Hepatitis B virus (HBV) continues to be a worldwide prevalent virus with global impact on the health of individuals and health economies of many countries, particularly in the Asia-Pacific regions and Africa. Entering an era of worldwide collaborations in health management, and a time of conceivable success to control or even eradicate liver viruses, we gathered a group of thought leaders and investigators to update the knowledge of HBV prevalence, management, and current status of new therapies.

Drs Gomes, Wong, and Gish summarized the updated global prevalence of HBV infection and the current vaccination policies, implementation, and challenges around the world.

Drs Likhitsup and Lok briefly reviewed the natural history of HBV and elaborated on the new goals of viral therapy and its surrogate markers, a field that is in pertinent development.

To coordinate the global policies for HBV containment, the World Health Organization (WHO) published its guidelines for prevention, care, and treatment of HBV-infected individuals. Drs Vittal and Ghany addressed the WHO guidelines from the US perspective since the WHO guidelines were more focused on low- and middle-income countries.

The increase in obesity rates around the world with its concurrent fatty liver overlaps with the spread of HBV infection. The interaction between these 2 maladies is reviewed by Drs Suliman, Abdelgelil, Kassamali, and Hassanein.

The prevention of HBV spread starts with preventing HBV infection in newborn babies. Drs Cryer and Imperial addressed the management of HBV in pregnant women and the prevention of HBV transmission to the newborn.

Reactivation of HBV and the clinical flare seen as a result of increased replication of HBV are becoming a major clinical issue important not only to Hepatologists but also to Gastroenterologists, Oncologists, Rheumatologists, and other specialists using other antivirals or immune modulators.
Drs Abdelaal, Yanny, and Kabany summarized the evolving data of HBV reactivation in patients who are receiving direct-acting agents for hepatitis C virus infection.

Dr Wyles reviewed the impact of human immunodeficiency virus (HIV) on the natural history of HBV and the effects of HIV antiretrovirals on HBV therapy.

The topic of HBV reactivation in patients treated with immunosuppression medications for different indications is addressed in 4 articles authored by an international group of thought leaders who simplified and skillfully addressed the topic in respect to screening, early diagnosis, and management of patients with hematologic or solid organ malignancies as well as patients who receive immunosuppressive therapy for other immune diseases and organ transplantation. These 4 articles, by Drs Sasadeusz, Grigg, Hughes, Lim, Lucas, McColl, McLachlan, Peters, Shackel, Slavin, Sundararajan, Thompson, Doyle, Rickard, De Cruz, Gish, and Visvanathan, are a resource for all health care providers to assess and manage their patients with or without active HBV infection before and during treatment with immunosuppression. I would like to give special thanks to Dr Gish for coordinating the publication of the 4 articles.

To end this issue with the most recent developments in therapies, Dr Lopatin simplified the current and planned new therapies to combat HBV. Drs Koh, Da, and Glenn reviewed the role of emerging therapeutic options for HBV and hepatitis D virus coinfection.

I am very grateful to all our authors and contributors who enthusiastically updated and taught us about the current status and the future of HBV infection and the efforts to combat this complex virus; many thanks to the editorial team who saved no effort in putting this issue together.

Tarek I. Hassanein, MD, FACP, FACG, AGAF, FAASLD
Southern California Liver Centers
131 Orange Avenue, Suite 101
Coronado, CA 92118, USA

E-mail address: thassanein@livercenters.com