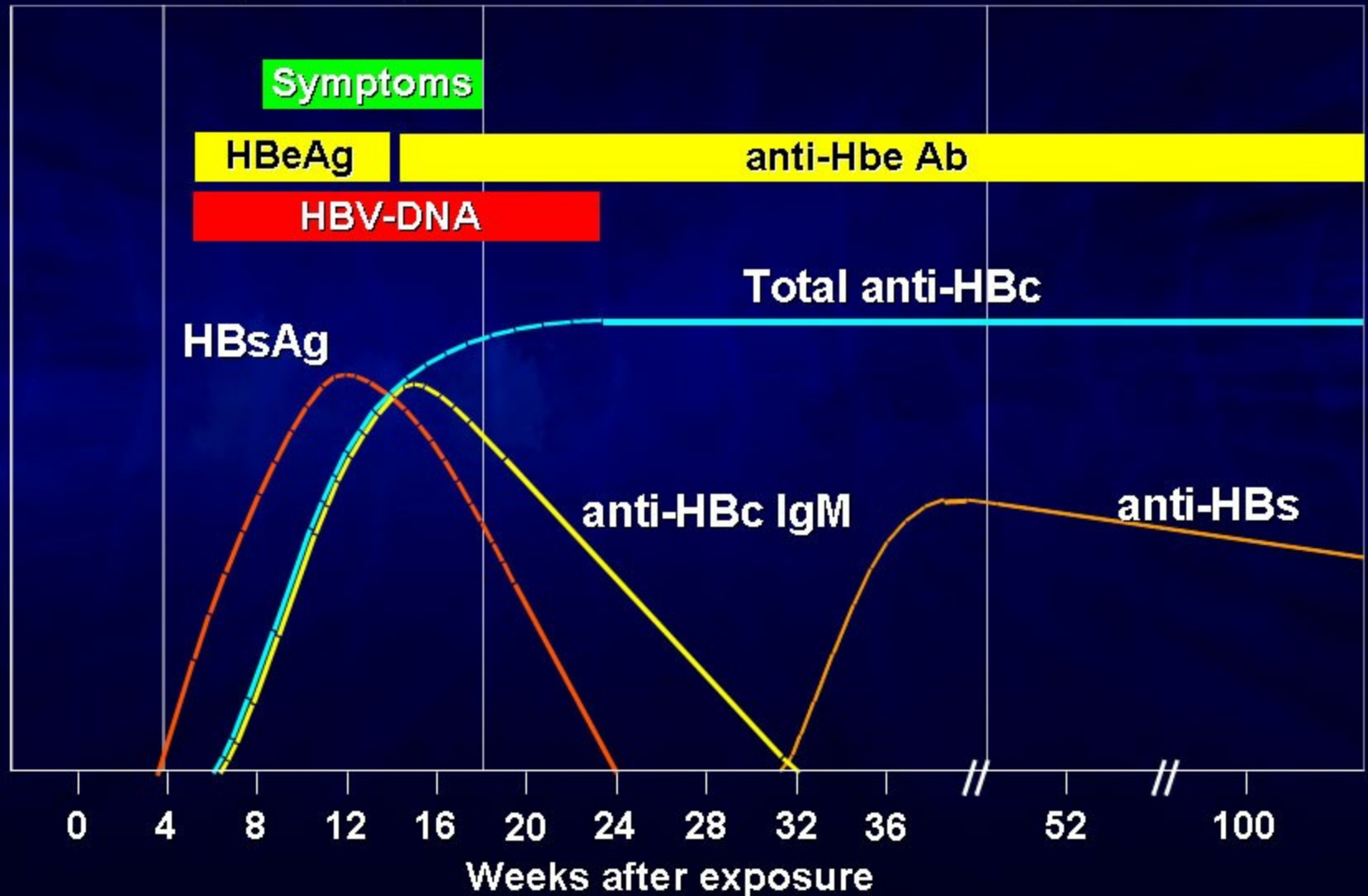
Acute Hepatitis B

Incubation
4-12 weeks

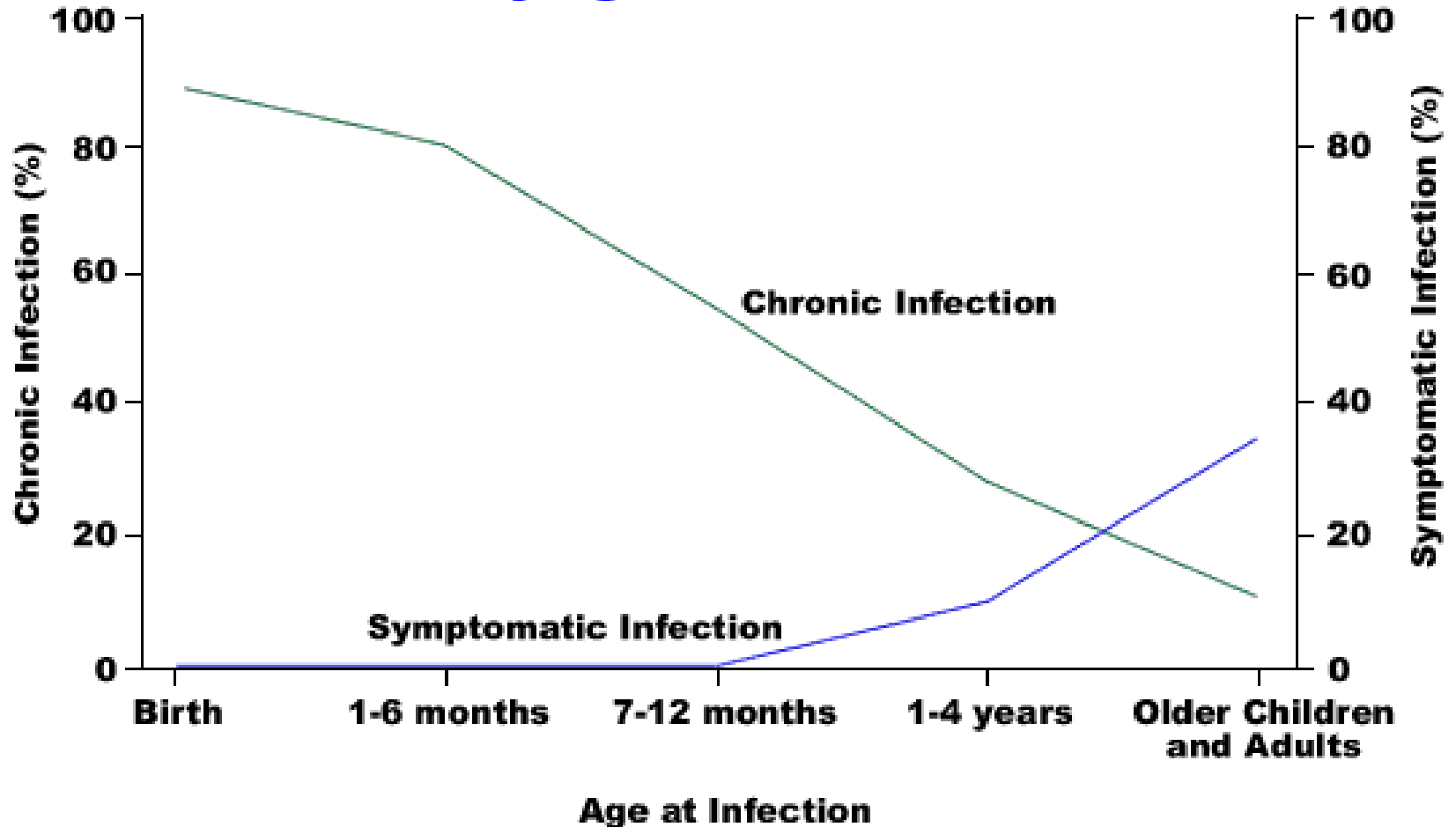
Acute infection
(2-12 weeks)

Early recovery
(12-24 weeks)

Recovery
(24-48 weeks)



