PRACTICE AID

Rationale for HBV Treatment Eligibility Expansion

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PeerView Infectious Diseases

Hepatitis B Foundation

Scientific and Medical Evidence[1]



Current guidelines leave up to 88% of adults with CHB untreated, despite ongoing risk for HCC and liver complications



Antiviral therapy reduces the risk of cirrhosis, liver failure, and HCC, even in patients outside standard treatment criteria



HBV DNA and ALT levels are unreliable predictors of disease progression



Updated guidelines expand eligibility to over 50% of patients, factoring in fibrosis risk, age, comorbidities, and patient preference

Patient and Public Health Perspectives[2]



Patients report improved well-being, energy, and social engagement, even when treated outside standard criteria



Being deemed "ineligible" can cause significant anxiety, stigma, and uncertainty



Broader access, especially in high-transmission settings, helps reduce horizontal and perinatal spread



Restrictive criteria based on imperfect markers risk inequity; simplified guidelines are more ethical, scalable, and patient-centered

1. Kennedy M et al. *Lancet Gastroenterol Hepatol.* 2024;9(7):528-537. 2. Cohen C et al. *Lancet Gastroenterol Hepatol.* 2024;9(7):538-548.