

## Hepatitis B Screening and Diagnosis

### *Key points*

- Patients with opioid use disorders, a history of injection drug use or inhalation (“snorting”), non-professional tattoos or piercings, or sexual or household contact with people with hepatitis B or injection drug history should be screened for hepatitis B virus (HBV).
- Increased injection drug use has led to a rise in the prevalence of Hepatitis B due to injection drug use in some regions of the United States (see <https://www.cdc.gov/hepatitis/statistics/2015surveillance/pdfs/2015HepSurveillanceRpt.pdf>)
- Standard prenatal labs include screening for **HBsAg** (hepatitis B surface antigen, indicating the presence of active infection). Persons at risk for HBV infection should also be tested for **anti-HBc** (hepatitis B core antibody, indicating previous or current infection) and **anti-HBs** (hepatitis B surface antibody, indicating immunity from either disease or vaccination). This additional testing determines whether the person is vulnerable to infection and should be offered vaccination (CDC, 2017). Additional information about hepatitis B serologic testing, including clinical guidelines for perinatal management, see <https://www.cdc.gov/hepatitis/hbv/pdfs/SerologicChartv8.pdf>
- Patients who test positive for HBsAg should be referred for further evaluation and management to an infectious disease specialist, gastroenterologist, or hepatologist.
- Patients who test positive should receive the following information:
  - Hepatitis B is a chronic disease of the liver which can cause permanent liver damage.
  - Hepatitis B is highly contagious, and precautions are necessary to prevent transmission to partners and household members. All household members should be screened and offered immunization if non-immunes.
  - HBV is spread through contact with semen or vaginal secretions (CDC, 2016). Condoms should be used for sexual activity involving exposure risk.

- Avoid sharing razors, toothbrushes, etc. Hepatitis B is not spread through kissing an infected person, eating or preparing food, or via the respiratory route.
- Infants exposed to hepatitis B prenatally should receive hepatitis B immunoglobulin (HBIG) and HBV immunization immediately after birth. Without prophylaxis, an estimated 40% of exposed newborns will develop chronic hepatitis B. The need for treatment should be discussed prenatally and the delivery hospital notified in preparation (see algorithm: <https://www.cdc.gov/hepatitis/hbv/pdfs/PrenatalCareProviderPoliciesAndProcedures.pdf>)
- Breastfeeding is not contraindicated in the context of hepatitis B infection (CDC, 2016). However, breastfeeding is *not* recommended if nipples are bleeding, or open lesions present. <https://www.cdc.gov/breastfeeding/disease/hepatitis.htm>

### ***Resources for patients***

- From the American College of Obstetricians and Gynecologists: <https://www.acog.org/Patients/FAQs/Hepatitis-B-and-Hepatitis-C-in-Pregnancy>
- From the Centers for Disease Control:
  - *Educational powerpoint about prenatal exposure to Hepatitis B:* [https://www.cdc.gov/hepatitis/Partners/Perinatal/Presentations/HealthyBaby/HepB\\_And\\_YourHealthyBaby-eng.pdf](https://www.cdc.gov/hepatitis/Partners/Perinatal/Presentations/HealthyBaby/HepB_And_YourHealthyBaby-eng.pdf)

### ***Resources for providers***

- From the Centers for Disease Control:
  - The ABCs of hepatitis: <https://www.cdc.gov/hepatitis/resources/professionals/pdfs/abctable.pdf>
  - Recommendations for screening and follow up of patients at risk for hepatitis B: <https://www.cdc.gov/hepatitis/hbv/pdfs/SerologicChartv8.pdf>
  - Interpretation of HBV test results: <https://www.cdc.gov/hepatitis/hbv/pdfs/SerologicChartv8.pdf>