Chronic Hepatitis B

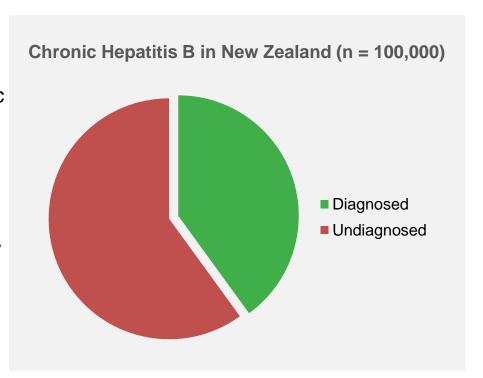
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Chronic Hepatitis B in New Zealand

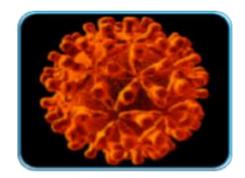
- Endemic in New Zealand
- 100,000 New Zealanders live with chronic hepatitis
- 60% are undiagnosed
- No cure available, but effective anti-viral treatments are accessible (and funded by PHARMAC)

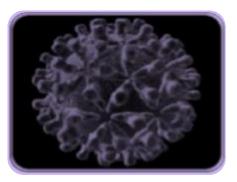




Hepatitis B virus

- Spread through blood-to-blood contact and body fluids
- Chronic hepatitis B is often asymptomatic
- 100 times more infectious than HIV and HCV
- Lives outside the body for at least seven days¹
- Can live on any given surface





^{1.} Bond, W. W., Favero, M.S., Petersen, N. J., Gravelle, C. R., Ebert, J.W., & Maynard, J. E. (1981). Survival of hepatitis B virus after drying and storage for one week. *Lancet*, 1(8219), 550-551; World Health Organisation Fact Sheets; Centers for Disease Control and Prevention.



Main risk factors of Hepatitis B

- People over 25 years, in particular of Māori, Pacific Island or Asian ethnicity.
- People whose mother or close family member has hepatitis B
- People who live with someone with hepatitis B
- People who have ever had unprotected sexual contact with someone with hepatitis B
- People who have received a tattoo using unsterile equipment or sharing equipment / ink.





Common forms of transmission





1984



Why is diagnosis important?

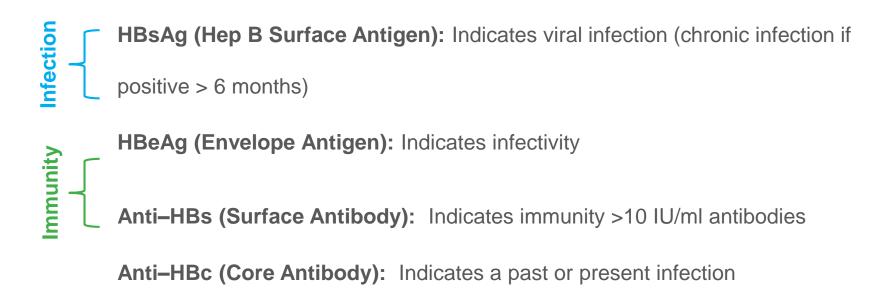
- 25% develop liver disease
- 15% will die from liver cancer or liver failure
- Regular surveillance of hepatitis B is vital in preventing liver cancer (HCC)
- Six monthly follow-up of chronic hepatitis
 B patients is the gold standard of care to
 help reduce the risk of liver disease
 (including HCC)¹



¹ Fung. J. et al. "Improved survival with screening for hepatocellular carcinoma in chronic hepatitis B". New Zealand Medical Journal 2004; 117:1206.

Hepatitis B blood tests

The following blood tests are required to identify immune status:



Six-monthly testing for chronic hepatitis B

- HBsAg check to see if patient has seroconverted
- HBeAg if positive the patient is more infective / at risk of complications
- LFT's repeated elevations may indicate the need for treatment
- AFP used to screen for liver cancer (it will also be elevated during pregnancy)

Blood results are continually monitored by the Hepatitis Foundation team

Patients with a family history of liver cancer should be referred for six-monthly liver ultrasound scans as they are at higher risk of developing liver cancer.



Monitoring for complications

Active hepatitis needing antiviral therapy

- For those with mild inflammation of the liver (ALT <1.5x upper limit of normal (ULN)), continued six-monthly monitoring is required
- For those with significant inflammation of the liver (ALT >1.5ULN), a repeat ALT in 3 months and referral to secondary care for consideration of antiviral therapy is required

Hepatocellular Carcinoma (HCC)

 For those with elevated AFP (>20ng/ml), repeat AFP in one month. If it remains elevated, refer to secondary care for investigation for possible HCC. Note: in all women of child-bearing potential, exclude pregnancy as cause for elevated AFP



What does the Foundation offer patients?

A confidential national follow-up programme for people with chronic hepatitis B:

- Regular surveillance of hepatitis B (vital in preventing liver cancer)
 - **Six-monthly** follow-up of chronic hepatitis B patients to help reduce the risk of liver disease
- Advice and support to those living with chronic hepatitis B
 - Information on lifestyle and treatment, contact with a community hepatitis nurse and referral to secondary care (if required)



Key Points

- Hepatitis B is endemic in New Zealand.
- It is spread through blood to blood contact and body fluids.
- If at risk then test, better to know than not to know.
- Hepatitis B is the leading cause of liver cancer in N Z.
- Prevent the spread of Hep B through immunisation.
- Refer patients to The Hepatitis Foundation, in partnership with you we can manage the patients hepatitis and refer to secondary care as required.
- HEPATITIS. KNOW IT. TEST IT. TREAT IT.

