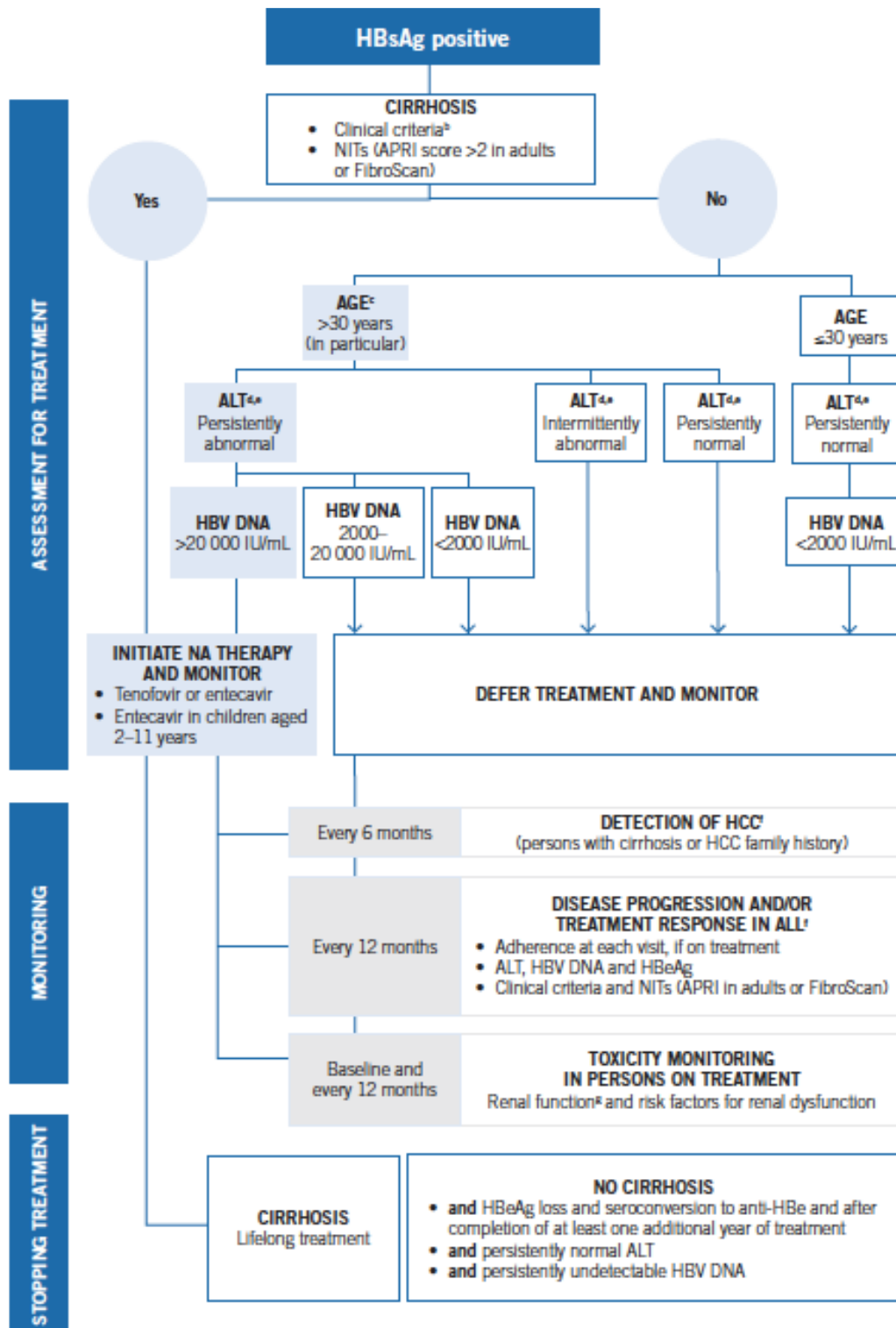


## Management of Chronic Hepatitis B Infection

- Chronic hepatitis B infection is defined as persistence of hepatitis B surface antigen (HBsAg) for six months or more.
- WHO algorithm on management of chronic hepatitis b infection is attached below:



**Glossary:** NITs = non-invasive tests, ALT = alanine aminotransferase, APRI = aspartate aminotransferase-to-platelet ratio index, NA = nucleos(t)ide analogs

**Foot Notes:**

- **Clinical criteria** includes clinical features of decompensated cirrhosis: Portal hypertension (ascites, variceal haemorrhage and hepatic encephalopathy), coagulopathy, or liver insufficiency (jaundice).
- The age cut-off of >30 years is not absolute, and some persons less than 30 years may also meet criteria for antiviral treatment.
- ALT levels fluctuate in persons with chronic hepatitis B and require longitudinal monitoring to determine the trend. Persistently abnormal may be defined as >3x upper limit of normal, made at unspecified intervals during a 6–12–month period.
- Where HBV DNA testing is not available, treatment may be considered based on persistently abnormal ALT levels, but other common causes of persistently raised ALT levels such as impaired glucose tolerance, dyslipidaemia and fatty liver should be excluded.

**Prevention of transmission and measures to reduce disease progression:**

1. HBV vaccination of household and sexual contacts if they are HBsAg negative.
2. Alcohol reduction to reduce disease progression
3. General measures: condom use if the partner has not been vaccinated; not share razors, toothbrushes, or other personal care items; not donate blood.

Reference:

*WHO Guidelines for the prevention, care and treatment of persons with chronic hepatitis b infection, March 2015*