Outcome of Hepatitis B Virus Infection by Age at Infection

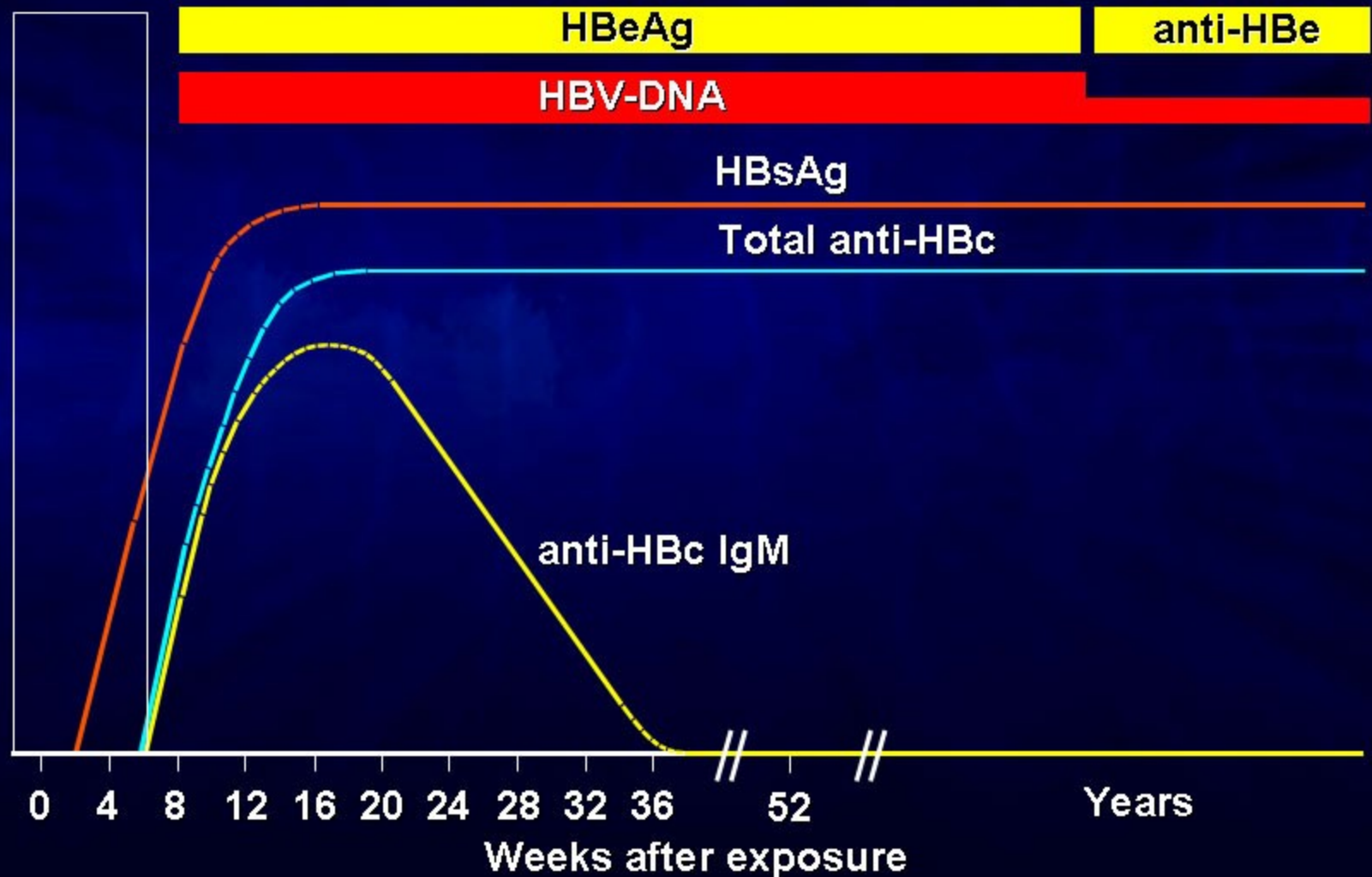


Chronic Hepatitis B (HBeAg+)

Incubation
(4-12 wk)

Acute
(6 months)

Chronic
(Years)

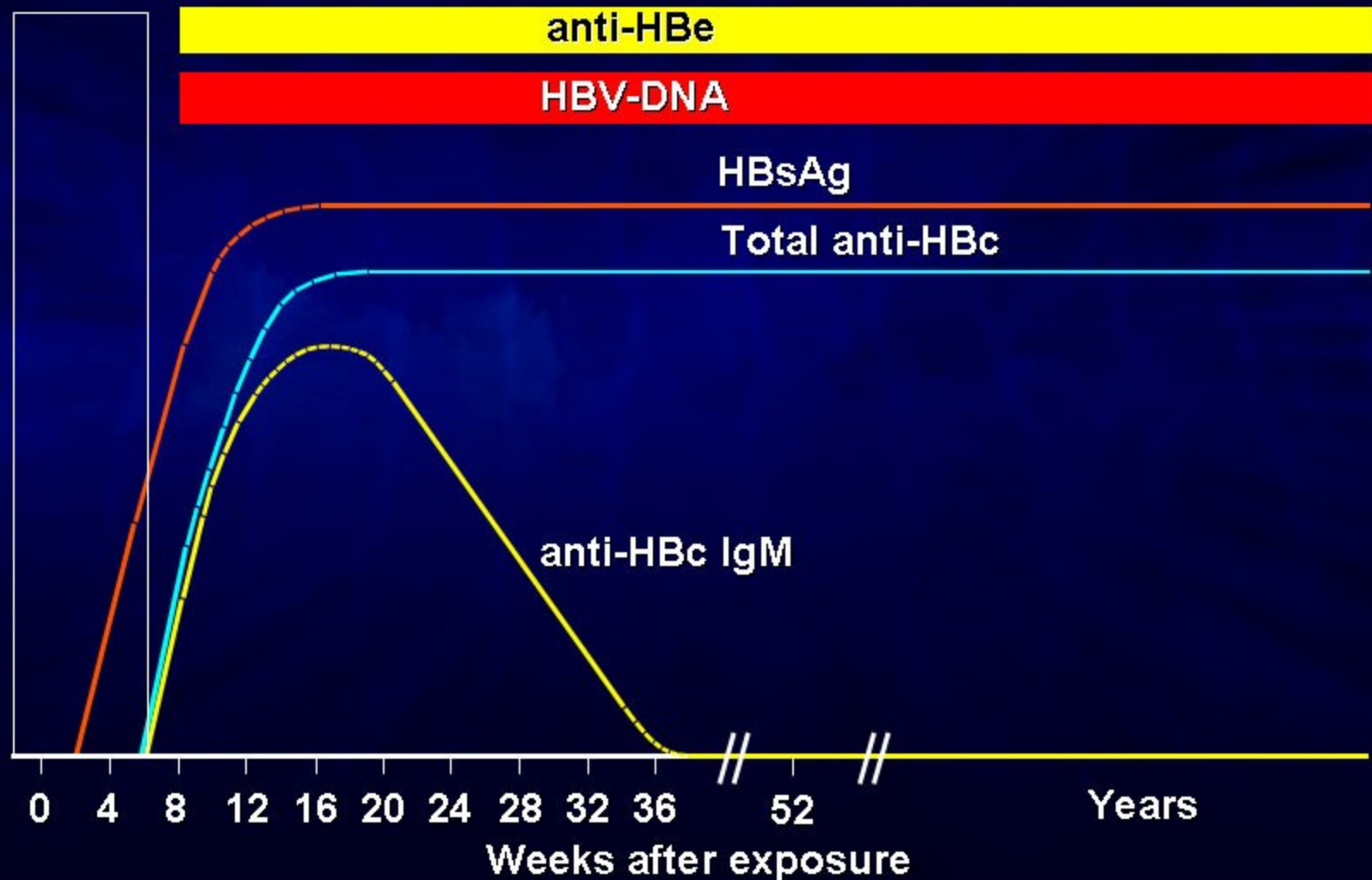


Chronic Hepatitis B (HBeAg-)

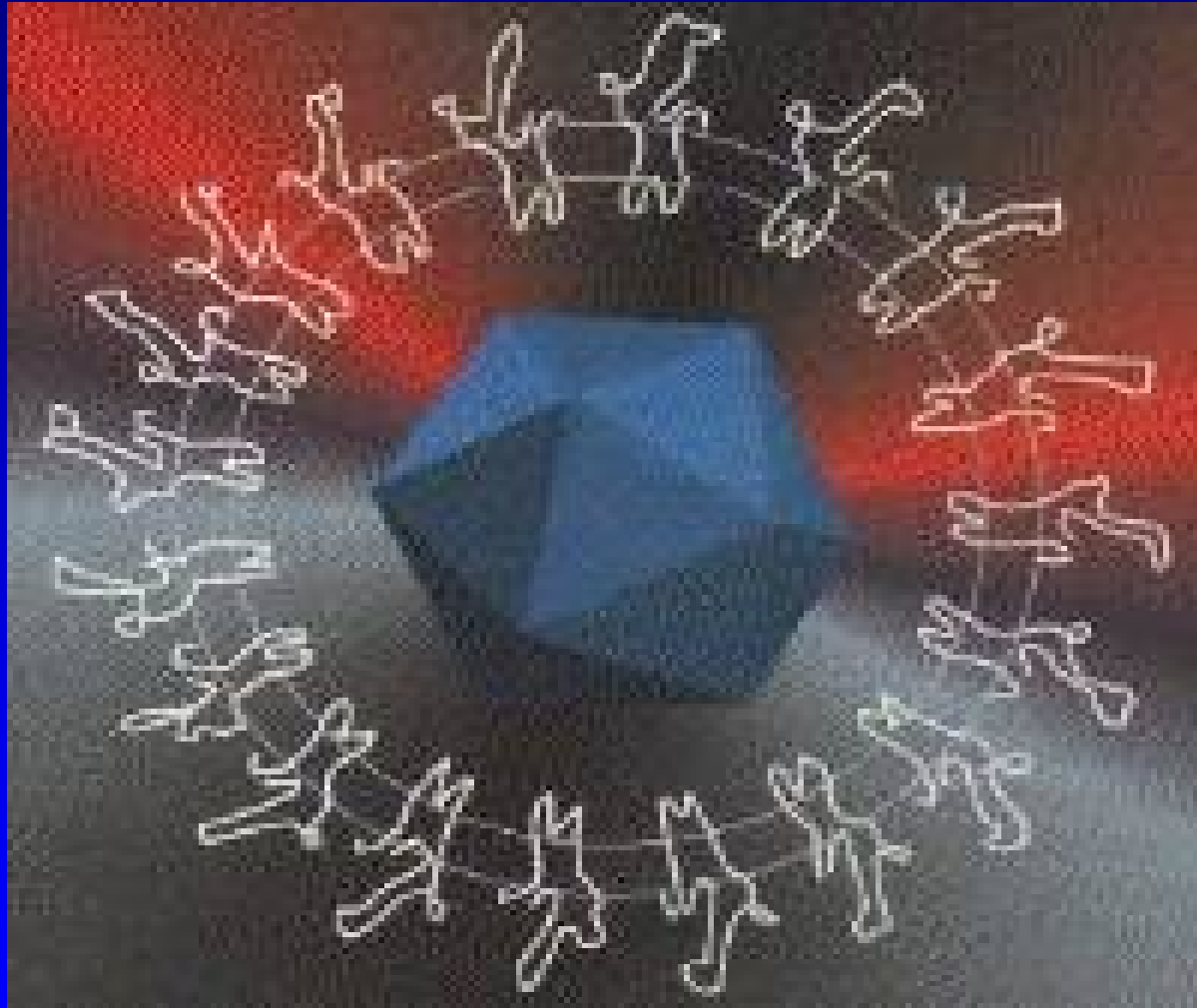
Incubation
(4-12 wk)

