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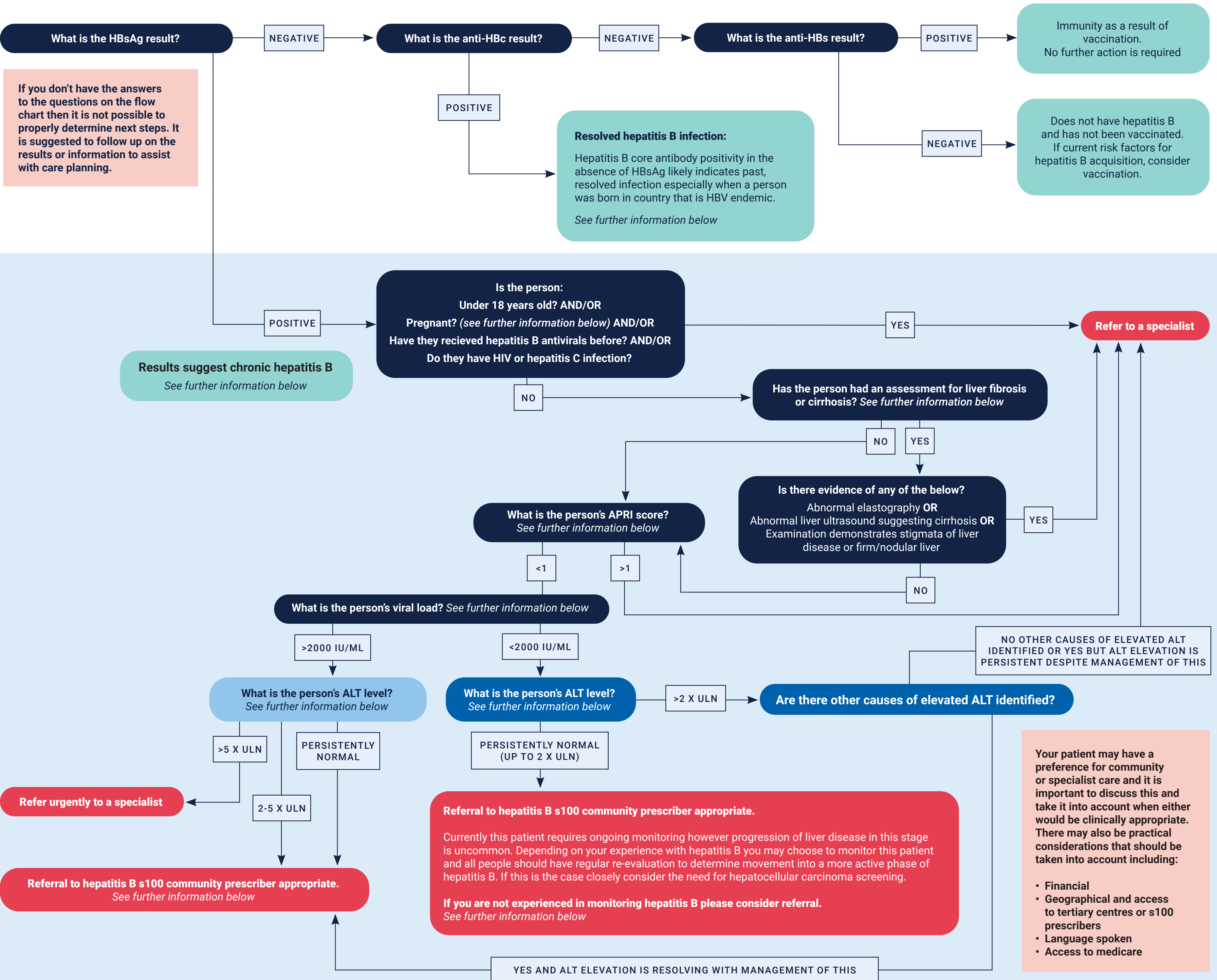
Hepatitis B Referral Options

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



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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.

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.

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 log10 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.

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.

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)

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.

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.

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.