Questions Frequently Asked About Hepatitis B

What is hepatitis B?

Hepatitis B is a serious public health problem that affects people of all ages in the U.S. and around the world. Hepatitis B is caused by a highly infectious virus that attacks the liver and can lead to severe illness, liver damage, and in some cases, death. An estimated 850,000 people in the U.S. are currently infected and about 350 million people worldwide.

The best way to be protected from hepatitis B is to be vaccinated with hepatitis B vaccine, a vaccine used in the U.S. for more than three decades that has proven to be safe and effective.

Who is at risk for hepatitis B infection?

Anyone who is not vaccinated is at risk for hepatitis B infection. If you engage in certain activities, your risk might be much higher. You might be at risk if you
- have a job that exposes you to human blood
- share a household with someone who has chronic (lifelong) hepatitis B infection
- inject illegal drugs
- have sex with a person infected with hepatitis B
- are sexually active but not in a long-term, mutually monogamous relationship
- are a man who has sex with men
- are a person who was born, or who has a parent born, in Asia, Africa, the Amazon River Basin in South America, the Pacific Islands, Eastern Europe, or the Middle East
- were adopted from Asia, Africa, the Amazon River Basin in South America, the Pacific Islands, Eastern Europe, or the Middle East
- are a patient or worker in an institution for developmentally challenged people
- are an inmate of a correctional facility
- travel internationally to areas with moderate or high rates of hepatitis B infection
- are receiving dialysis now or will be in the future
- have diabetes

How is hepatitis B spread?

Hepatitis B is found in the blood of people infected with the virus and certain of their body fluids, such as serum, semen, and vaginal secretions. Hepatitis B has not been shown to be spread from sweat, tears, urine, or respiratory secretions. Contact with microscopic amounts of infected blood can cause infection.

Hepatitis B virus can be spread by
- unprotected sexual contact
- sharing needles and “works”
- a hepatitis B-infected mother to her baby during birth
- contact with blood or open sores of a hepatitis B-infected person
- human bites from a hepatitis B-infected person
- sharing a household with a person with chronic (lifelong) hepatitis B infection
- sharing personal-care items such as razors or toothbrushes
- pre-chewing food for babies or sharing chewing gum
- using unsterilized needles in ear- or body-piercing, tattooing, or acupuncture
- needle sticks or sharps injuries on the job
- poor infection control practices in medical settings

Hepatitis B IS NOT spread by
- casual contact, like holding hands
- eating food prepared by an infected person
- kissing or hugging
- sharing silverware, plates, or cups
- visiting an infected person’s home
- sneezing or coughing
- breastfeeding

What are the symptoms of hepatitis B infection?

Most babies and young children who get hepatitis B infection don’t look or feel sick at all. About half of adults who get infected don’t have any symptoms or signs of the disease. If people do have signs or symptoms, they might experience any or all of the following:

- loss of appetite
- nausea, vomiting
- fever
- weakness, fatigue, inability to work for weeks or months
- abdominal pain
- yellowing of skin and eyes (jaundice)
- joint pain
- cola-colored urine
- clay-colored stools

I’m not in a risk group. How did I get hepatitis B infection?

Many people don’t know when or how they got the infection. When they get the results of a blood test indicating they’ve been infected with hepatitis B, they are taken by surprise. Studies have demonstrated that about 15% of people who get infected with hepatitis B are unable to identify a risk factor that explains why they have the disease.

Do people usually recover from hepatitis B infection?

The vast majority of adults recover after several months. They clear the infection from their bodies and become immune. This means they won’t get infected with hepatitis B again. They are no longer contagious and cannot pass hepatitis B to others.

Unfortunately, about 2% of adults and more than 90% of children under age 1 year are unable to clear the infection from their bodies and develop chronic hepatitis B infection.

How do I know if I have or have had hepatitis B infection?

The only way to know if you are currently infected with hepatitis B, have recovered, or are chronically infected, or could become infected, is by having blood tests. The three standard blood tests are the following:

HBsAg (hepatitis B surface antigen): when this is “positive” or “reactive,” it means the person is currently infected with hepatitis B and is able to pass the infection on to others.
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- Anti-HBs [sometimes written as HBsAb] (antibody to hepatitis B surface antigen): when this is “positive” or “reactive,” it means the person is immune to hepatitis B infection, either from vaccination or from past infection. (This test is not done routinely by most blood banks on donated blood.)

