



Johns Hopkins–Led Research Group Granted \$24M to Find Hepatitis B Cure

The research consortium hopes to “develop a functional HBV cure and inform how HIV affects such an HBV cure.”

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The multinational [Hepatitis B](#) and [HIV](#) Cure Consortium has been awarded a five-year, \$24 million [grant](#) from the [National Institute of Health](#)’s National Institute of Allergy and Infectious Diseases, according to a [press release from Johns Hopkins University \(JHU\)](#), the institution leading the effort.

“Although hepatitis B can be prevented by a safe and effective vaccine given shortly after birth, it’s still a major health problem worldwide, especially in areas such as the Western Pacific and Africa, where access to the birth-dose vaccine is more limited,” [said consortium leader](#) Chloe Thio, MD.

Vaccines can [prevent hepatitis B virus \(HBV\) infection](#) and its consequences. Acute HBV doesn’t require treatment and can be treated with rest, the consumption of plenty of fluids and the maintenance of adequate nutrition. In the case of chronic HBV, antiretroviral treatment keeps viral replication under control but seldom leads to a cure. If left untreated, chronic HBV can lead to serious liver complications, including [cirrhosis](#) and [liver cancer](#). To learn more about HBV, read Hep’s [HBV Basics](#).

The [World Health Organization](#) estimates that 254 million people were living with chronic HBV in 2022, with 1.2 million new cases and 1.1 million deaths, mostly from cirrhosis or [hepatocellular carcinoma](#) (HCC, the most common form of liver cancer), each year.

The consortium’s efforts are made up of seven components, including a virology core, shared resources core, multiomics core, biostats/data core, clinical project, immunology project and translational project, led by experts from the JHU’s [School of Medicine](#) and the [Bloomberg School of Public Health](#).

The \$24 million grant will fund the consortium's four aims, the first of which is to build a cohort, consisting of 225 people with chronic HBV and 450 people with both HIV and chronic HBV, and to establish the HBV clinical and specimen repository, including blood, liver tissue and peripheral blood mononuclear cells (immune cells found in the blood). The second aim will be to study these biological specimens and includes building research teams at collaborating centers by training early-stage investigators focused on finding an HBV cure. The third aim is to study and characterize HBV persistence within the liver using novel techniques that will give rise to a better understanding of how HBV reproduces, infects the cells of its host and integrates into the host cell's genome. Finally, the fourth aim will use the data from all the projects to characterize the viral and immune dynamics of HBV infection during treatment.

"The focus will be on identifying people with good control during treatment by looking at blood levels of hepatitis B surface antigen, a protein on the surface of the HBV used to diagnose active infections and monitor response to therapy," [said Thio](#).

The consortium is confident that its work could "provide crucial information needed to develop a functional HBV cure and, in people living with HBV and HIV, inform how HIV affects such an HBV cure."