



2025 Hepatitis B Guideline Updates: Key Changes That Matter Now:

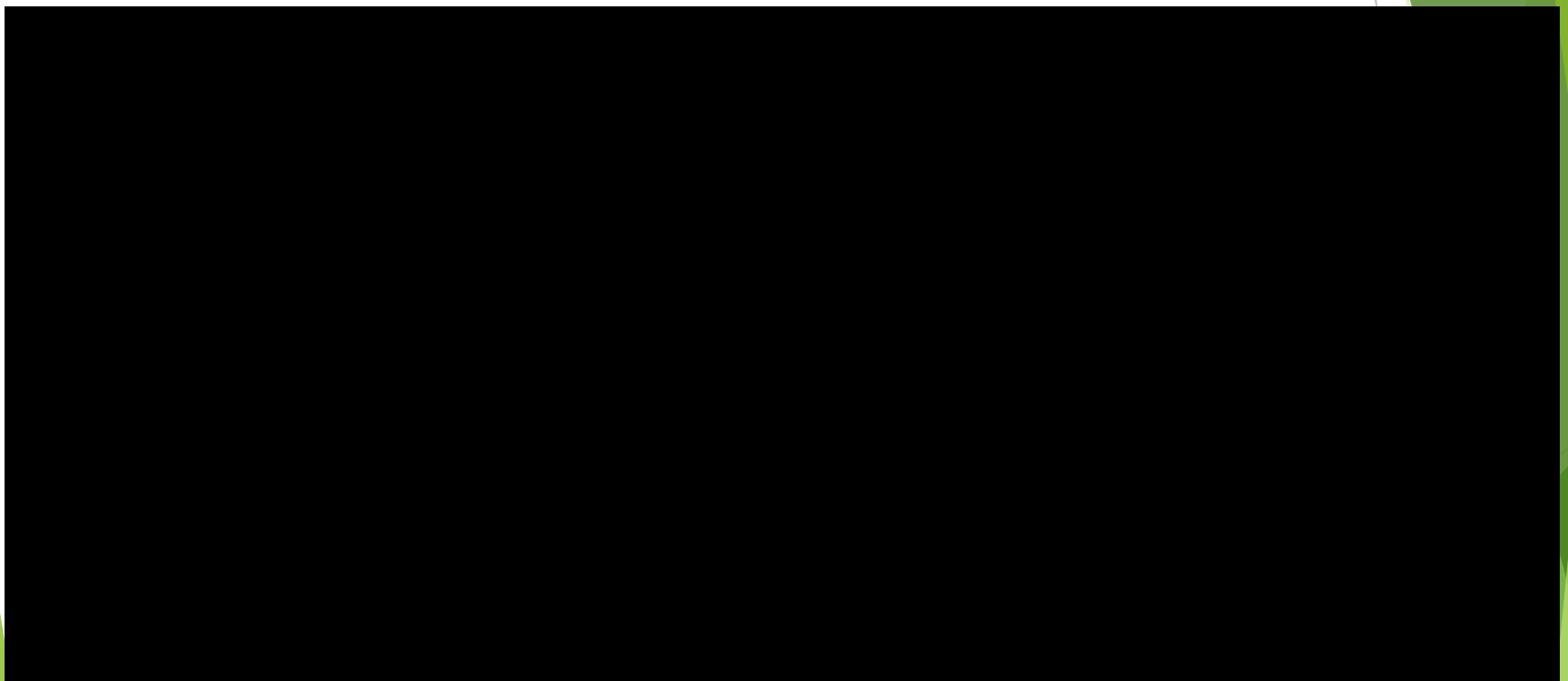
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Hepatitis B video



Global Prevalence and Burden of Hepatitis B

Total Burden (2022-2025):

Approximately 254 million people worldwide

- Men account for 58% of all global cases;
- ▶ **New Infection:** 1.2 million new cases occur annually.
- ▶ **Mortality:** 1.1 million deaths in 2022.
- ▶ 12% of cases are among children under 18.
- ▶ **•High-Burden Regions:**
Highest: African and Western Pacific Regions - 65 million and 97 million cases, respectively.

Chronic Hepatitis B in Bangladesh

- ▶ Over 7 million people living with chronic HBV.
- ▶ Prevalence(4% to 4.5%).
- ▶ Adult Rohingya refugees in Cox's Bazar show a prevalence of 7%.
- ▶ Mortality: Approximately 11,800 deaths
- ▶ One of 10 focus countries that together shoulder nearly 2/3rd of the global viral hepatitis burden.

