

# Hepatitis B Diagnosis?

## CLINICAL NEXT STEPS

### 1 PATIENT PROVIDED DIAGNOSIS

### 2 NEW HEPATITIS B DIAGNOSIS: INITIAL INVESTIGATION AND ASSESSMENT

(BP, weight, signs of liver disease)

### 3 COMMENCE FURTHER INVESTIGATIONS

### 4 ORGANISE FOLLOW UP APPOINTMENT

for counselling, contact tracing, immunisation and completing a patient centric GP Management Plan

### 5 MONITORING AND CONSIDER REFERRAL

to s100 community prescriber or a specialist

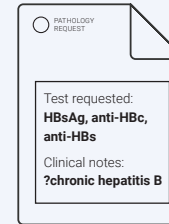
## Investigation and Assessment

### Ensure correct tests for diagnosis have been completed

**HBsAg, anti-HBc, anti-HBs**

This is vital as misdiagnosis can negatively impact wellbeing.

If not ordered see example pathology request:



### Determine phase & need for treatment

**HBsAg, Anti-HBe, HBV DNA viral load**

Guidance on hepatitis B phases of infection [here](#).

Chronic hepatitis B is defined as the persistence of HBsAg 6 months after acute infection. Unless acute hepatitis B is clinically suspected, then repeat measurements and delayed management and referral are not necessary

### Check platelets, liver inflammation and liver synthetic function

**FBC, E/LFT's (inc AST), INR**

### Calculate **APRI** score, <1.0 cirrhosis unlikely

Calculate APRI score [here](#), if <1.0 cirrhosis unlikely.

### Check immune status & coinfections

**HAV, HCV, HDV and HIV serology**

### Assess level of liver fibrosis

Fibroscan® or shearwave **elastography** (private radiology)

### Check for liver scarring, spleen size and hepatocellular carcinoma

**Liver ultrasound**

### Ascertain **family history** of liver related diagnosis (especially liver cancer)

## Next Steps:

- Consider and ask whether an interpreter is required and what language/dialect. See further information [here](#).
- Explain potential implications of long term infection and provide reassurance that regular care and monitoring reduces these risks.
- Advise that treatments are available when needed.
- Discuss vaccinations, especially hepatitis A (free vaccination may be available through the state health department).
- Discuss risk of transmission.
- Discuss disclosure requirements and provide reassurance on when this is not required.
- Screen household contacts and sexual partners for HBsAg, anti-HBs and anti-HBc. This conversation requires consideration and being mindful of confidentiality and privacy is vital.
- Offer hepatitis B vaccination to contacts if needed.
- Ensure notification to the state health department is completed.
- Be mindful of gauging patient understanding of information shared, sometimes this may need to happen over a period of time and be consolidated to achieve full understanding.

See videos to support conversations with your patient [here](#)

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#### ✓ Next Steps: Management Plan

- Assess patient for comorbidities.
- Are there modifiable risk factors for liver damage (e.g. alcohol, fatty liver, medications).
- Assess the patient: Beliefs, concerns, preferences, prior experiences.
- Determine Medicare status and discuss any concerns regarding visa and migration, seeking to support this process if relevant.
- Are there barriers to ongoing care or adherence to a treatment plan.
- Engage the patient in formulating a patient centric GP Management Plan (GPMP) and Team Care Arrangement (TCA). Team members may include community pharmacist, practice nurse, hepatologist or ID physician, dietitian and counsellors.
- Utilise community patient **support** groups (e.g. Hepatitis Australia, BBV counselling services, community nursing, online forums such as [Hepatitis B Community](#)).
- Refer to a hepatitis B s100 community prescriber or specialist if required, patient involvement in choice is important. Set frequency of reviews and add reminders – use the [Clinical Communication Tools](#) to assist.
- For patients not referred, ensure **ongoing monitoring**. Usually 6 monthly LFTs and yearly viral load for patient not on therapy.
- **HCC surveillance** with 6 monthly liver ultrasound and AFP is required in all at risk patients. This includes cirrhosis or chronic hepatitis B and other risk factors. See further information [here](#).
- Communicate to patient that hepatitis B monitoring and HCC Surveillance (if required) is for life.

See  
patient  
resource about  
hepatitis B care  
options [here](#)

#### ✓ CHRONIC HEPATITIS B DIAGNOSIS: Next Steps