- Anti-HBC [sometimes written as HbcAb] (antibody to hepatitis B core antigen): when this is “positive” or “reactive,” it might mean the person has had contact with hepatitis B. This is a very complicated test to explain because the “anti-HBC” can possibly be a “false-positive” test result. Blood banks routinely run an “anti-HBC” on donated blood. The interpretation of this test result, if it is positive, depends on the results of the other two blood tests previously described.

- A fourth blood test that is sometimes done is IgM anti-HBC (IgM class antibody to hepatitis B core antigen). When this is positive or “reactive,” it means that the person has had hepatitis B infection in the past six months, indicating acute (recently acquired) hepatitis B infection.

What does it mean if my blood bank said I tested positive for hepatitis B and can no longer donate blood?

If the blood bank told you your test was “positive,” it is important to find out which test was positive. If the “Anti-HBs” was positive, this means that you are either chronically infected with hepatitis B or were recently infected. If only the “anti-HBc” was positive, it is most likely that you either had a “false-positive” test or are immune to hepatitis B infection (had hepatitis B infection sometime in the past). It is important that you understand the full meaning of your test results. If you are not sure how to interpret these test results, call your blood bank for an explanation or have the blood bank send the test results to your healthcare provider. You may need to provide written permission for the blood bank to release these results to your healthcare provider. Your healthcare provider may want to repeat the blood tests or perform additional tests such as an “anti-HBs.” Bring this information sheet along with you on your visit to your healthcare provider. The blood bank does not usually test for anti-HBs or IgM anti-HBC.

And remember, you cannot get hepatitis B from donating blood because the equipment used during blood donation is sterile.

Chronic Hepatitis B Virus Infection

What does it mean to be chronically infected with hepatitis B?

People who do not recover from hepatitis B infection are chronically infected, often for life. There are an estimated 850,000 chronically infected people in the U.S. today. A chronically infected person is someone who has had hepatitis B in her/his blood for more than 6 months. While approximately 2% of adults who acquire hepatitis B infection become chronically infected, children younger than age 1 year have a much greater risk (more than 90%). The younger the child is at the time of infection, the greater the risk that the child will develop chronic infection. Many babies born to chronically infected mothers will also become chronically infected with hepatitis B unless the babies are given two shots in the hospital immediately after birth – the first dose of hepatitis B vaccine and a dose of hepatitis B immune globulin (HBIG) – and at least two doses of hepatitis B vaccine during the 6 months after birth to protect them from the infection. The final dose should not be given before 24 weeks of age.

Interpretation of the hepatitis B blood test results

<table>
<thead>
<tr>
<th>TESTS</th>
<th>RESULTS</th>
<th>INTERPRETATION</th>
<th>VACCINATION NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg anti-HBc anti-HBs</td>
<td>negative negative negative</td>
<td>susceptible</td>
<td>Yes, for all people who want protection</td>
</tr>
<tr>
<td>HBsAg anti-HBc anti-HBs</td>
<td>negative negative positive with ≥10mIU/mL*</td>
<td>immune due to natural infection</td>
<td>no</td>
</tr>
<tr>
<td>HBsAg anti-HBc IgM anti-HBc anti-HBs</td>
<td>positive positive positive</td>
<td>newly infected</td>
<td>no</td>
</tr>
<tr>
<td>HBsAg anti-HBc IgM anti-HBc anti-HBs</td>
<td>positive positive negative</td>
<td>chronically infected</td>
<td>no (may need treatment)</td>
</tr>
<tr>
<td>HBsAg anti-HBc anti-HBs</td>
<td>negative positive negative</td>
<td>five interpretations possible†</td>
<td>possibly†</td>
</tr>
</tbody>
</table>

† Postvaccination blood testing, when it is recommended, should be done 1–2 months after the final vaccine dose.

‡ May be distantly immune, but the test may not be sensitive enough to detect a very low level of anti-HBs in serum.

3. May be chronically infected and have an undetectable level of HBsAg present in the serum.

4. May be passive transfer of anti-HBc to infant born to an HBsAg-positive mother.

5. May be recovering from acute HBV infection and detectable anti-HBs has not yet appeared.

CONTINUED ON THE NEXT PAGE
A chronically infected person might have no signs or symptoms of hepatitis B infection but usually remains infected for years or for a lifetime and is capable of passing hepatitis B on to others. Sometimes chronically infected people will spontaneously clear the infection from their bodies, but most will not. Although most chronically infected people have no serious problems with hepatitis B and lead normal, healthy lives, some develop liver problems later. Chronically infected people are at significantly higher risk than the general population for liver failure or liver cancer.

