
Management of Chronic Hepatitis B in Adults

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All acute hepatitis B cases are tested for IgM anti-HBc, HBsAg, HBeAg, anti-HBe, anti-HBs, anti-delta, ALT, and AST. A hepatitis B risk assessment and health consultation is done. Family members/household contacts are screened and immunized as warranted. Sexual contacts are screened and receive HBIG and hepatitis B vaccine with post-vaccination anti-HBs testing 1–2 months following the third vaccine dose.

All persons who are HBsAg positive for more than six months are placed on Hepatitis Carrier Registry and monitored semi-annually for alpha-fetoprotein (AFP), a liver tumor marker, to attempt to detect hepatocellular carcinoma (HCC) at a potentially resectable stage. ALT and AST are evaluated every six months and HBeAg and anti-HBe are evaluated yearly. Persons with elevated ALT or AST levels are also tested for HBV DNA.

Persons with ALT ≥ 1.5 times upper limits of normal for at least six months, and HBV DNA $> 10^5$ copies/ml are recommended to have a liver biopsy. Hepatitis B carriers who are HBeAg positive, are age 18 years or older, and have ALT levels ≥ 2.0 times normal for at least six months, are considered for antiviral therapy. Persons who are anti-HBe-positive with ALT levels persistently above the upper limit of normal are also considered for treatment. These persons are tested for HBV DNA, anti-HCV, and anti-delta. Treatment candidates include those with the above test results, HBV DNA $> 100,000$ copies/ml, and moderate to severe hepatitis and at least moderate fibrosis. For a more detailed practice guideline, go the American Association for the Study of Liver Diseases (AASLD) website at www.aasld.org and click on the Practice Guidelines tab. You can also download the specific documents directly: “Chronic Hepatitis B” (Lok ASF, McMahon BJ, 12/03) at https://www.aasld.org/eweb/docs/chronichep_B.pdf and “Chronic Hepatitis B: Update of Recommendations” (Lok ASF, McMahon BJ, 3/04) at https://www.aasld.org/eweb/docs/update_chronichep_B.pdf

Hepatitis B carriers are encouraged to make a yearly appointment in the Hepatitis Clinic for a physical exam and for a direct provider-patient education consult discussing health promotion and prevention options.

Hepatitis B carriers with an elevated AFP ≥ 15 ng/ml are scheduled into the Hepatitis Clinic for repeat AFP, ultrasound or CT scan of liver to evaluate for the presence of liver cancer. This AFP evaluation is repeated every 3–6 months as long as AFP is ≥ 15 ng/ml. For detailed flow chart on management of elevated AFP levels, see page 2.

Liver biopsy is considered if AFP is elevated, ALT is elevated, and liver ultrasound or CT scan is negative. Liver biopsy is also considered for persons meeting criteria for antiviral therapy.

Post-surgical follow-up of persons with hepatocellular carcinoma: AFP every three months and ultrasound and/or CT scan of liver every six months.

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Evaluation of Elevated AFP Levels (≥ 15 ng/ml) in HBsAg-Positive Patients

