World Hepatitis Day 2026 Highlights India's Fight Against Viral Hepatitis and the Goal of Disease Elimination by 2030

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Recent Developments:

- The world observed **World Hepatitis Day** on **28 July 2026** to raise awareness about **viral hepatitis**, one of the leading causes of infectious disease-related deaths globally.
- The **World Health Organization (WHO)** announced the **2026 theme**, **"Hepatitis: Let's Break It Down"**, emphasising the removal of financial, social and systemic barriers to hepatitis prevention, testing, treatment and care. This year's campaign highlights the need for equitable access to hepatitis services to achieve elimination targets by **2030**.

About Hepatitis:

Meaning and Nature:

- **Hepatitis** refers to inflammation of the **liver**, primarily caused by viral infections, although alcohol abuse, certain medicines, toxins and autoimmune disorders can also lead to liver inflammation.
- The disease may be **acute** or **chronic**, depending upon the duration of infection and the extent of liver damage.
- Chronic liver inflammation can progressively lead to **cirrhosis**, **liver failure** and **hepatocellular carcinoma (liver cancer)**.

Major Types of Viral Hepatitis:

- The five principal hepatitis viruses are **Hepatitis A (HAV)**, **Hepatitis B (HBV)**, **Hepatitis C (HCV)**, **Hepatitis D (HDV)** and **Hepatitis E (HEV)**.
- **Hepatitis B** and **Hepatitis C** together account for more than **90%** of deaths and long-term disability associated with viral hepatitis.
- **Hepatitis D** occurs only in individuals already infected with **Hepatitis B**, making **HBV vaccination** the most effective preventive strategy against both infections.

Global and Indian Burden of Hepatitis:

Global Scenario:

- **Viral hepatitis** causes nearly **1.3 million deaths** and approximately **2 million new infections** every year worldwide.
- Around **287 million** people are living with chronic **Hepatitis B** or **Hepatitis C**, while a majority remain undiagnosed because of the absence of early symptoms.
- The **WHO Global Health Sector Strategy 2022–2030** aims to eliminate viral hepatitis as a public health threat by **2030**.

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India's Disease Burden:

- India has nearly **29 million** people living with chronic **Hepatitis B** and about **5.5 million** people with chronic **Hepatitis C**, making it one of the countries with the highest hepatitis burden globally.
- India contributes nearly **10–15%** of the global **Hepatitis B** carrier population.
- According to **India HIV Sentinel Surveillance 2021**, **Hepatitis B** seroprevalence is approximately **0.85%**, whereas **Hepatitis C** seroprevalence is around **0.29%**.

Meaning of Seroprevalence:

- **Seroprevalence** refers to the proportion of individuals in a surveyed population who test positive for disease-specific antibodies or antigens, indicating present or past infection.

Clinical Features and Public Health Challenges:

Common Symptoms:

- Most infected individuals remain asymptomatic during the early stages of infection.
- Clinical manifestations may include **persistent fatigue**, **loss of appetite**, **nausea**, **abdominal discomfort**, **dark-coloured urine** and **jaundice**.

Diagnosis and Vaccination Gaps:

- India's **Hepatitis B** diagnosis rate remains close to **2.4%**, indicating that most infected individuals have never undergone testing.
- The **birth-dose Hepatitis B vaccine** presently reaches only around **63%** of newborns, although completion of the childhood vaccination schedule is significantly higher.
- Delay in administering the birth dose substantially increases the risk of **mother-to-child transmission**.

Major Barriers:

- Low public awareness and widespread misinformation delay timely diagnosis.
- Social stigma discourages individuals from seeking testing and treatment.
- Weak integration of hepatitis services into primary healthcare reduces accessibility.
- High treatment costs continue to affect equitable healthcare utilisation.

Transmission, Prevention and Management of Different Types of Hepatitis:

Hepatitis A and Hepatitis E:

- **Cause,** Infection with **HAV** or **HEV**.
- **Transmission,** Contaminated food or water through the **faecal-oral route**, poor sanitation and unsafe drinking water.
- **Prevention,** Safe drinking water, improved sanitation, personal hygiene and **Hepatitis A vaccination**.
- **Treatment,** Supportive care including adequate hydration and nutrition, as no specific antiviral therapy is generally required.

Hepatitis B:

- **Cause,** Infection with **HBV**.
- **Transmission,** Mother-to-child transmission during childbirth, infected blood, blood products and body fluids.
- **Prevention,** Universal **Hepatitis B vaccination**, birth dose within **24 hours**, subsequent doses at **6**, **10** and **14 weeks**, safe injection practices and screened blood transfusion.