Is there a cure for hepatitis B?

There are several medicines used for the treatment of people with chronic hepatitis B. These drugs usually don’t get rid of the virus completely, but may reduce your risk for serious liver disease such as cirrhosis and liver cancer. Check with your doctor to find out if treatment with medication is the right choice for you. Researchers continue to find additional treatments and look for cures for hepatitis B.

What are the long-term effects of hepatitis B infection?

Each year, approximately 3,000 people in the U.S. die of hepatitis B-related chronic liver disease. Hepatitis B virus infection is the most common cause of liver cancer worldwide and ranks second only to tobacco as the world’s leading cause of cancer.

How can I take care of myself if I am chronically infected with hepatitis B?

A person with hepatitis B infection should see a physician knowledgeable about the management of liver disease every 6–12 months. The physician will do blood tests to check the health of the liver, as well as test for evidence of liver cancer. It is best for chronically infected people to avoid alcohol because alcohol can injure the liver. Additionally, your physician should know about all the medicines you are taking, even over-the-counter drugs, because some medicines can hurt the liver. If the result of any liver test is abnormal, it’s important that you consult a liver specialist.

If your liver disease has progressed…

If your physician tells you your liver disease has progressed, read the following for some extra precautions you should take:

- Avoid alcohol and medicine that has not been prescribed by your doctor – even over-the-counter medicines.
- Get vaccinated against hepatitis A. Hepatitis A virus infection can further damage your liver.
- Get a yearly influenza (flu) vaccination.
- Patients with severe liver disease (cirrhosis) should also receive pneumococcal vaccine.
- Don’t eat raw oysters. They may carry the bacteria Vibrio vulnificus, which can cause serious blood infections in people with liver disease. Approximately 50% of people with this blood infection die from it.

What can I do to protect others from hepatitis B infection?

People with hepatitis B infection might feel healthy but are still capable of passing the infection on to other people. To protect others from getting hepatitis B infection, it is important to protect them from contact with your infected blood and other infectious body fluids, including semen and vaginal secretions. Sweat, tears, urine, and respiratory secretions do not contain hepatitis B. Transmission of hepatitis B by saliva has only been documented through biting.

Important DOs and DON’Ts for people with chronic hepatitis B infection

**DO:**
- Cover all cuts and open sores with a bandage.
- Wrap up and discard used items such as band aids and menstrual pads carefully so no one is accidentally exposed to your blood.
- Wash your hands well after touching your blood or infectious body fluids.
- Clean up blood spills. Then re-clean the area with a bleach solution (one part household chlorine bleach to 10 parts water).
- Tell your sex partner(s) you have hepatitis B so they can be tested and vaccinated (if not already infected). Sex partners should be tested for anti-HBs 1–2 months after the three doses are completed to be sure the vaccine worked.
- Use condoms (rubbers) during sex unless your sex partner has had hepatitis B or has been vaccinated and has had the anti-HBs blood test demonstrating immunity. (Condoms may also protect you from other sexually transmitted diseases.)
- Tell household members to see their healthcare providers for testing and vaccination for hepatitis B.
- Tell your healthcare providers that you are chronically infected with hepatitis B.
- See your healthcare provider every 6–12 months to check the health of your liver with blood tests and liver scanning.
- If you are pregnant, tell your healthcare provider that you have hepatitis B infection. It is critical that your baby is started on the hepatitis B shots (both vaccine and HBIG) within 12 hours of birth.

**DON’T:**
- Don’t share chewing gum, toothbrushes, razors, needles for ear or body piercing, or anything that might have come in contact with your blood or infectious body fluids.
- Don’t pre-chew food for babies.
- Don’t share syringes and needles.
- Don’t donate blood, plasma, body organs, tissue, or sperm.
- Don’t take any medicines not prescribed by your doctor, even over-the-counter medicines.

Why is hepatitis B so serious in pregnant women?

Pregnant women who are infected with hepatitis B can transmit the disease to their babies. If babies aren’t protected with vaccinations, many of them develop lifelong hepatitis B infections, and up to 25% of those who become infected will develop liver failure.
Questions Frequently Asked About Hepatitis B (continued)

or liver cancer later in life. All pregnant women should be tested early in every pregnancy to determine if they are infected with hepatitis B. If the blood test is positive, the baby should be vaccinated within 12 hours of birth with two shots, one of HBIG and the other the first dose of hepatitis B vaccine. The infant will need at least two more doses of hepatitis B vaccine by age 6 months. The final dose should not be given before age 24 weeks.

