FOREWORD

Chronic hepatitis B is one of the most common infectious diseases in the world. According to the World Health Organisation, more than two billion people world-wide have at some time been infected with the hepatitis B virus, and at least 350 million are currently infected chronically. These individuals have a greatly increased risk of severe liver disease and death from cirrhosis and primary liver cancer.

The advent of blood-screening techniques and the development of an effective vaccine over the past 25 years were among the initial tools used to control the spread of chronic hepatitis B. Interferon alpha, the first effective treatment for the disease, has now been available for about 10 years. Interferon alpha, however, is not effective in many patient groups, particularly those from areas of highest endemicity, and is expensive and often poorly tolerated. The availability of lamivudine provides an important new treatment option for all chronic hepatitis B patients. Through a combination of adequate vaccination and treatment programmes it is quite possible that chronic hepatitis B may be a disease of historical interest in another half century.

The papers that follow are based on presentations that were given at the International Symposium on Lamivudine in Chronic Hepatitis B, July 9–10, 1999, Hong Kong. The international faculty comprised experts in virology and in clinical aspects of chronic hepatitis B. The presentations reviewed data on many aspects of lamivudine therapy, with a focus on clinical research findings that apply to everyday clinical practice with lamivudine. The speakers provided valuable insights into the epidemiology of hepatitis B, virological responses to lamivudine and the effects of lamivudine on liver disease, and important information about the benefits that lamivudine provides in the management of chronic hepatitis B.

The availability of lamivudine represents a major step forward in the management of chronic hepatitis B. At the meeting, discussion focused on what we want to achieve with such a treatment: we want an oral treatment for ease of administration, we want to prevent elevations in alanine transaminase levels, we want to improve or prevent fibrosis and reduce progression to cirrhosis, we want an excellent safety profile, we need to be cost effective and, implicit in everything, is that we want to kill the virus. With lamivudine, we have a potent, oral drug that has been shown to meet these needs.

The past 40 years have been remarkable, starting in the 1960s with the discovery of the hepatitis B virus by Professor Baruch Blumberg. This was followed by the introduction of effective vaccines, and has now culminated in the availability of a powerful therapeutic agent that, in combination with vaccination programmes, may ultimately succeed in the eradication of this devastating disease.

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