Preventive Health:

Screening:
- Hepatitis A Screen
  - HAV Ab (-) → Vaccinate
  - HAV Ab (+) → Immune
- Hepatitis C Screen
  - HCV Ab (-) → Risk reduction counseling, retest if ongoing risk
  - HCV Ab (+) → Co-infection w/HCV
- HIV Screen
  - HIV Ab (+) → Co-infection w/HIV

Immunizations:
- Influenza vaccination
- Pneumococcal vaccination

Alcohol Use
- Brief Intervention/Referral if indicated

Patient Information:
- HBV infection and surveillance monitoring
- Screening of household and sexual contacts
- Risk factors for disease progression

Patient Education:
- Avoid sharing toothbrushes and dental or shaving equipment and cover any cut or sore in order to prevent contact of their blood with others.
- Stop using illicit drugs. Get treatment for substance abuse. Those who continue to inject drugs should avoid reusing or sharing syringes, needles, water, cotton or other paraphernalia; if equipment is used, clean with bleach and water; use only sterile syringes from a reliable source (e.g., pharmacy); use a new sterile syringe to prepare and inject drugs; use sterile water to prepare drugs – otherwise use clean water from a reliable source (e.g. tap); clean the injection site with a new alcohol swab; and dispose of syringes and needles after one use in a safe, puncture-proof container.
- Do not donate blood, body organs, other tissue, or semen.
- Use barrier precautions (e.g., latex condoms or gloves) and practice “safer” sex.
- To protect the liver from further harm: do not drink alcohol; do not start any new medicines, including over-the-counter and herbal medicines, without checking with their provider.
- If family members and sexual partners have not been screened for Hepatitis B, follow Viral Hepatitis B Screening protocol to screen all family members; and if no evidence of immunity against Hepatitis B, offer vaccination series.

Surveillance: Baseline Labs
- ALT
- HBeAg
- HBeAb
- HBV DNA (viral load)
- CBC/platelets
- Total Bilirubin
- Albumin
- PT/INR

From the CHN Hepatitis Workgroup and
MMWR - Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection 2008
AASLD Practice Guidelines: Management of Hepatocellular Carcinoma, An Update, 2010
Revised: 06/2013
Monitoring and Treatment Decisions

ALT and HBV viral load q 6 months since HBV is a chronic and dynamic disease and patients can become treatment candidates over the course of their lifetime.

In general, a patient may be a potential candidate for HBV therapy (and a referral to Liver Clinic for evaluation) if:
- HBeAg Positive
  - ALT > 30 (female) or > 45 (male) AND HBV viral load > 20,000 IU/ml
- HBeAg Negative
  - ALT > 30 (female) or > 45 (male) AND HBV viral load > 2,000 IU/ml
- Evidence of cirrhosis regardless of HBeAg status, ALT level or any detectable HBV viral load

For an excellent review of HBV natural history and treatment please refer to:

Hepatocellular Carcinoma Screening (HCC)

Groups in whom the risk of HCC is increased, and HCC screening is recommended:
- Asian man > 40 years
- Asian woman > 50 years
- African or North American Blacks
- Family history of HCC
- Evidence of cirrhosis

Abdominal Ultrasound q 6-12 months with or without AFP
- If AFP ≥ 20, consider diagnostic CT or MRI