Success in Pediatric Prevalence Control

- ▶ Bangladesh became one of the first countries in the WHO South-East Asia region to achieve a prevalence of less than 1% among children aged ≤ 5
 - National EPI, which introduced birth-dose HBV vaccination in 2003.
- ▶ •Current Status (2025):
 - The estimated prevalence among children in Bangladesh is now 0.70%,
 - approaching the WHO 2030 target of 0.1%.

Global Benchmark:

- ▶ Globally, the proportion of children under five chronically infected with HBV dropped to just under 1% by 2019, ---down from 5% in the pre-vaccine era.

WHO 2025-2030 Elimination Targets

- ▶ A global target to reduce new HBV infections by 90% by 2030.
- ▶ • 65% reduction in hepatitis-related deaths by 2030.
- ▶ • Diagnosis and Treatment Goals (2025 Interim):
60% of people living with HBV should be diagnosed.
- ▶ 50% of those diagnosed should be receiving antiviral therapy.
- ▶ • Current Gaps: Globally, only 13% diagnosed and only 3% were treated at the end of 2022

WHO Guidelines for Prevention and Care (2024-2025)

Testing Recommendations:

- ▶ Offering HBsAg testing to all adults - prevalence > 2% (including Bangladesh).
- ▶ Prevention of Mother-to-Child Transmission (PMTCT): WHO recommends routine testing of all pregnant women and,
 - ▶ if positive, providing antiviral prophylaxis to the mother and timely birth-dose vaccination to the infant.

Simplification of Care:

- ▶ New 2024 guidelines estimated that >50% of people will now require treatment

Why 2025 Is a Turning Point?

- ▶ Global goal: WHO 2030 elimination
- ▶ First major updates since 2017-2018
- ▶ Focus: Earlier treatment + Simplified care
- ▶ Biggest shift: Treat immune-tolerant phase

AASLD/IDSA 2025 (USA) - The Game Changer

- ▶ NEW: Treat the Immune-Tolerant Phase → start entecavir / TDF / TAF
- ▶ Lower ALT thresholds:
 - =Men ≤ 35 U/L
 - =Women ≤ 25 U/L

(Use these, not lab “normal”)

AASLD 2025 - Other Key Changes

- HCC surveillance continues even after HBsAg loss in high-risk groups
- ▶ Caution: Do NOT stop antiviral therapy unless HBsAg loss + close monitoring
- ▶ Pregnancy: TDF prophylaxis strongly reinforced

EASL 2025 (Europe) - Highlights

- ▶ Functional cure = HBsAg loss (anti-HBs NOT required)
- ▶ First-line therapy now down to age ≥ 12 years
- ▶ Strong push for point-of-care HBV DNA & reflex testing
- ▶ Risk-stratified HCC surveillance intervals

WHO 2025 Consolidation

- ▶ 50% of chronic HBV patients now qualify
- ▶ Tenofovir from 28 weeks gestation → 12 months postpartum if maternal HBV DNA high

Canada (CASL/AMMI 2025)

- ▶ **New: Universal adult screening**
(all adults, once in lifetime)
- ▶ Routine vaccination for adults
- ▶ Special focus on immigrants from high-prevalence countries

The Controversial One: CDC/ACIP 2025 (USA)

Rollback of universal newborn HepB vaccine

- ▶ Birth dose no longer routine if mother HBsAg-negative
- ▶ Now “shared decision-making”; delay possible to 2 months → Strongly criticized by AAP, Hepatitis B Foundation
- ▶ Risk: Possible resurgence of childhood HBV

2025 Take-Home Messages

- ▶ Treat earlier - even immune-tolerant phase
- ▶ Use stricter ALT cut-offs (<35/25)
- ▶ Simplify testing & expand access
- ▶ Keep HCC surveillance lifelong in high-risk
- ▶ Birth dose still essential globally
(except new US recommendation)

A hand reaches out from the left side of the frame, palm facing forward, over a background of glowing, colorful, abstract streaks in shades of blue, purple, and yellow. The hand is partially obscured by the background.

Good bye hepatitis B

Resources

Full guidelines:

- ▶ AASLD 2025 → aasld.org
- ▶ EASL 2025 → easl.eu
- ▶ WHO 2025 → who.int/hepatitis
- ▶ CDC/ACIP → cdc.gov/vaccines

Thank You