Acute
(6 months)

Chronic
(Years)

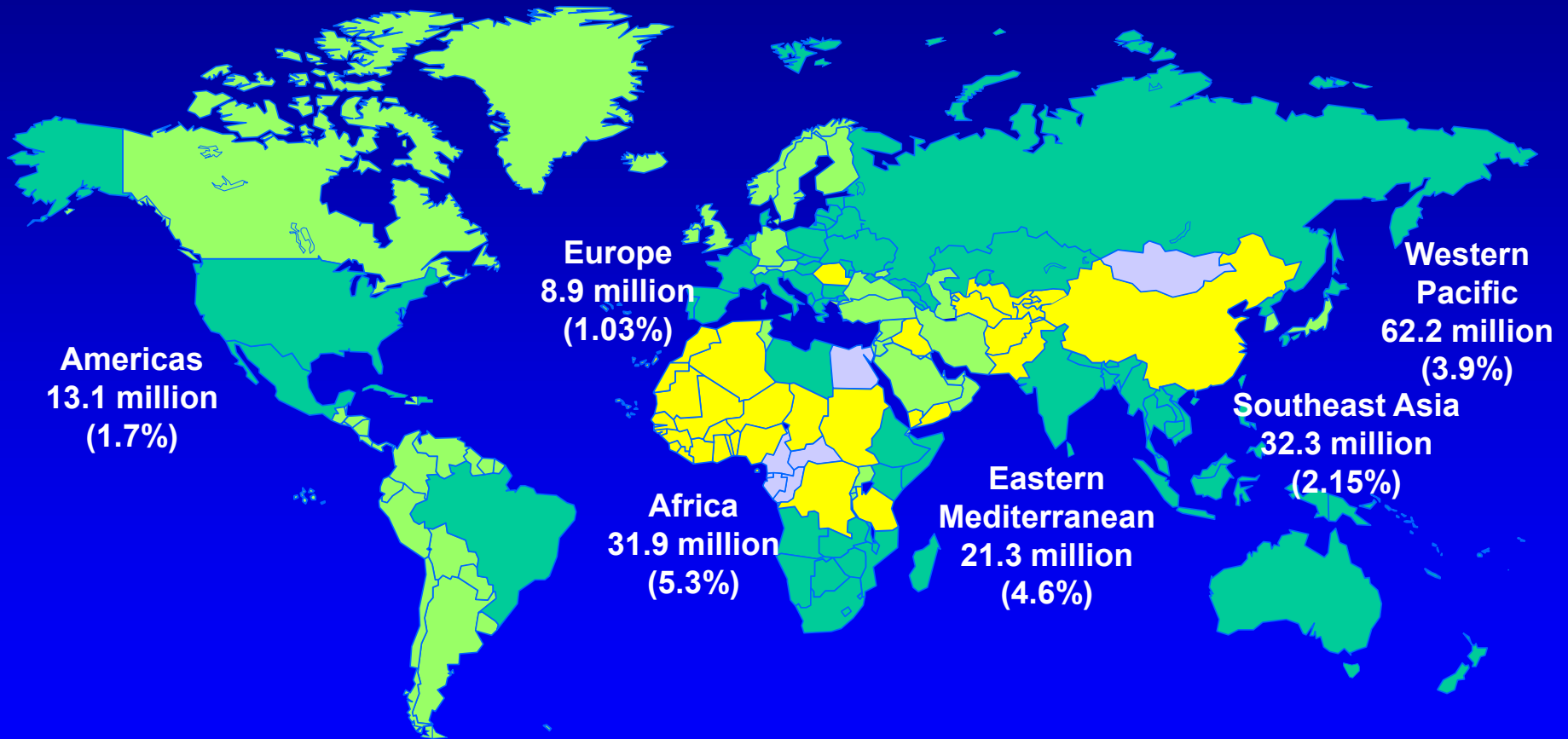


Hepatitis C



family Flaviviridae, genus Hepacivirus, enveloped RNA virus 60 nm

Hepatitis C



World Health Organization. Wkly Epid Rec .1999;74:425-427. World Health Organization. Hepatitis C: Global Prevalence: Update. 2003. Farci P, et al. Semin Liver Dis. 2000;20:103-126. Wasley A, et al. Semin Liver Dis. 2000;20:1-16.

Distribution of HCV genotypes

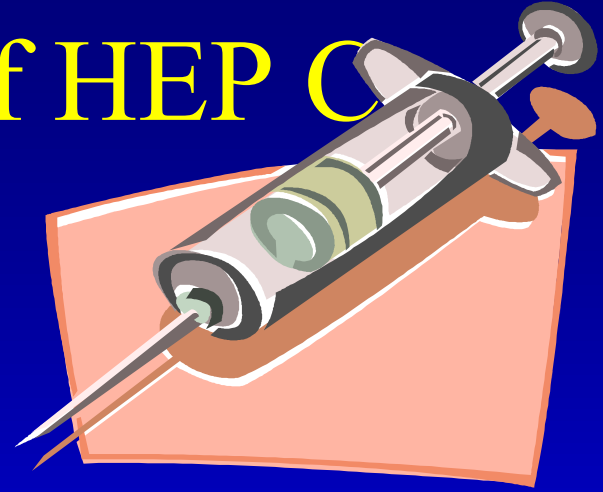




Hepatitis C

- Significant global health problem
 - ✓ about 3 % of the world population are chronically infected with HCV
 - ✓ In well-developed countries about 20 % of all acute hepatitis, 70 % chronic hepatitis, 40 % cirrhosis, 60 % HCC and indication to 30 % liver transplantations
- In Czech Republic
 - ✓ prevalence 0,2 % (2001)
- No vaccine, no hyper-immune immunoglobulin

Epidemiology of HEP C



- **Transmission:**
 - ✓ blood and blood products
 - ✓ sharing of used injection needles and syringes
 - ✓ sexually (rare)
 - ✓ vertically (rare)
- **Who is in the highest risk of HCV infection at present?**
 - ✓ intravenous drug abusers
- **Infection is frequently diagnosed in chronic stage**

Patients with higher risk of HCV infection

- ✓ Intravenous drug abusers (sharing of injection needles and syringes)
- ✓ Recipients of blood transfusions before the year 1992 (especially hemophiliacs)
- ✓ Persons with tattoo or piercing



Clinical course of HEP C

- Acute hepatitis is mostly asymptomatic
- Probability of chronicity is high (40-50% till 90-100%).

Higher probability of chronicity:

