

Care pathway for hepatitis B virus

A step-by-step care guide that will allow WA GPs to diagnose and manage Hepatitis B patients in accordance to national clinical guidelines

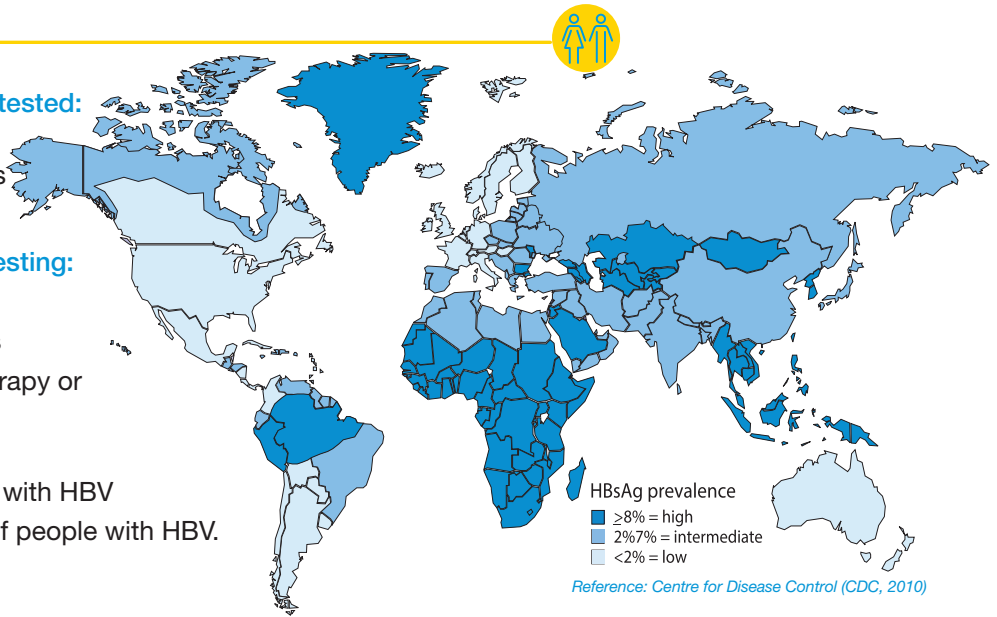
1. Identify

Priority at-risk groups that should be tested:

- People born in intermediate and high Hepatitis B prevalence countries
- Aboriginal people

Other groups that you can consider testing:

- Men who have sex with men
- People who have ever injected drugs
- Patients about to undergo chemotherapy or immunosuppressive treatment
- Pregnant women
- Infants and children born to mothers with HBV
- Partner/household/sexual contacts of people with HBV.



2. Communicate

With the patient about Hepatitis B to get their consent for testing. Ensure your approach is:

- Culturally secure
- Sensitive and respectful
- Free from stereotyping and assumptions
- Open to cultural diversity

For more assistance:

- [‘Your Cultural Lens’ training module](#)
- [Translating and Interpreting Service](#)

3. Order three tests

To determine Hepatitis B status:

