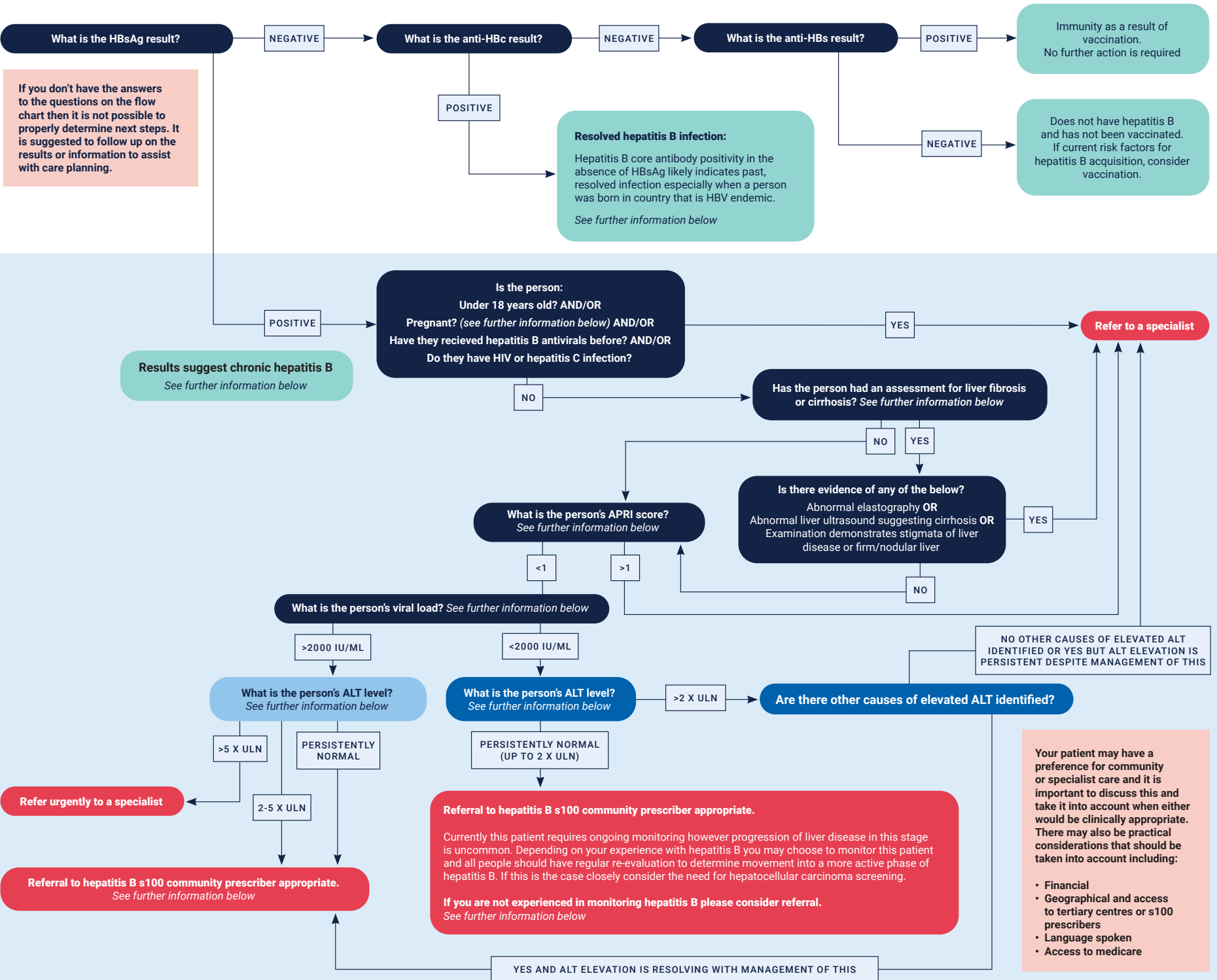


# Hepatitis B Referral Options

Answer the questions to help decide if a referral to an s100 prescriber is appropriate.



If you don't have the answers to the questions on the flow chart then it is not possible to properly determine next steps. It is suggested to follow up on the results or information to assist with care planning.

**Resolved hepatitis B infection:**  
Hepatitis B core antibody positivity in the absence of HBsAg likely indicates past, resolved infection especially when a person was born in country that is HBV endemic. See further information below.