How can hepatitis B be prevented?

Hepatitis B vaccination is the best protection. The vaccine can be given safely to infants, children, and adults and is usually given as two or three doses depending on the brand of vaccine. Other flexible schedules are available. Pregnant women can be given this vaccine as well. Hepatitis B vaccine is very safe, and side effects are rare. This vaccine was the first vaccine that prevents cancer; it prevents liver cancer caused by hepatitis B infection.

At what age are hepatitis B vaccines given routinely?

The hepatitis B vaccine series can begin at any age. For newborns, it’s recommended that the first dose be given in the hospital at birth. Hepatitis B vaccine is recommended routinely for all children age 0–18 years living in the U.S. Older children and teens who haven’t been vaccinated yet should get vaccinated at the earliest opportunity. Any adult who is at risk for hepatitis B infection or who simply wants to be protected from hepatitis B infection should start the vaccine series right away.

Where can I get hepatitis B vaccine?

Check with your healthcare provider’s office first. Children’s health insurance usually covers the cost of this vaccine since it is routinely recommended for all children in the U.S. If your child is uninsured, ask your local health department for assistance. The federal Vaccines For Children (VFC) program helps families by providing free vaccines to healthcare providers who serve eligible children. VFC is administered at the national level by the Centers for Disease Control and Prevention (CDC), which contracts with vaccine manufacturers to buy vaccines at reduced rates. For adults, contact your healthcare provider to find out if the vaccine is available and how much it costs. If you are uninsured or don’t have a healthcare provider, call your local health department for advice.

How many doses of vaccine are needed?

Two or three doses (depending on vaccine brand) are needed usually for the best protection against hepatitis B infection, but protection is sometimes provided from receiving as little as one dose. The vaccine series can be completed in from 1 to 6 months, depending on vaccine brand. As with all other vaccines, if you fall behind on the schedule, you just continue from where you left off. Hepatitis B vaccine will not help or cure a person who is already infected with hepatitis B.

How do I protect myself if I’m in a risk group for hepatitis B?

If you are in a risk group for hepatitis B, be sure to get vaccinated! All people in risk groups (risk groups are listed in the second question on this question-and-answer series) should protect themselves from hepatitis B infection. You don’t have to “admit” that you have a risk factor to be vaccinated. You simply need to ask to be vaccinated. Every day you delay getting vaccinated increases your chances of being in contact with this highly contagious liver disease. The problems caused by hepatitis B – liver cancer and liver failure – are too great to take a chance. See your healthcare provider or visit your health department.

How does hepatitis B differ from hepatitis A and C?

Hepatitis A, B, and C are all different viruses that attack and injure the liver, and all can cause similar symptoms. Usually, people get hepatitis A virus infection from close contact with a person who has the infection or from ingestion of food or water contaminated with the virus. Hepatitis C is caused by the hepatitis C virus and is spread through hepatitis C-infected blood. Both hepatitis C and hepatitis B infections are spread by blood through some of the same activities (e.g., injection drug use). Both hepatitis B and hepatitis C infections can cause lifelong liver problems. Hepatitis A infection does not. Vaccines to prevent hepatitis A infection are also available. Hepatitis A vaccine won’t protect you from hepatitis B or hepatitis C infection, nor will hepatitis B vaccine protect you from hepatitis A or hepatitis C infection. There is no vaccine yet for hepatitis C. If you’ve been infected with hepatitis A or hepatitis C in the past, it is still possible to get infected with hepatitis B.

Where can I receive more information about hepatitis B?

Contact your local and state health departments for more information. You can also contact the following organizations:

Immunization Action Coalition
(651) 647-9009
www.immunize.org
www.vaccineinformation.org

American Liver Foundation
(212) 668-1000
www.liverfoundation.org

Asian Liver Center
(888) 311-3331
http://liver.stanford.edu

Centers for Disease Control and Prevention
(800) CDC-INFO
www.cdc.gov/hepatitis
www.cdc.gov/vaccines

Hepatitis B Foundation
(215) 489-4900
www.hepb.org

Parents of Kids with Infectious Diseases (PKIDS)
(360) 695-0293
www.pkids.org