

HEPATITIS B MANAGEMENT: THE BASICS

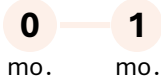
SCREENING

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

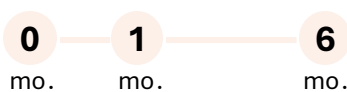
	HBsAg	anti-HBc	anti-HBs
Susceptible	-	-	-
Immune (Vaccinated)	-	-	+
Immune (Exposed)	-	+	+
Exposed	-	+	-
Current Infection	+	+	-

VACCINATION

Heplisav-B
(2 doses, adults only)



Engerix-B
Recombivax HB
(3 doses)



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.

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

-OR-

- 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-

- 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-

- 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