

**“It’s such a nasty virus”. Hepatitis D mapping project (a.k.a. “A Situational analysis to identify the priorities for a hepatitis D public health response in the Asia Pacific”)**

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**Background:** Hepatitis D (HDV) can result in more severe and rapid liver damage compared to hepatitis B (HBV) alone. Understandings of HDV epidemiology is limited by inconsistent testing protocols, incomplete seroprevalence data, and non-standardised assays limiting consistency. HDV treatment is available, but unfunded in Australia. This project seeks to identify the need and the scope for a public health response to HDV within Australia and the Asia Pacific.

**Methods:** Qualitative semi-structured interviews with stakeholders from 8 countries included people with HBV, primary and specialist clinicians, community health staff and basic scientists (n = 23). Interviews identified current HDV responses, including gaps in testing and care, education, infrastructure opportunities, and priorities for a comprehensive public health response. Interviews are thematically analysed using the stages described by Braun and Clarke.

**Results:** Interviews identified practical and policy barriers to testing, diagnosis, and public health responses to HDV. The broader context included a febrile global environment affecting global health structures alongside inadequate resourcing for viral hepatitis elimination. Systematic HDV responses are often limited in countries with a higher HDV burden given a lack of basic health infrastructure. At a systems level in Australia, the lack of current prevalence data and systematic HDV testing and notification, changing migration patterns and varying levels of knowledge within the health sector affect systematic public health responses

**Conclusion:** While HBV elimination eliminates HDV, many people with HBV remain at risk of HDV. Essential elements of a public health response to HDV need to prioritise reflex universal testing of people with HBV, recognise that clinical HDV testing provides population-level data beyond the individual, and establish clear public health indicators comparable to those developed for HBV and hepatitis C. Global viral hepatitis elimination goals will not be achieved until coordinated and systematic responses to HDV are formulated and implemented.

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