- **Treatment,** Eligible chronic patients receive antiviral medicines according to national treatment guidelines.

Hepatitis C:

- **Cause,** Infection with **HCV**.
- **Transmission,** Exposure to infected blood through unsafe injections, contaminated medical procedures, shared needles and infected blood products.
- **Prevention,** Safe injections, screened blood transfusion and harm-reduction measures such as needle-exchange programmes, while no vaccine is currently available.
- **Treatment,** Nearly all patients can be cured within **12–24 weeks** using **pan-genotypic Direct-Acting Antiviral (DAA)** medicines.

Hepatitis D:

- **Cause,** Infection with **HDV**, occurring only among individuals already infected with **HBV**.
- **Transmission,** Contact with infected blood, blood products and body fluids.
- **Prevention, Hepatitis B vaccination** effectively prevents **Hepatitis D** infection.
- **Treatment,** Management primarily focuses on specialist care and effective treatment of the underlying **Hepatitis B** infection.

Government Initiatives for Hepatitis Control:

National Viral Hepatitis Control Programme (NVHCP):

- The **National Viral Hepatitis Control Programme** was launched in **2018** to provide integrated screening, diagnosis, treatment and long-term management of viral hepatitis.
- The programme supports the achievement of the **Sustainable Development Goals (SDGs)** relating to communicable disease elimination by **2030**.
- The programme covers **Hepatitis A**, **B**, **C**, **D** and **E** through preventive, promotive and curative interventions.
- **Hepatitis A** and **Hepatitis E** outbreaks are monitored through the **Integrated Disease Surveillance Programme (IDSP)**.
- Free diagnostic services and medicines are provided for eligible **Hepatitis B** and **Hepatitis C** patients.
- The programme utilises the **NVHCP Management Information System (MIS)** for digital patient registration, treatment monitoring and programme management.

Other Supporting National Health Programmes:

Integrated National Efforts:

- The **Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N)** strategy provides universal screening of pregnant women for **Hepatitis B**.
- The **Universal Immunisation Programme (UIP)** ensures administration of the **Hepatitis B birth dose**, while newborns of infected mothers also receive **Hepatitis B Immunoglobulin (HBIG)** within **24 hours** of birth.
- The **National AIDS Control Programme (NACP)** supports screening of high-risk groups and provides **Hepatitis B vaccination** to healthcare workers and eligible vulnerable populations.
- Existing molecular diagnostic platforms under the **National Tuberculosis Elimination Programme (NTEP)** are utilised for hepatitis diagnosis wherever feasible.
- **Blood Transfusion Services** ensure linkage of hepatitis-positive blood donors with appropriate healthcare facilities.
- The toll-free **1800-11-6666** helpline provides information regarding hepatitis prevention, diagnosis, treatment and service availability across India.

WHO Elimination Targets for 2030:

Global Targets:

- Achieve a **90% reduction** in new **Hepatitis B** infections.
- Achieve a **65% reduction** in hepatitis-related mortality.
- Ensure **90% diagnosis coverage** among infected individuals.
- Expand access to affordable testing, vaccination and antiviral treatment under **Universal Health Coverage (UHC)**.

Way Forward:

Priority Interventions:

- Expand awareness campaigns to improve early diagnosis and reduce stigma.
- Strengthen integration of hepatitis services within primary healthcare systems.
- Improve universal birth-dose vaccination coverage and timely immunisation.
- Increase affordable access to diagnostics, antiviral medicines and long-term follow-up services.
- Strengthen disease surveillance, digital monitoring and community-level screening for high-risk populations.

Value Addition for UPSC:

Important Facts for Prelims and Mains:

- **World Hepatitis Day: 28 July** every year, commemorating the birth anniversary of **Dr. Baruch Samuel Blumberg**, discoverer of the **Hepatitis B virus**, developer of the first **Hepatitis B vaccine** and recipient of the **1976 Nobel Prize in Physiology or Medicine**.
- **2026 Theme: "Hepatitis: Let's Break It Down."**
- **Target Organ: Liver**.
- **Only Vaccine-Preventable Major Viral Hepatitis: Hepatitis A** and **Hepatitis B**.
- **No Licensed Vaccine Available: Hepatitis C**.
- **Hepatitis D Dependency:** Infection occurs only in individuals already infected with **Hepatitis B**.
- **National Programme: National Viral Hepatitis Control Programme (2018)**.
- **WHO Elimination Goal:** Eliminate viral hepatitis as a public health threat by **2030**.
- **Most Common Causes of Hepatitis-Related Deaths: Cirrhosis** and **Hepatocellular Carcinoma (Liver Cancer)**