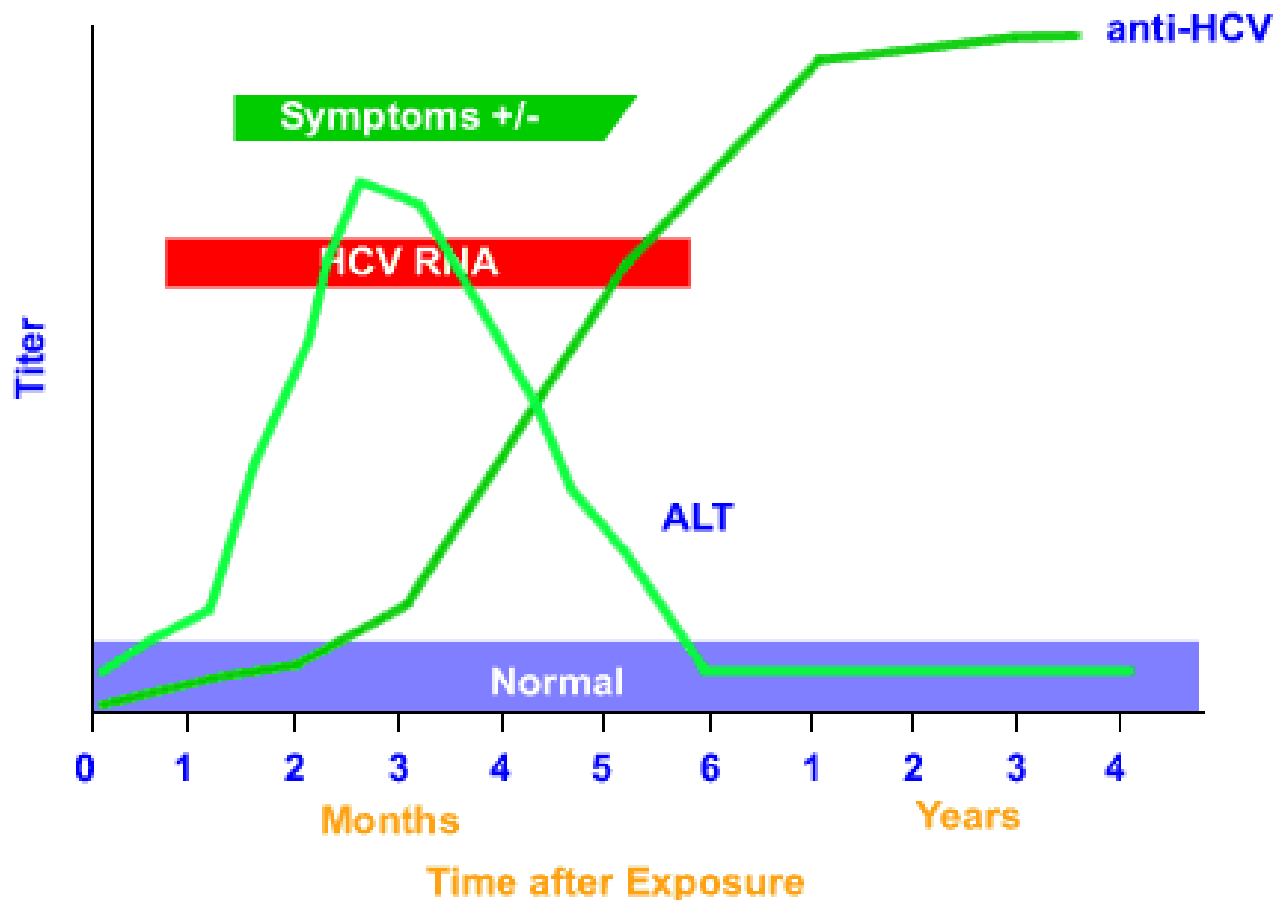
- ⇒ Older persons
- ⇒ Higher initial infection dose (transfusion versus needles)
- ⇒ HBV, HIV co-infection
- ⇒ abusus of alcohol
- ⇒ immunodeficiency

Clinical course of HEP C

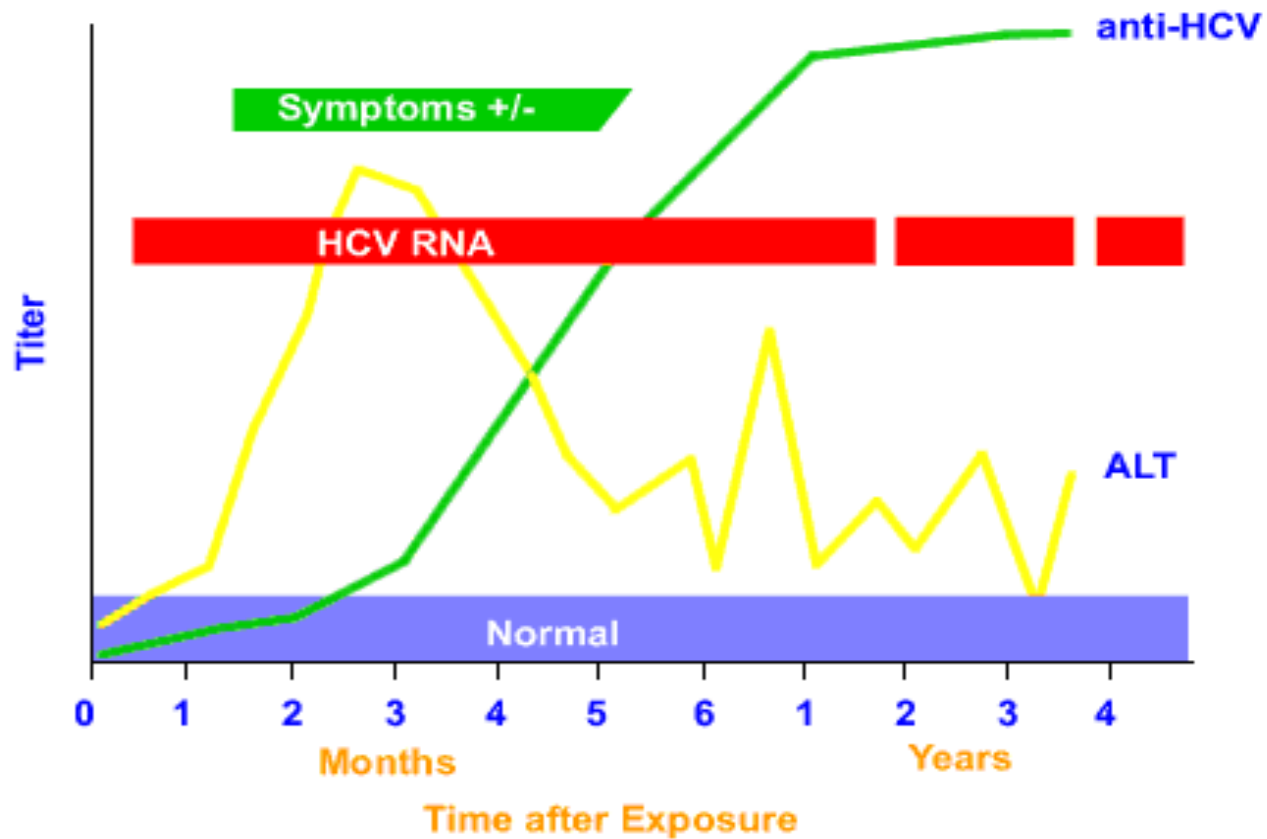
- LC in about 20 % patients with chronic HCV infection
- HCC annually in 1-4 % patients with LC
- Progression to HCC depends on:
 - ✓ age (more rapid progression in older persons)
 - ✓ alcohol abuse
 - ✓ HIV co-infection
 - ✓ HBV co-infection



