

Networking for Overcoming on Viral Hepatitis in Middle East and Central Asia: "Asian Hepatitis Network"

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Chronic liver disease is an important health challenge in the world, where hepatitis B virus (HBV) or hepatitis C virus (HCV) infections are the main causes of liver insufficiency. HBV infection is a serious global health problem, with two billion people infected worldwide, and 350 million suffering from chronic HBV infection. Chronic hepatitis B (CHB) affects more than 400 million people globally, of whom 75% are Asians⁽¹⁾. Hepatitis B infection is the 10th leading cause of death worldwide, and results in 500,000 to 1.2 million deaths per year caused by chronic hepatitis, cirrhosis, and hepatocellular carcinoma (HCC). HCC accounts for 320,000 deaths per year⁽²⁾. The prevalence of chronic HBV infection varies geographically, from high (>8%), intermediate (2-7%) to low (<2%) prevalence⁽³⁾.

In the Middle East, HBV prevalence has altered from high to intermediate or low prevalence, but HBV infection is a problem of public health, and a major cause of mortality and morbidity particularly in developing countries. Most countries in the Middle East region are still in intermediate to high endemicity for HBV infection. Insufficient coverage of HBV vaccination, blood-contaminated equipment sharing between injection drug users, unsafe blood transfusion, and inadequate health precautions are major risk factors of HBV infection in this region. Screening of HBV infection during pregnancy, and follow-up of infants with HBV infected mothers will reduce rates of perinatal HBV infection in these countries. Implementing local strategies for hepatitis B screening will reduce the

infection rate^(4, 5). The socioeconomic and sanitary changes, expanded program on immunization of infants and all high risk populations have changed the epidemiologic profile of HBV infection in Iran.

Universal vaccination significantly decreased the carrier rate among young children. More studies on the impact of vaccine types, environment, ethnicity and other contributing factors that can impede an adequate antibody response in our population is necessary. Educating infection prevention and modes of transmission, especially for groups at risk of hepatitis exposure and limiting immigration from neighboring countries are the most cost-effective ways of infection control⁽⁶⁾. The effectiveness of routine infant hepatitis B immunization in significantly reducing or eliminating the prevalence of chronic HBV infection has been demonstrated in a variety of countries and settings. However, there are still many challenges to achieve the goal of universal childhood immunization against hepatitis B, such as poor immunization delivery infrastructure, low coverage and lack of financial sustainability. Therefore, to continue to promote access to hepatitis B vaccines worldwide, great efforts are needed to support countries to ensure sustained funding for immunization programs.

Hepatitis C infection is now the most common cause of end-stage liver disease in many countries⁽⁷⁾. It is a blood-borne infection that was a well-known cause of post-transfusion hepatitis after introduction of hepatitis B screening in blood banking and before implementation of hepatitis C-sensitive screening laboratory methods. Since the discovery of HCV

and the development of diagnostic tests, almost all of the non-A non-B (NANB) post-transfusion hepatitis cases were shown to be due to HCV infection ⁽²⁾. Recently, HCV infection has drawn great attention due to similar risk factors and coinfectivity with human immunodeficiency virus (HIV) infection. World Health Organization (WHO) estimations suggest that up to 3% of the world's population (170 million) have been infected with HCV. HCV is an emerging disease and we should be more sensitive and more active about the important treat for the young people ⁽⁸⁾.

Networking for overcoming viral hepatitis needs more cooperation between scientists in the region. It's my pleasure to inform you that "Asian Hepatitis Network" (www.hep.ir) reaches thousands of professionals and practioners in hepatitis in the Middle East and Asia. We have developed from a local association in Iran (Iran Hepatitis Network) to an international one in a very short time. We are delighted to be able to share our findings with other researchers and let them share theirs with us. The principle goals of the "Asian Hepatitis Network" are to transform the advances of basic science in virology, pharmacology, pharmaceutical drugs, supporting for advancing and furthering the study researches, education, academic exchanges of knowledge in the profession of hepatology, managing principles of clinical research and basic sciences in the field of hepatology, integrating national and international projects to develop all important aspects of hepatology, facilitating coalition activities among members by circulating information on research through scientific conferences and workshops, providing global facilities, avoiding parallel works and practicing for team work, and planning for a database to register scientists, projects and laboratories engaged in activities in the field of hepatology.

"Asian Hepatitis Network" is a virtual network on hepatitis in the Middle East and Asia. This is a coalition of independent member research centers and groups that serve the interests of scientists in the field of hepatology in the Middle East and Asia. This network was first approved and organized by Baqiyatallah Research Center for Gastroenterology and Liver Diseases (BRCGL) and Tehran Hepatitis

Center (THC) and after that by Ministry of Health and Medical Education of Iran and its deputies for health and research & technology and nine research centers in Iran.

This network has a scientific research journal for all Asian scientists in the field of hepatology; "Hepatitis Monthly" (www.HepMon.com). "Hepatitis Monthly" is an internationally recognized scientific research journal which serves as a forum for exchange of scientific information in the field of liver diseases with special attention to hepatitis. Through years of successful publication, "Hepatitis Monthly" has gained a lot of reputation among clinicians for the education and information it provided them with. The specialists that can be involved in our network consist of hepatologists, internists, infectious specialists, pediatricians, family physicians and general practitioners, virologists, pharmacists, nurses, etc. This Journal is now indexed in Elsevier Bibliographic Database, SCOPUS, EMBASE, Index Copernicus, DOAJ, HighWire Press, Cochrane, WHO-EMRO Index Medicus, and CABI. We invite all universities, research centers and other scientific professions in the field of hepatitis and liver diseases to join us.

Looking forward to hearing from you, I remain.

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