Hepatitis B - Quick reference guide for primary care

What is hepatitis B?

- Hepatitis B is a disease affecting the liver caused by the hepatitis B virus (HBV), which is a blood-borne and sexually transmitted infection.
- It can be an acute or chronic infection.

Acute HBV:

- is acquired most commonly in the UK through vaginal or anal intercourse;
- may also be acquired as a result of blood-to-blood contact (eg sharing needles and other equipment by injecting drug users, 'needlestick' injuries, sharing razors/toothbrushes);
- may be asymptomatic or cause a mild to (rarely) fulminant hepatitis.

Chronic HBV:

- occurs when HBV infection persists more than six months after acute infection;
- is most commonly acquired through perinatal or sexual or household/social contact in countries with high or intermediate prevalence of chronic infection;
- will develop in 5–10% of those infected as adults, 90% of neonates infected, and 30–50% of children infected.

HBV is notifiable to the Public Health Agency (PHA) duty room.

Prevalence

High-prevalence regions:

- sub-Saharan Africa, most of Asia and the Pacific islands

Intermediate-prevalence regions:

- southern parts of Eastern and Central Europe, the Amazon, the Middle East and the Indian sub-continent;

Low-prevalence regions:

- most of Western Europe and North America.

Why should I be proactive in diagnosing HBV?

- Chronic HBV is often asymptomatic;
- Diagnosis allows follow-up and treatment if indicated;
- Diagnosis decreases further transmission through infection control measures and vaccination of those at risk.

Who is at risk and should be tested?

HBV testing should be offered to anyone who:

- has been born in, or been at risk in, high or intermediate prevalence countries;
- changes sexual partners frequently, especially men who have sex with men and male and female sex workers;
- has ever injected drugs or shared equipment;
- has household contact with a person with chronic HBV;
- has received a blood transfusion in the UK before 1991 or blood products before 1986;
- has been accidentally exposed to blood through a sharps injury;
- has had a tattoo, piercings, acupuncture or electrolysis where infection control is poor;
- has received medical or dental treatment in countries where infection control is poor;
- has unexplained abnormal liver function tests or unexplained jaundice.

Pregnant women are also tested through the antenatal screening programme.

How do I test for HBV?

A blood sample is tested for HBV infection using a range of markers which can identify acute and chronic infection. Clinical information is important in helping to differentiate between acute and chronic infection. If surface antigen (HBsAg) is present then there is virus present in the blood and the patient is infected and infectious. Immunity, either from vaccination or previous infection, is indicated by the presence of antibodies to surface antigen (anti-HBs).

A virology general request form is available at: www.rvl-belfast.net

Consider testing for hepatitis C (HCV) and HIV as many of the risks are the same.

Pre-test discussion should include:

- hepatitis B, its natural history and the benefits offered by treatment;
- assessment of exposure risks;
- implications of a positive result.

Post-test discussion should include:

- if negative: the need for further testing if within incubation period;
- vaccination;
- avoidance of future risk;
- if positive: see below.

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This factsheet provides information in the form of FAQs in relation to hepatitis B: the condition, prevalence, risks, testing, management, vaccination and treatment.

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