Serologic Pattern of Acute HCV Infection with Recovery

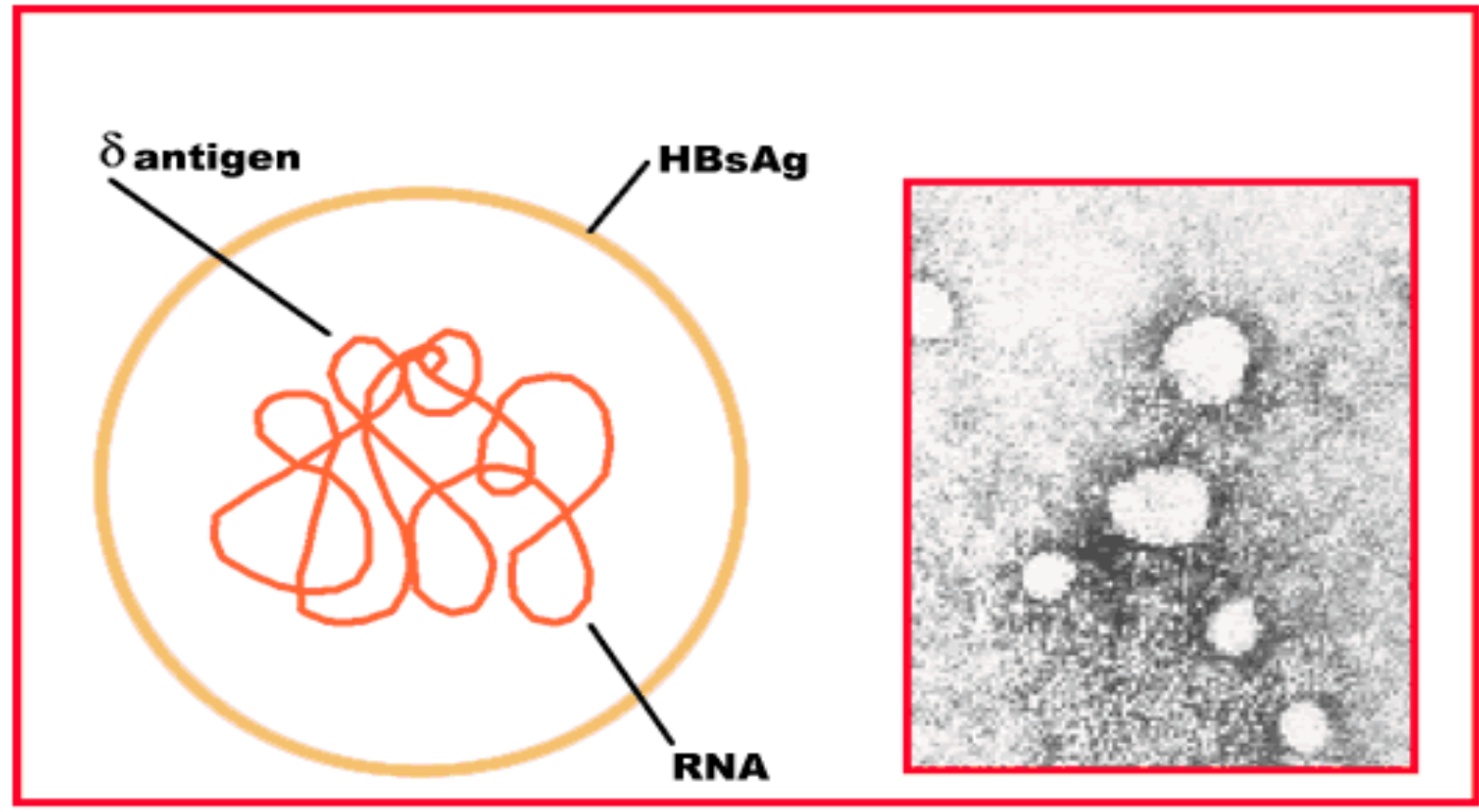


Serologic Pattern of Acute HCV Infection with Progression to Chronic Infection

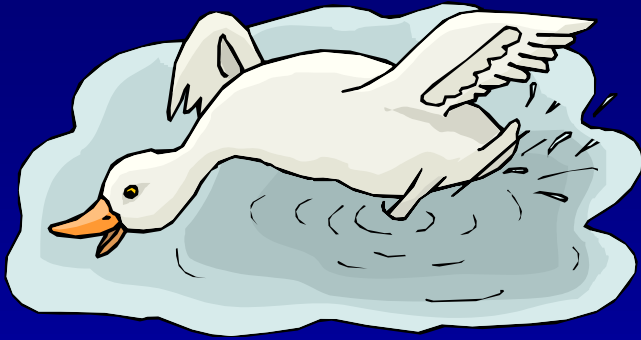


Hepatitis D

Hepatitis D (Delta) Virus



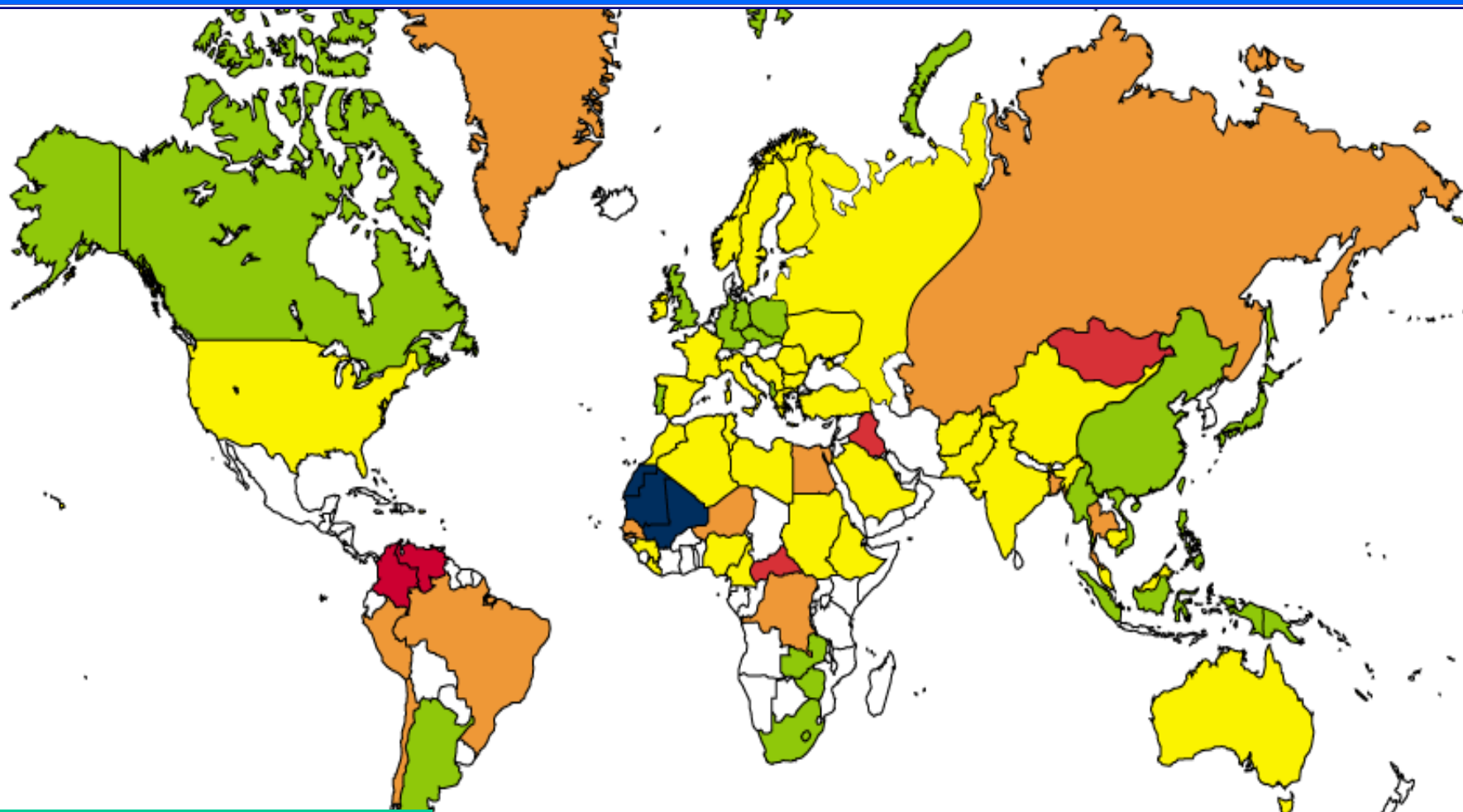
Satellite virus, family *Deltaviridae*, enveloped RNA, 40 nm



Hepatitis D

- Ability of replication only in presence of HBV infection
- ✓ Co-infection (better prognosis)
- ✓ Super-infection (worse prognosis)
- **Endemic** in South America, Mediterranean Region, Romania, Central Africa
- **Very low prevalence in CR**

Anti-HDV prevalence in HBsAg-positive (approximately 15 000 000 persons)

