Viral Hepatitis and Children

May 20, 2019 By Lucinda K. Porter RN

Last week, I blogged about mothers with hepatitis C. This week I'll discuss some of the latest news and research on the subject of children with viral hepatitis. In general, children are understudied in clinical research, and that sad truth is born out in viral hepatitis research. Fortunately, we are seeing some progress in this arena.

Recent Hepatitis C Treatment Approvals for Children

Last month, the Food and Drug Administration (FDA) approved Mavyret (glecaprevir with pibrentasvir) for adolescents aged 12–17 years. Mavyret is manufactured by AbbVie, and is the third HCV direct-acting antiviral regimen to be approved for teens with hepatitis C. Two years ago, the FDA approved Sovaldi (sofosbuvir) and Harvoni (ledipasvir and sofosbuvir) to treat HCV in children ages 12 to 17. Both HCV regimens are made by Gilead Sciences.

Recent Articles About Viral Hepatitis and Children

Last month, two articles appeared as part of a series in The Lancet Gastroenterology and Hepatology (April 2019). The two most recent articles in the series are Hepatitis B Virus Infection in Children and Adolescents and Hepatitis C Virus Infection in Children and Adolescents. Both articles are by Giuseppe Indolfi and colleagues, and are available for free if you register.

The main points made in Hepatitis B Virus Infection in Children and Adolescents were that global progress of hepatitis B testing and treatment is slow. The authors explore reasons for this. They recommend more research and long-term follow-up of children with an emphasis on the creation of pediatric treatment registries and collaborative research on an international level.

Highlights of Hepatitis C Virus Infection in Children and Adolescents reported a major lack of attention paid to children and teens with hepatitis C. Researchers estimated that among children aged 1–19 years, the global prevalence of hepatitis C viral (HCV) infection is as much as 15 percent, which is equivalent to 3·5 million people. The authors recommend:

- The creation of a campaign on access to testing and treatment aimed towards children and adolescents.
- Fast-track evaluation of age-appropriate HCV treatments.
- More research that is age-specific to assess HCV prevalence.

- Further validation of non-invasive tests for staging of liver disease in children.
- Establishment of treatment registries and collaborative research on an international level.

Let’s hope the powers who control research funding hear these recommendations. Our children deserve better.

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