**Description:**

Data that are routinely collected from chronic hepatitis B (CHB) and chronic hepatitis C (CHC) patients in The Netherlands (pharmacotherapeutic -, clinical -, viral -, demographic - , real life - and quality of life data) will be assembled in one national database. Data collection will be standardized between all centers and stored data (anonymous) will become available to all physicians treating CHB and CHC patients in The Netherlands. This will accelerate the identification of best practices for treatment of CHB and CHC patients with respect to the therapy of choice, dose, treatment period and drug-associated side effects.

**Improved quality of care:**

The registry will support the generation of mirror information both at the patient level and at the level of the treatment center. On basis of this information, the quality of care can be improved.

**Health gain and improved quality of life:**

At present more than 90% of the CHC patients can be cured while CHB patients show cure rates of only 1 - 4% per year after one year treatment. The registry will result in improved pharmacotherapy for CHB and CHC, not only from a medical point of view but also from the patient perspective. We expect the following benefits: higher cure rates, less drug-related side effects, shorter treatment periods because pharmacotherapy will improve. Also, risks on developing liver cirrhosis and liver cancer will decrease. Moreover, quality of life will improve when treatment and treatment outcomes from a patient perspective will be taken into account. Improved cure rates will concomitantly improve quality of life of CHB and CHC patients since those who will be cured will have a substantial lower risk on developing liver cirrhosis and liver cancer, will not suffer from adverse effects of pharmacotherapy, and do not need regular medical check-ups. Moreover, they may get rid of their tiredness, and can fully participate in social life and in the labor market. CHB patients with suppression of the virus but who cannot be cured will have a lower chance in developing liver cirrhosis and liver cancer. The registry may also enable the identification of patients who do not response to treatment, enabling the selection of these patients for clinical trials with new drugs.

**Public health care costs:**

The registry will result in improved pharmacotherapy for CHB and CHC patients. This will finally reduce the costs for 1) treatment for complications of CHB en CHC (liver cirrhosis, hepato cellular carcinoma, liver transplantation, 2) follow-up visits at the outpatient clinic, 3) reduced chance of transmission of HBV and HCV infection to other individuals, 4) social welfare expenditures because the participation on the labor market will increase. Moreover, when all CHB and CHC patients in The Netherlands are registered in a national registry, evaluation of medical practice will show if patients are controlled and treated according to current national standards and if patients are over- or under controlled or over- or under treated. After corrective action, costs can be saved for proper control and treatment management for this patient group. The anticipated cost reduction cannot be quantified on beforehand. However, once the registry has been implemented for some years, it can be used to analyse the costs reductions. Moreover, the overall cost reduction can be compared to other disease specific registries, like Foundation hiv/AIDS Monitoring in The Netherlands.