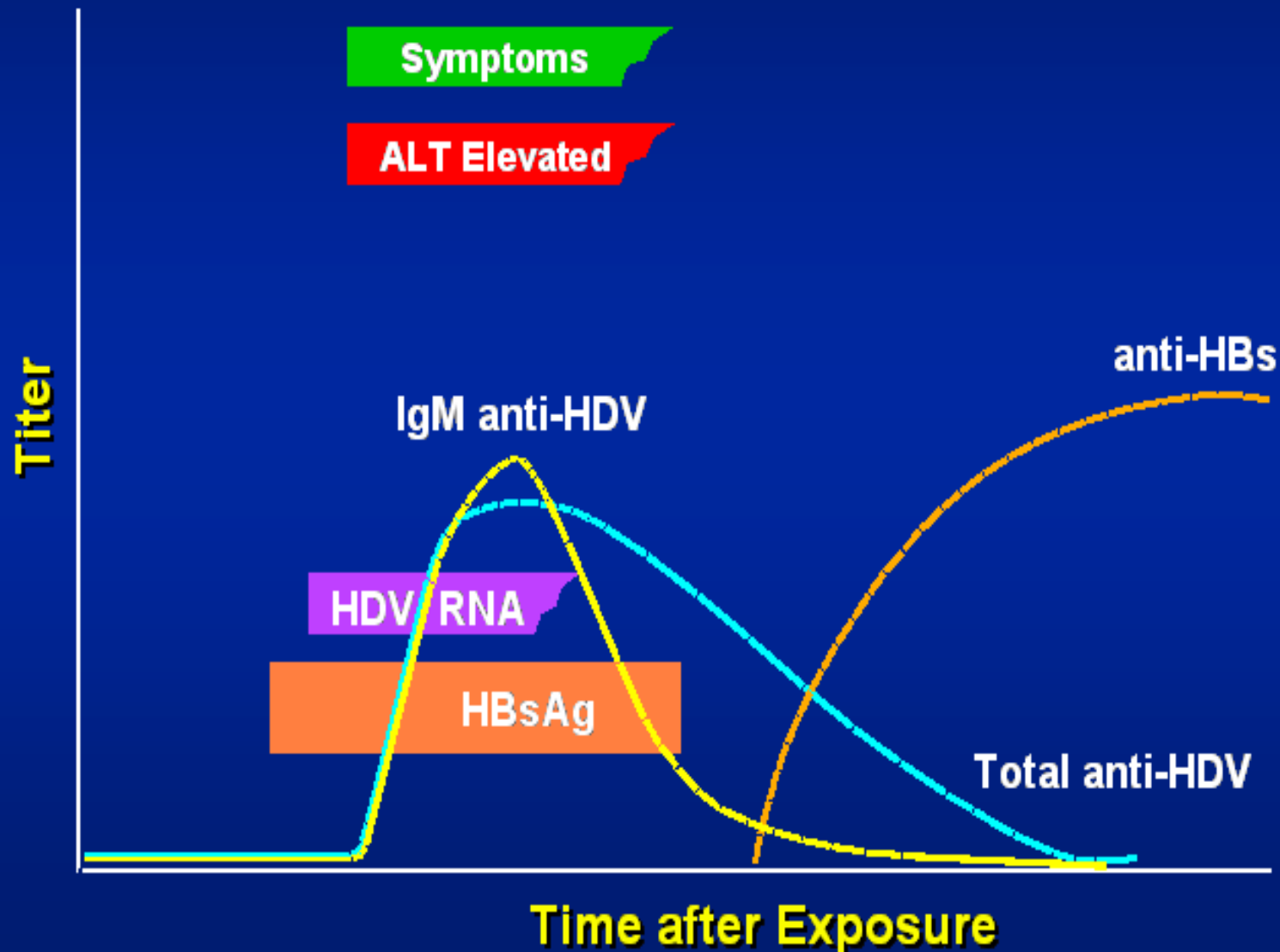


Rizzetto M. *EASL 2009*

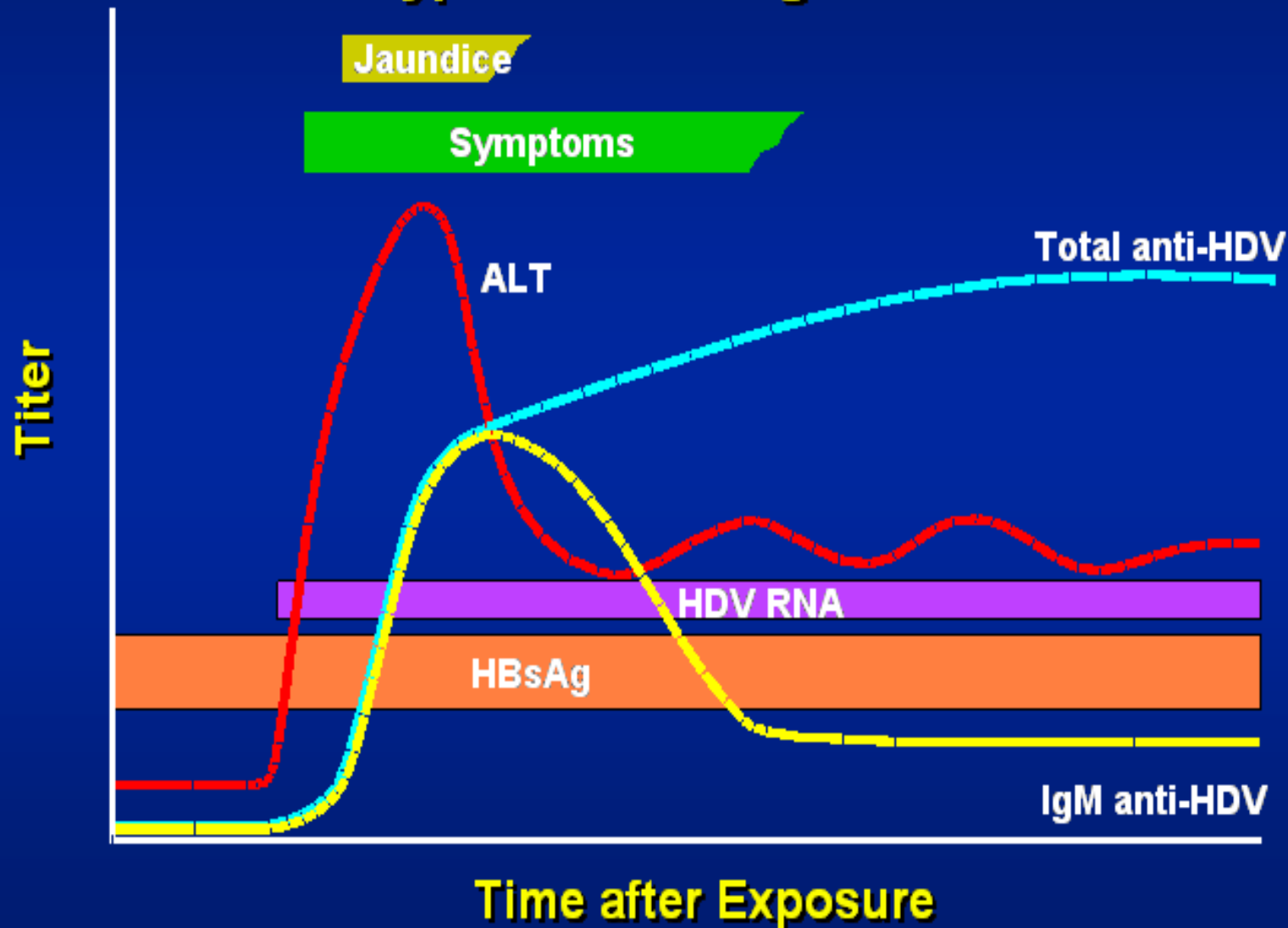
HDV

Anti-HD(HBsAg (+)) ? 0-5% 6-20% 21-60% >60%

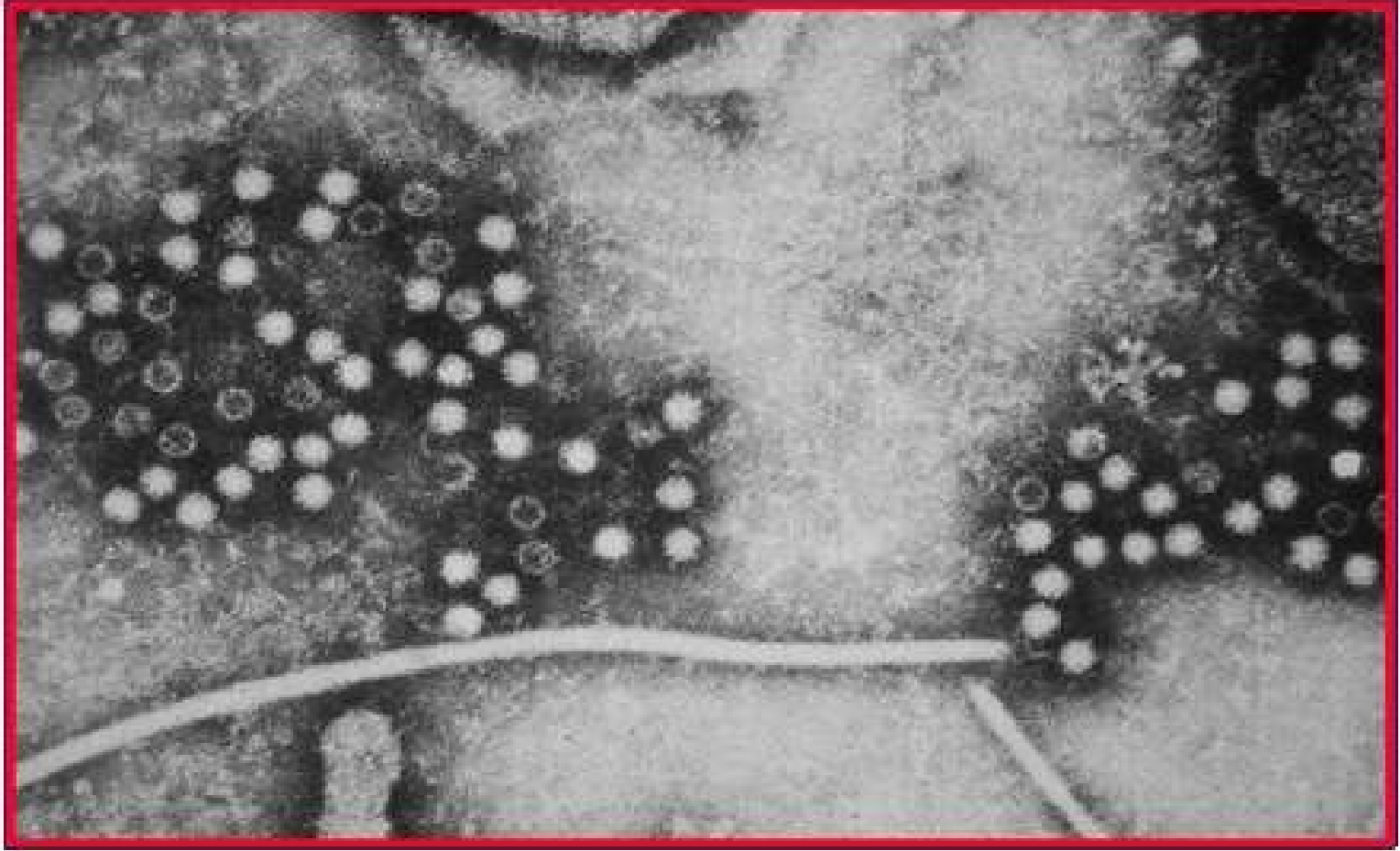
HBV - HDV Coinfection Typical Serologic Course



