Management of Adult Patients with Chronic Hepatitis B (CHB) in Primary Care - Summary

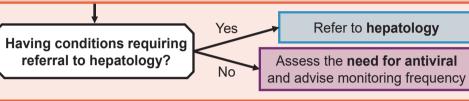
Initial assessment and triage of CHB patients

Initial Assessment

- History
- Physical examination
- Baseline blood tests
- Non-invasive tests for liver fibrosis (e.g. AST-to-platelet ratio (APRI), Fibrosis-4 index (FIB-4) and transient elastography)
- Consider liver ultrasonography (USG)

Counselling

- · Reinforce the importance of lifelong monitoring
- · Promote a healthy diet and lifestyle
- Advise on preventive measures against HBV transmission



Indications for antiviral treatment

- CHB patients with **advanced fibrosis** (liver stiffness measurement (LSM) > 9 kPa), cirrhosis, decompensated liver disease, or HCC; and detectable HBV DNA
- CHB patients with elevated ALT (> upper limit of normal (ULN) [i.e. 35 U/L for males and 25 U/L for females]) and HBV DNA > 2000 IU/mL regardless of HBeAg status
- Pre-emptive treatment for patients on anti-cancer chemotherapy or immunosuppressive therapy at risk of hepatitis B reactivation
- **Transplant patients** with hepatitis B infection
- Pregnant women with HBV DNA > 200,000 IU/mL

Monitoring of CHB patients

Regular monitoring is **necessary** for all patients with CHB, which consists of the following:

- Clinical assessment
- Signs and symptoms of decompensation
- Laboratory investigations

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Test	Testing interval	Remarks					
Liver function test (LFT)	Every 6 months	Every 3 – 6 months for HBeAg+ patients not yet on treatment					
Alpha-fetoprotein (AFP)	Every 6 months						
HBV DNA	Every 6 - 12 months	Every 6 months during the 1st year of treatment, then yearly					
APRI	Yearly	Derived from complete blood count test and AST from LFT					
HBeAg and anti-HBe (for HBeAg+ve patients)	Yearly until HBeAg seroconversion						
HBsAg (for HBeAg-ve patients)	Yearly						
Renal function test (RFT), including eGFR (for patients on treatment)	Every 6 months	With serum phosphate if on tenofovir					

- Evaluate need for antiviral treatment if not yet on treatment
 - Start treatment if fulfill indications
- Monitor adherence if on treatment
- Review need for specialist referral
- Consider periodic non-invasive test for assessment of liver fibrosis (e.g. transient elastography)
- Recommend hepatocellular carcinoma (HCC) surveillance with **USG** in patients at increased risk

Note: Adjust monitoring interval according to stage of disease and need for antiviral

Subgroups of CHB patients requiring hepatology care



Patients with complications of CHB



Patients with concurrent liver conditions



Populations with specific management needs and indications for antiviral

· Co-infection with HCV or HIV

Patients with liver lesions

- · Pregnant women with high viral load
- Patients on immunosuppressive therapy at risk of HBV reactivation

Risk factors

- · Patients with cirrhosis
- Patients with family history of HCC

HCC surveillance

- Men over 40 years of age
 Women over 50 years of age

Modalities

- · AFP should be performed every 6 months; and
- USG of the liver, preferably every 6 months, should be recommended

Other criteria for referral from primary care to hepatology

- **Unexplained deranged** liver function
- Severe acute hepatitis / acute-on-chronic liver failure
- Virological breakthrough in patients receiving antiviral treatment
- **Abnormal AFP**

Stratification of CHB patients & bidirectional referral

Hepatology

Subgroups of CHB patients requiring specialist care

Primary care

Stable CHB patients

Criteria for referral from hepatology to primary care

- CHB patients with stable liver conditions over the past year
- Absence of symptoms and signs of advanced liver disease and
- Normal ALT and AFP, or stably elevated ALT (< 3x ULN) after exclusion of other causes and
- No change in antiviral medication and
- Absence of advanced fibrosis (LSM < 9 kPa)</p> with fibrosis assessment within 3 years

Please refer to Management of Adult Patients with Chronic Hepatitis B in Primary Care (September 2023) for details, which is accessible at www.hepatitis.gov.hk.

Managing hepatitis B for healthy living 2024

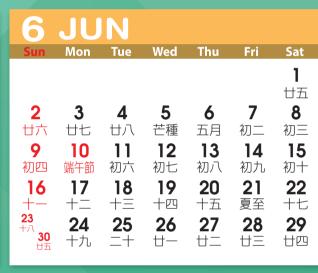
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