1. HBsAg
2. Anti-HBs
3. Anti-HBc

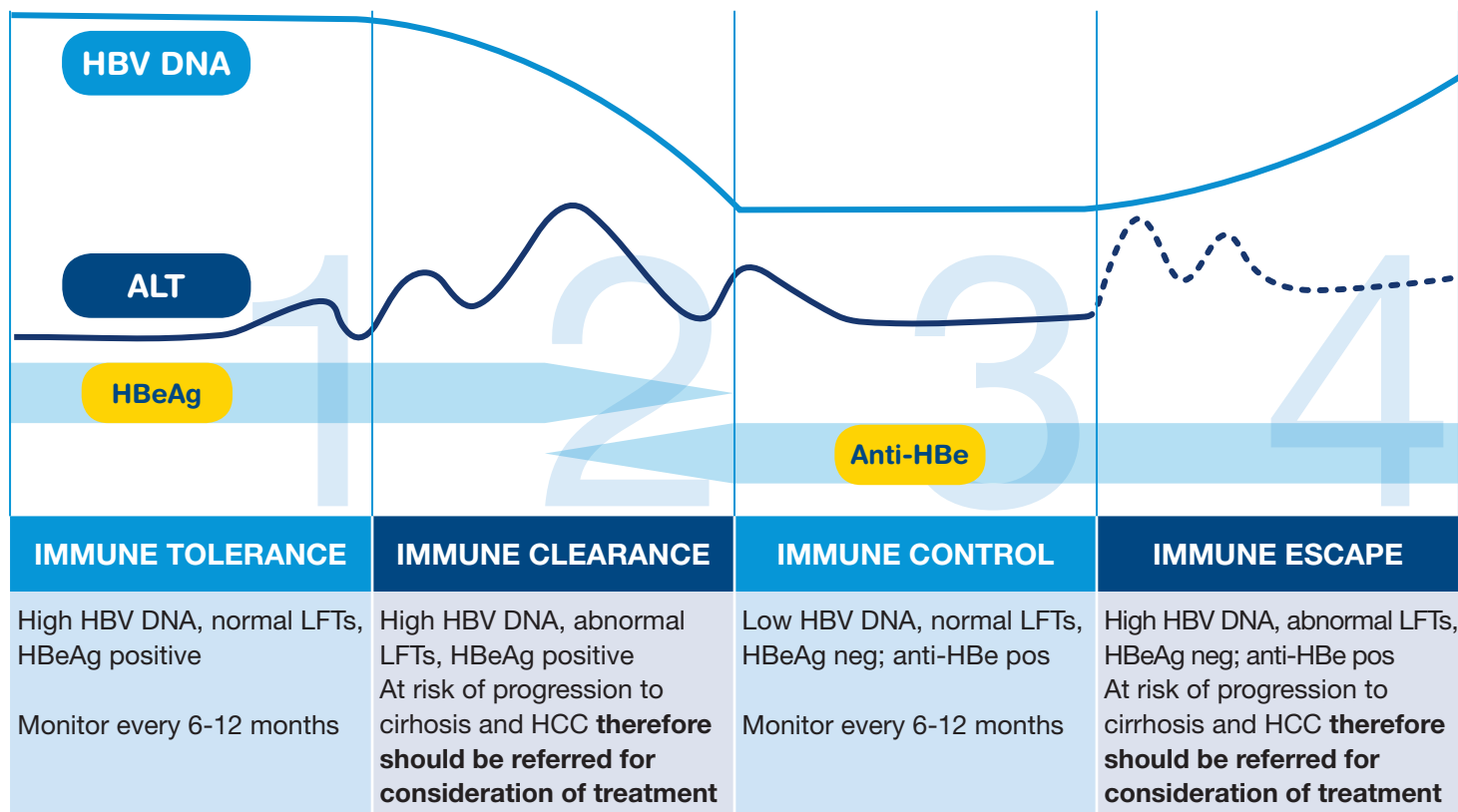
Note: All 3 tests are Medicare rebatable. Write ‘? chronic Hepatitis B’ or similar on the request slip.

If acute infection is suspected (through recent risk, presentation, or both) IgM anti-HBc can also be ordered to support clinical suspicion.

4. Interpret serology and take action

- HBsAg + anti-HBs + anti-HBc	- HBsAg + anti-HBs - anti-HBc	- HBsAg - anti-HBs - anti-HBc	+ HBsAg - anti-HBs + anti-HBc - IgM anti-HBc	+ HBsAg - anti-HBs + anti-HBc + IgM anti-HBc* (high titre)	- HBsAg - anti-HBs + anti-HBc
Immune due to past resolved infection	Immune due to vaccination	Susceptible to infection	Chronic infection	Acute infection	Interpretation unclear. Possibilities include:
No further action required	No further action required	Discuss vaccination	Assess phase of disease by determining: 1. HBeAg 2. HBV DNA 3. ALT 4. Anti-HBe	Likely to clear without further treatment. Monitor for 6 months to ensure it doesn't progress into chronic infection.	1. Resolved infection 2. False positive anti-HBc 3. Recovering from acute infection 4. Low level chronic infection





Natural History of Chronic HBV: The 4 Phases and Relevance to Treatment Decisions.



MONITOR CHRONIC HEPATITIS B:

- Follow up and monitor lifelong every 6-12 months to re-evaluate which disease phase they are in, check for signs and symptoms of liver disease and manage accordingly.
- Refer to specialist or HBV community prescriber to start appropriate drug treatment if required.
- Discuss general lifestyle choices using national guidelines: [limit alcohol consumption](#) and [consume a healthy diet](#)
- Refer immediately if evidence of chronic liver disease, suspicion of immune-suppression, pregnancy, <16 years or possible HCC on surveillance.



HEPATOCELLULAR CARCINOMA SURVEILLANCE

is recommended in these HBsAg+ groups:

- Asian men < 40 years
- Asian women > 50 years
- Africans > 20 years
- Aboriginal people > 50 years
- Patients with cirrhosis
- Hepatocellular Carcinoma family history.

FOR ACUTE AND CHRONIC INFECTION, REMEMBER TO:

- Seek patient consent to test for co-infection of Hepatitis A, Hepatitis C, Hepatitis D and HIV. Discuss vaccination if susceptible to hepatitis A virus.
- Discuss with the patient about transmission and prevention of virus and monitoring and treatment.
- Test household contacts and sexual partners for HBsAg, anti-HBc and anti-HBs; vaccinate if susceptible.
- Assess the patient's needs and refer to support agencies such as [Hepatitis WA](#) if required.

5. Become a prescriber



Recent changes to the Pharmaceutical Benefits Scheme allow GPs to prescribe treatment for Hepatitis B by becoming accredited Hepatitis B s100 Community Prescribers.

WA Health has commenced a Community Prescriber Program. Register your interest at HBVprescriber@ashm.org.au

For more information:

- [National Hepatitis B Testing Policy](#)
- [Department of Health Chronic Hepatitis B and C Primary Care Pathway](#)
- [HepB help](#)
- [Edith Cowan University Hepatitis B Online Education](#)