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Editorial

Herb Brody,
Michelle Grayson,
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Dadley-Moore

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The US Food and Drug Administration's approval of two new medications for hepatitis C in May marked the dawn of an era in treating this insidious disease.

The hepatitis C virus (HCV) can lurk silently for decades. Indeed, most of those who will benefit from this advance have no idea about their improved prospects, because they are unaware they are infected. The coming years could bring a surge in cases of the chronic form in people who unwittingly contracted the virus back in the 1960s and 70s through sharing needles and blood transfusions. Many of these chronic infections will progress to cirrhosis of the liver, and some to liver cancer and liver failure. Hepatitis C is the leading reason for liver transplantations. Until now, the only treatment option has been a gruelling year-long regimen of interferon- α plus ribavirin. Cruelly, in people with a particular genetic make-up, even this nasty course of medication often doesn't work.

The newly approved antiviral drugs lead the way for many other therapies (page S5). But caution is in order. First, the new medications supplement — not replace — the current treatment. So patients will be subject to all the same side effects as before, plus possibly a few more. Moreover, as clinician and HCV activist Diana Sylvestre points out on page S11, there is a high risk that the virus will become resistant to the new drugs. Finally, on page S18 epidemiologist Brian Edlin argues US policy makers need to wake up to the lurking HCV threat, and take action. Meanwhile, Egypt is experiencing an HCV epidemic of greater intensity than that in the United States and Europe (page S12), exacerbated by the fact that the genotype of HCV in Egypt is rarely found elsewhere.

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Herb Brody

Supplements Editor, Nature Outlook.

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