HBV - HDV Superinfection Typical Serologic Course

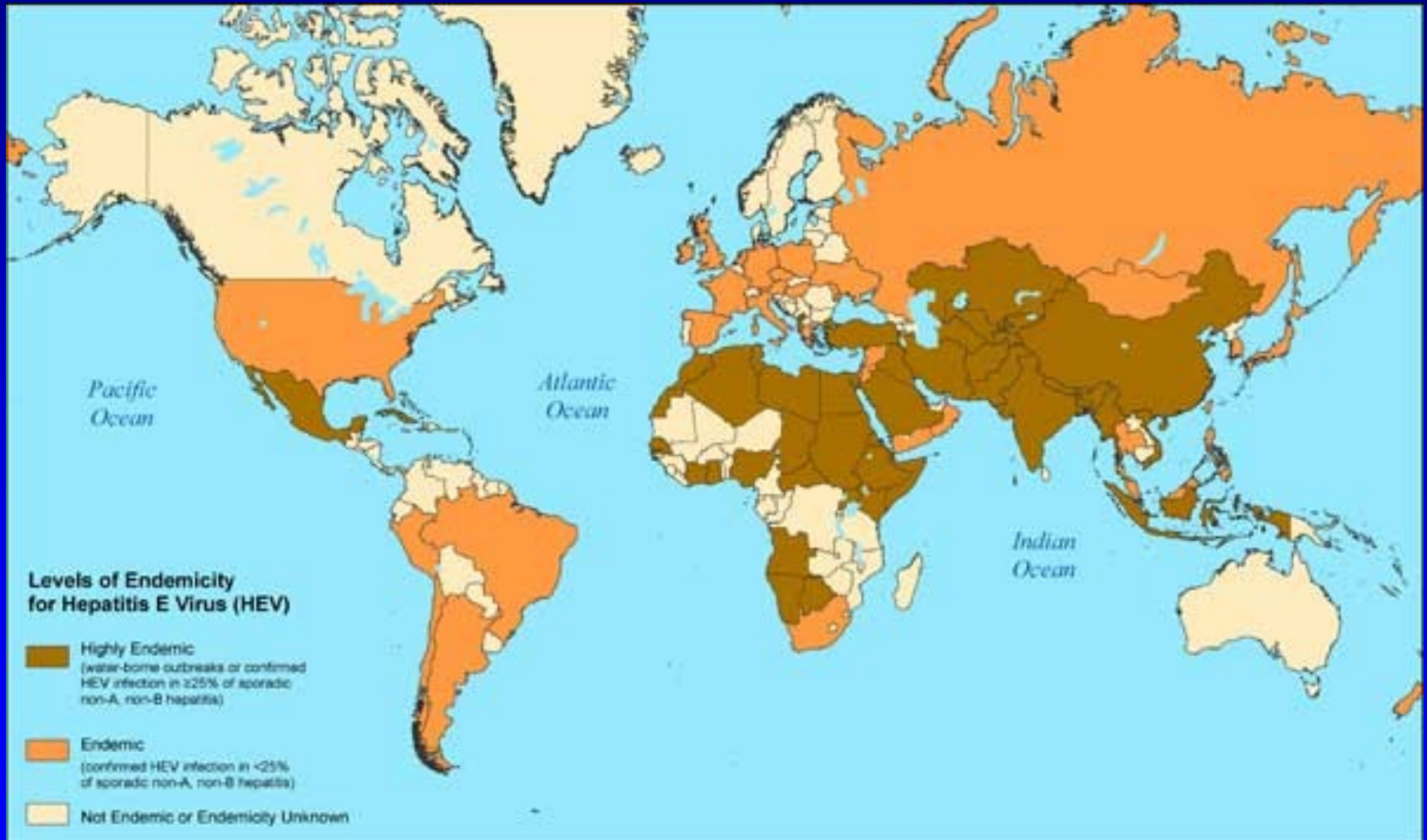


Hepatitis E Virus



Family *Hepeviridae*, genus *Hepevirus*, non-enveloped RNA virus,
27-34 nm

Hepatitis E



Source: *CDC*

HEV genotypes

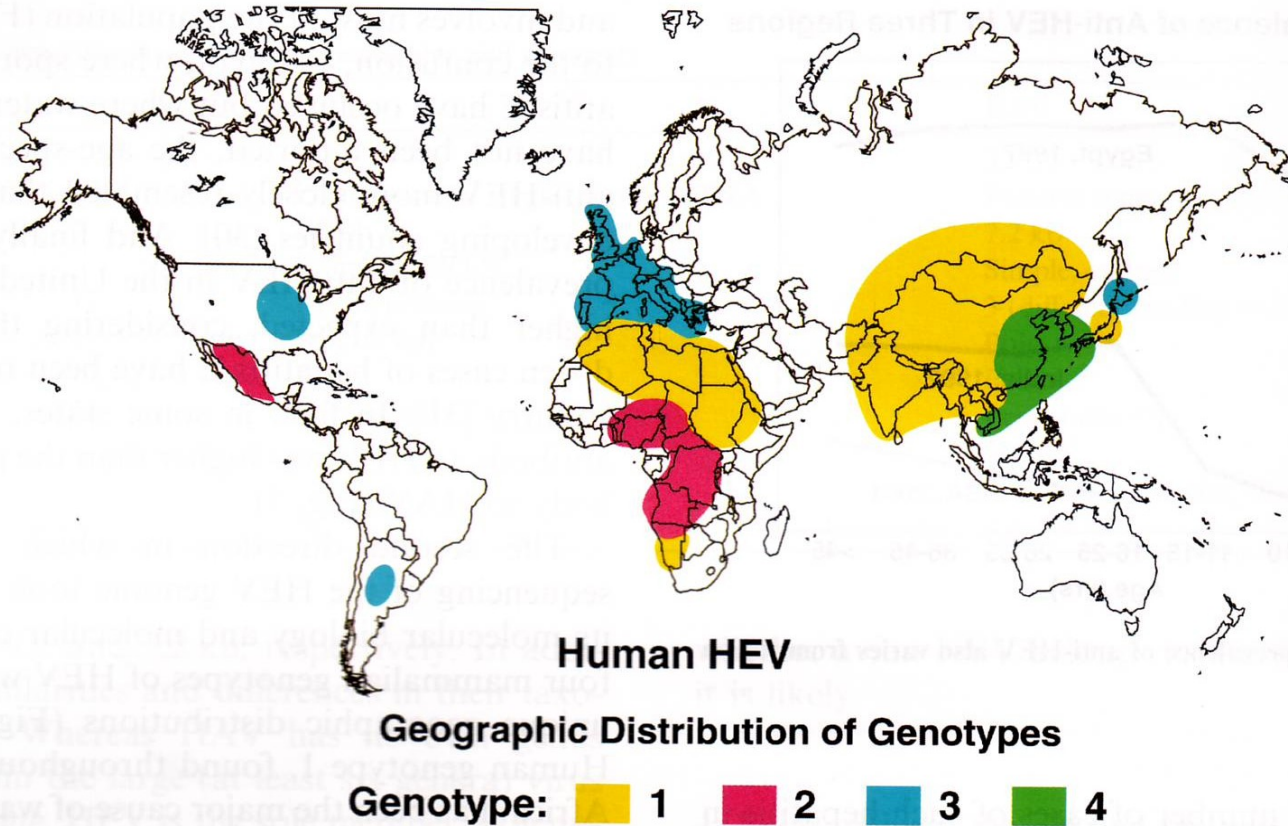
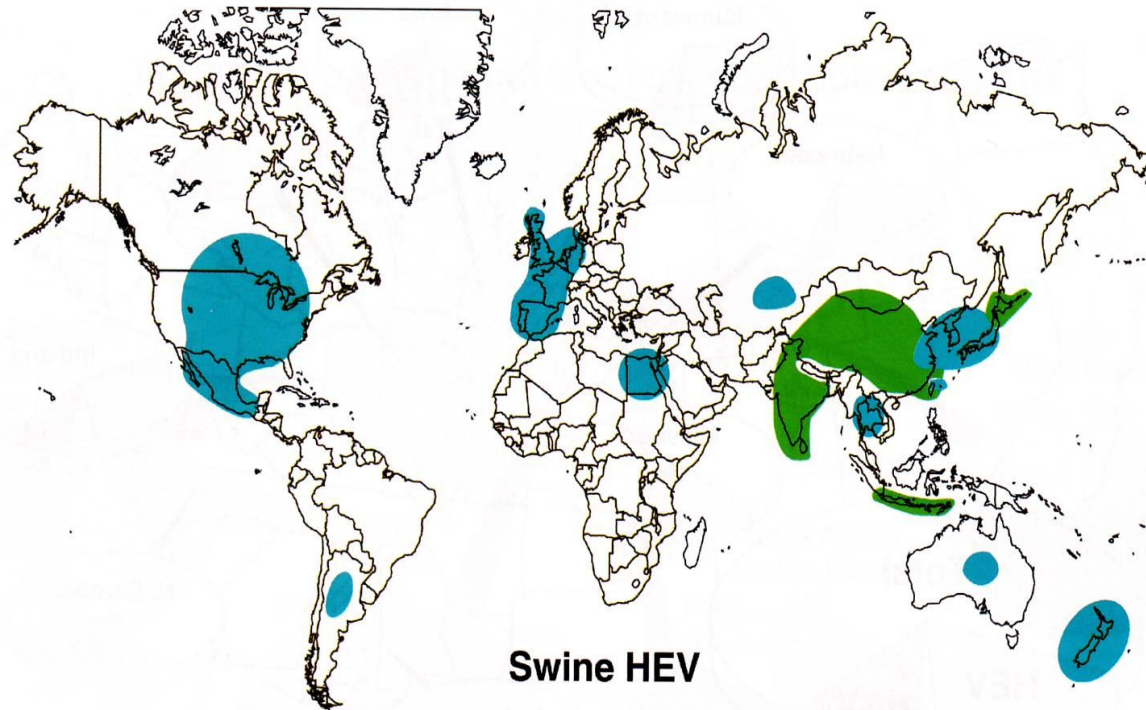


Fig. 4. Each of the four genotypes of HEV that infect humans has a distinct, and in some cases, overlapping geographic distribution.

Genotypes of swine HEV



Swine HEV
Geographic Distribution of Genotypes

Genotype: ■ 3 ■ 4

Fig. 5. HEV genotypes 3 and 4, which infect both humans and swine, have been recovered from pigs in regions that roughly parallel the distribution of these viruses in human infections. However, there are exceptions.