**Results suggest chronic hepatitis B**  
See further information below

**Is the person: Under 18 years old? AND/OR Pregnant? (see further information below) AND/OR Have they received hepatitis B antivirals before? AND/OR Do they have HIV or hepatitis C infection?**

**Has the person had an assessment for liver fibrosis or cirrhosis? See further information below**

**What is the person's APRI score? See further information below**

**Is there evidence of any of the below? Abnormal elastography OR Abnormal liver ultrasound suggesting cirrhosis OR Examination demonstrates stigmata of liver disease or firm/nodular liver**

**What is the person's viral load? See further information below**

**What is the person's ALT level? See further information below**

**What is the person's ALT level? See further information below**

**Are there other causes of elevated ALT identified?**

**Refer urgently to a specialist**

**Referral to hepatitis B s100 community prescriber appropriate.** See further information below

**Referral to hepatitis B s100 community prescriber appropriate.**  
Currently this patient requires ongoing monitoring however progression of liver disease in this stage is uncommon. Depending on your experience with hepatitis B you may choose to monitor this patient and all people should have regular re-evaluation to determine movement into a more active phase of hepatitis B. If this is the case closely consider the need for hepatocellular carcinoma screening.  
**If you are not experienced in monitoring hepatitis B please consider referral.** See further information below

Your patient may have a preference for community or specialist care and it is important to discuss this and take it into account when either would be clinically appropriate. There may also be practical considerations that should be taken into account including:

- Financial
- Geographical and access to tertiary centres or s100 prescribers
- Language spoken
- Access to medicare

**YES AND ALT ELEVATION IS RESOLVING WITH MANAGEMENT OF THIS**

# Hepatitis B Referral Options

Answer the questions to help decide if a referral to an s100 prescriber is appropriate.

## Results suggest chronic hepatitis B

When HBsAg is detected on initial screening, laboratories conduct further testing with an HBsAg neutralisation assay to confirm the diagnosis.

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/referral is not necessary.

False positive HBsAg results can rarely be seen in the context of vaccination.

## Assessments for liver fibrosis and cirrhosis

Non invasive assessments for fibrosis and cirrhosis include:

- APRI score
- Transient elastography (e.g. Fibroscan®)
- Liver ultrasound
- Physical exam (e.g. firm nodular liver, stigmata CLD)

## Further information on resolved hepatitis B infection

Hepatitis B core antibody positivity in the absence of HBsAg likely indicates past, resolved infection especially when a person was born in country that is HBV endemic.

Less likely possibilities include:

- A false positive
- Resolving acute hepatitis B
- Occult hepatitis B

It does not indicate a hepatitis B diagnosis and care should be taken to ensure this is clearly communicated to avoid concern and misunderstanding.

There is a risk of reactivation with some immunosuppressing medications.

## Viral load testing

MBS allows viral load to be checked annually for people with CHB who are not on treatment and 3 monthly for those on treatment.

## Hepatitis B and pregnancy

All HBsAg-positive pregnant people should undergo evaluation to determine phase of HBV infection (ALT, anti-HBe, HBV DNA) and presence of clinical liver disease. Pregnant women with high viral load (>200,000 or 5.3 log<sub>10</sub> IU/mL) should be offered tenofovir from the 28th week of pregnancy to reduce the risk of perinatal transmission of hepatitis B.

Infants born to HBsAg-positive birthing parents should receive HBIG and hepatitis B vaccination as soon as possible after birth (optimally within 4 hours). Infants should receive routine HBV vaccination at 2, 4 and 6 months of age.

## ALT

ALT reference range:

- <19 women
- <30 men

If you are monitoring a patient it is suggested this is measured on at least two occasions over 3-6 months.

## APRI score

An APRI score is a score that predicts liver fibrosis using serum markers. It can be calculated [here](#).

Non-invasive assessment of liver fibrosis should be performed in all people with chronic hepatitis B as part of initial assessment. If you are unable to calculate the APRI score you should check AST and platelets then review.

## Hepatitis B s100 Community Prescriber referral

See list of hepatitis B community s100 prescribers [here](#). Referral and communication templates are available [here](#).

It is important to ensure your patient is aware of their options for care and discuss their preferences.

All patients with chronic hepatitis B should be considered for 6-monthly HCC screening (ultrasound with or without AFP) as per guidelines [here](#).