



What is hepatitis D?

Hepatitis D is a liver disease that develops after infection with the hepatitis D virus (HDV). This infection only occurs if a person also has hepatitis B.

How does someone become infected with hepatitis D?

The transmission of HDV requires contact with infectious blood introduced into a person with hepatitis B virus (HBV) infection.

Who is at risk for hepatitis D infection?

Infection with hepatitis D can only occur in people who are infected with HBV. In some cases, people become infected by HBV and HDV at the same time (coinfection) while in others someone who was previously infected with HBV is infected with HDV at a later time (superinfection).

How common is HDV in the United States?

HDV is relatively uncommon in the United States although the risk for this infection is higher in certain groups. Traditionally, HDV testing has only been recommended for people with chronic hepatitis B infection who are members of high-risk groups and in those with advanced liver disease. Members of high-risk groups have generally been defined as including individuals who paid for sex, intravenous (IV) drug users, patients on hemodialysis, and those receiving blood products (including patients who had received transfusions and hemophiliacs). However, a recent U.S. study has shown that overall approximately 8% of patients with chronic hepatitis B may also be infected with HDV, leading some clinicians and researchers to call for all chronic hepatitis B patients to be tested for evidence of HDV infection.

Why is it important for chronic hepatitis B patients to be tested for hepatitis D?

Coinfection with hepatitis D can worsen the risk of liver damage (liver cancer, cirrhosis, liver failure and death or need for liver transplant) that hepatitis B causes. Testing could allow patients who are found to be HDV-negative to be educated about the need to protect themselves against infection (by HBV vaccination if they are not chronically infected with HBV, or by safe sex and safe injection measures if they are already chronically HBV-infected) and patients who are found to be HDV-infected to be educated about the need to protect against transmitting the virus to others, and to undergo close monitoring with blood tests and physical exams. In addition, since there are treatments that are at least somewhat effective against HDV, this would ensure that HDV-infected patients would know that they are infected and have the chance to choose to be treated. Research on HDV testing and treatments are ongoing.

How is hepatitis D treated?

Studies have shown that there is at least some benefit from treatment with a drug called interferon, with clearance of HDV in 15-25% of patients treated with interferon for 48 weeks. It is thought that newer treatments that are currently being studied, including prenylation inhibitors, may be even more effective.

How can hepatitis D be prevented?

There is no vaccine for hepatitis D. However, in people not yet chronically infected with hepatitis B, the vaccine for hepatitis B will protect against infection with hepatitis D since it can only occur in the presence of hepatitis B infection. The hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over a 6-12-month period.

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Robert Gish, MD formed the medical consulting firm [Robert G. Gish Consultants LLC](#) in 2013 to assist liver and liver transplant programs with their operational, outreach, compliance, financial planning and program development.

His firm also provides consultations with Pharma and a means of interaction between the pharmaceutical industry and CME organizations in addition to promoting liver health policies throughout the world.

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