
Management of Chronic Hepatitis B in Adults

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All acute hepatitis B cases should be tested for IgM anti-HBc, HBsAg, HBeAg, anti-HBe, anti-HBs, anti-delta, ALT, and AST. A hepatitis B risk assessment and health consultation should be done. Family members/household contacts should be screened for HBV seromarkers and immunized if negative. Sexual contacts should be 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 defined as having chronic HBV infection and they need lifetime monitoring with ALT and AST evaluated every six months and HBeAg and anti-HBe evaluated yearly. Persons with elevated ALT or AST levels need to be tested for HBV DNA. 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, can be considered for antiviral therapy without a liver biopsy. Adults who are HBeAg-negative/anti-HBe positive with HBV DNA >2,000 IU/ml (10,000 copies/ml) and older than age 40 years, regardless of ALT level, need more frequent monitoring and consideration for liver biopsy, especially if HBV DNA is above 20,000 IU/ml (100,000 copies/ml). Treatment candidates include those with the above test results and moderate to severe hepatitis and at least moderate fibrosis on liver biopsy. For a more detailed practice guideline, go to the American Association for the Study of Liver Diseases (AASLD) website at <http://www.aasld.org> and click on the Practice Guidelines tab, then click new/updated guidelines. You can then download the specific document directly: “Chronic Hepatitis B” (Lok ASF, McMahon BJ, update 2009).

Persons at the highest risk for developing hepatocellular carcinoma (HCC) should also undergo regular surveillance with liver ultrasound every 6 months. These include: persons with a family history of HCC, those with cirrhosis, plus all males >40 years and females >50 years to attempt to detect hepatocellular carcinoma (HCC) at a potentially curable stage. Many experts also recommend adding alpha-fetoprotein (AFP), a liver tumor marker, in addition to liver ultrasound.