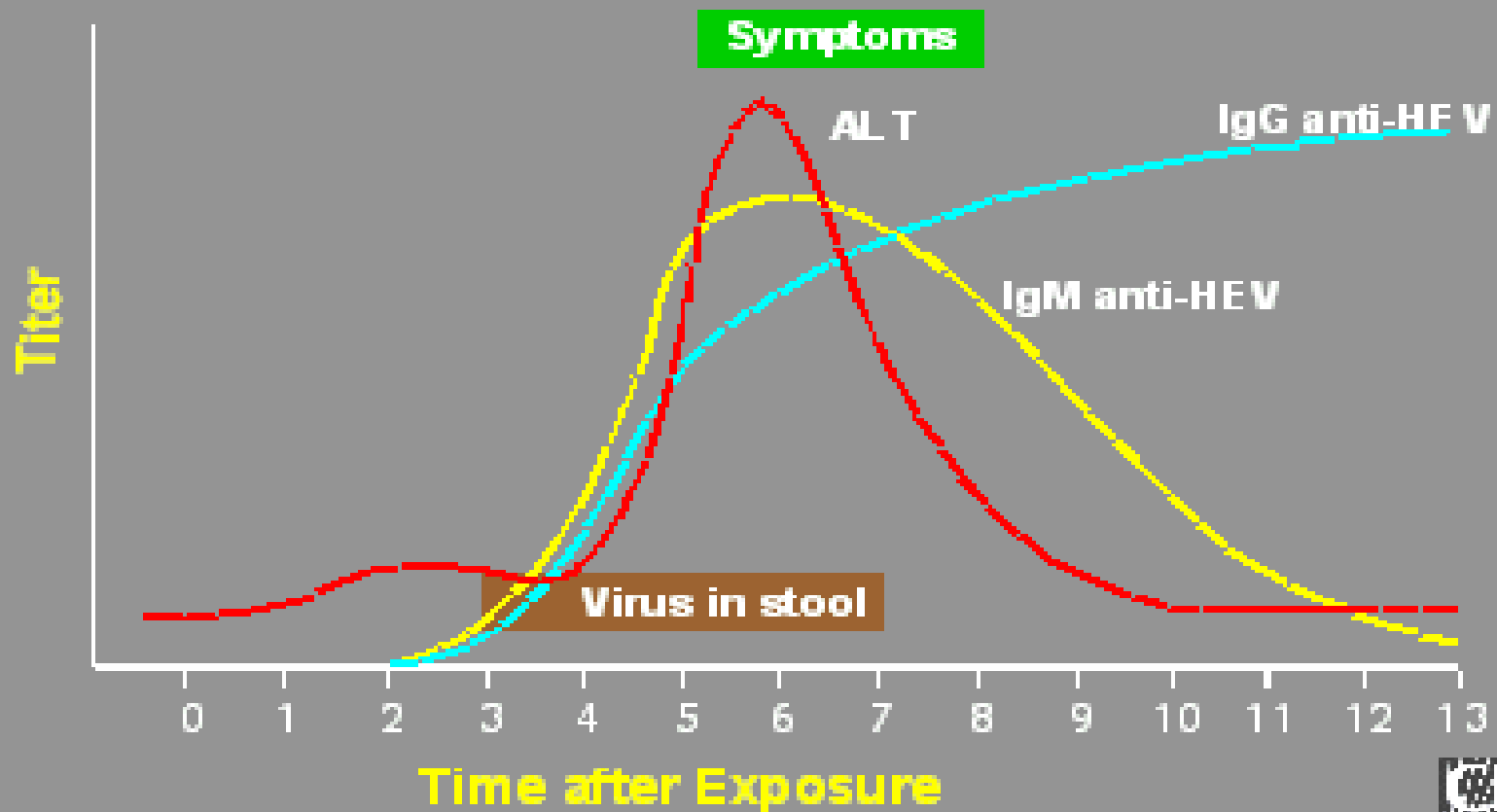


Hepatitis E

- Travel-related disease especially
- Infection is possible to acquire in CR as well (pork, sea food)
- Main route of transmission by drinking water
- Extremely serious clinical course in late pregnancy (mortality above 20 %)
- Repeated infection may be possible
- Rare cases of chronic hepatitis E in seriously immunosuppressed patients (organ recipients...)

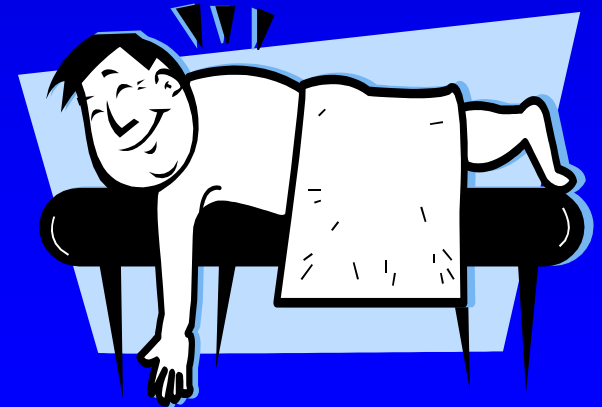
Hepatitis E Virus Infection

Typical Serological Course



Treatment of acute hepatitis

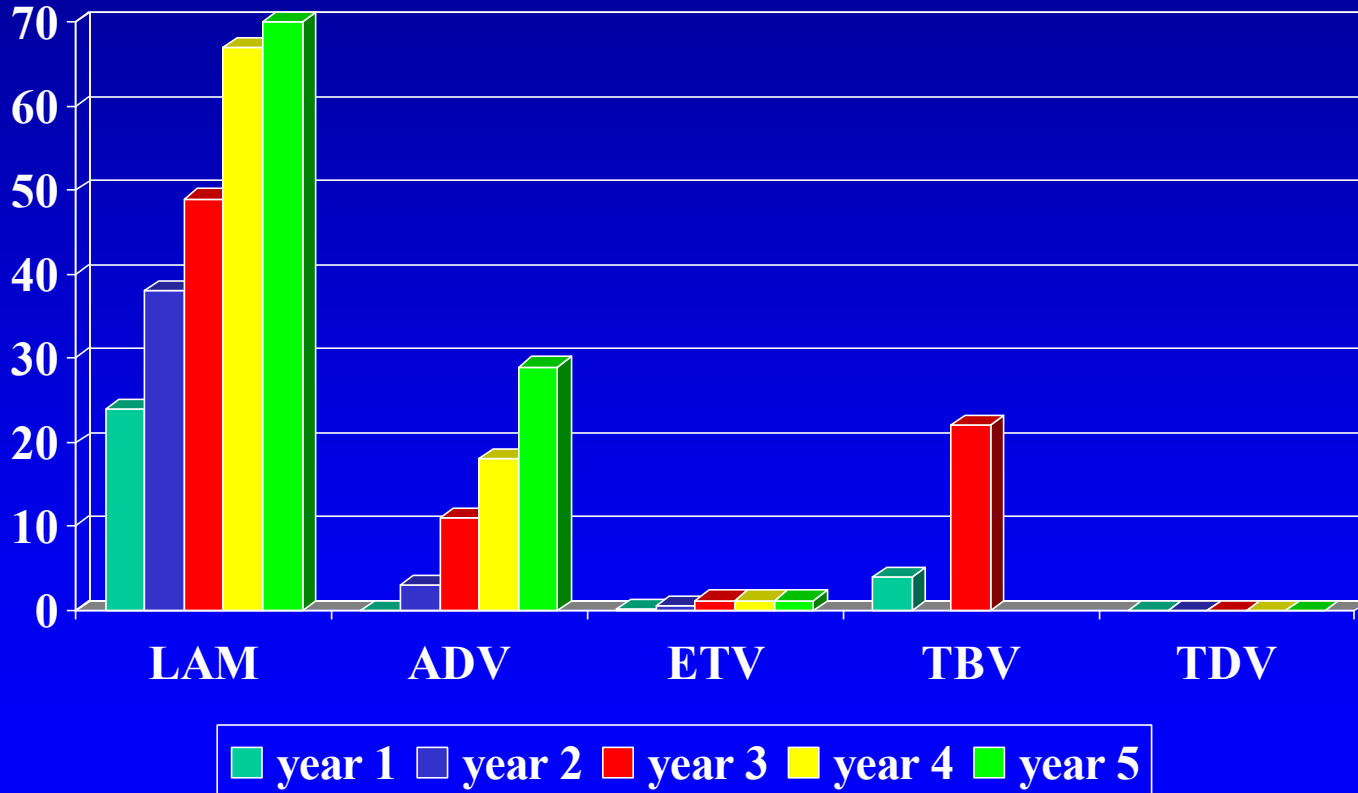
- **Symptomatic for all types**
 - ✓ physical and mental rest
 - ✓ diet
 - ✓ no alcohol, no hepatotoxic drugs
 - ✓ supportive treatment (silymarin, essential phospholipids)



Current possibilities of treatment of chronic HBV infection

- pegylated interferon alfa-2a – 48 weeks
- lamivudine - only in severe acute HEP B or protection of reactivation or recurrence
- telbivudine – for naive patients
- entecavir – for naive patients
- adefovir dipivoxil – for lamivudine-resistant mutants in combination with lamivudine
- tenofovir – both for naive and lamivudine-resistant patients

Resistance to NUCs



Current possibilities of treatment of chronic HCV infection

- Pegylated interferon alfa-2a or alfa-2b + ribavirin
 - ✓ Genotype 1 or 4 – 48 weeks, SVR about 60 %
 - ✓ Genotype 2 or 3 – 24 weeks, SVR about 85 %



Thank you for your attention!

phusa@fnbrno.cz