HEPATITIS B MANAGEMENT: THE BASICS

SCREENING

- ☐ Hepatitis B surface antigen (HBsAg)
- ☐ Hepatitis B surface antibody (anti-HBs)
- ☐ Hepatitis B core antibody (anti-HBc, total or IgG)

	HBsAg	anti-HBc	anti-HBs
Susceptible	-	-	-
Immune (Vaccinated)	-	-	+
Immune (Exposed)	-	+	+
Exposed	-	+	-
Current Infection	+	+	-

VACCINATION

Heplisav-B *(2 doses, adults only)*
0 mo. — **1** mo.

Engerix-B
Recombivax HB *(3 doses)*
0 mo. — **1** mo. — **6** mo.

INITIAL HBV EVALUATION

Labs

- ☐ HBV DNA
- ☐ CMP
- ☐ CBC
- ☐ HBeAg and anti-HBe
- ☐ Viral Co-infections (HAV, HCV, HDV, HIV)

Imaging/ Fibrosis Staging

- ☐ Abdominal ultrasound
- ☐ Elastography (e.g. FibroScan) or serum fibrosis test (e.g. APRI)

TREATMENT INDICATIONS

For adolescents (age ≥12 years) and adults with chronic hepatitis B

In principle, all HBsAg(+) individuals with viremia are candidates for treatment. Factors to consider are fibrosis stage, HBV DNA, ALT, risk of disease progression and hepatocellular carcinoma (HCC), and patient preference.

1. Significant fibrosis or cirrhosis (≥F2; elastography >7 kPa or APRI >0.5) and detectable HBV DNA

-OR-

2. HBV DNA >2000 IU/mL and one of the following:
   - Elevated ALT (M > 35 U/L; F > 25 U/L)
   - Family history of HCC

-OR-

3. Any of the following conditions:
   - Immunosuppression
   - Viral co-infections (e.g. HIV, HDV, HCV treatment)
   - HBV transmission risk factors (e.g. pregnant with HBV DNA > 200,000 IU/mL)
   - Extrahepatic manifestations of HBV (e.g. glomerulonephritis, polyarteritis nodosa)

-OR-

4. Patient preference for treatment over monitoring-only

Entecavir* (ETV)
0.5 / 1.0 mg PO daily

Tenofovir disoproxil fumarate* (TDF)
300 mg PO daily

Tenofovir alafenamide (TAF)
25 mg PO daily

**These are generic in the U.S. (if insurance issues, can use Good Rx or Cost Plus Drugs)*

MONITORING

HBV DNA and ALT
(every 6 months, may vary 3-12 months)

To reassess fibrosis: AST, platelets, or elastography (every 1-3 years)

If not on antiviral: Counsel on other risk modifiers (ETOH, smoking cessation, metabolic syndrome), reassess for treatment at each visit

If taking antiviral: Goal is undetectable HBV DNA, assess for adherence and HBsAg loss (yearly)

If HBV DNA undetectable: Check HBsAg yearly to assess for HBsAg loss

Liver Cancer (HCC) Surveillance
(with liver U/S & serum AFP, every 6 months)

- All persons with cirrhosis
- Males >40 y/o, females >50 y/o (earlier age if from Africa)
- Persons with family history of HCC
- Persons with HDV or HIV co-infection

For the full guidance, go to *Hepatitis B Online and see* HBV Primary Care Guidance (https://www.hepatitisB.uw.edu/hbv-pcw/guidance/).