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Guidelines easl hbv 2017

Gains in understanding the pathogenic mechanisms of hepatitis B virus (HBV) infection and novel treatment approaches informed the release of a new set of clinical practice guidelines (CPGs) from the European Association for the Study of the Liver (EASL) since the last update in 2012, soon to be published in the Journal of Hepatology. Frank Tacke, MD, PhD, of the University Hospital Aachen, Germany, EASL vice-secretary, and a coauthor of the HBV guidelines, responded to questions from Infectious Disease Advisor about the key differences between the new guidelines and the previously published version. "The updated EASL guidelines include substantial changes in the management of hepatitis B, based on the latest scientific evidence," he explained. "The guidelines include new definitions of disease phases, which provide the conceptual basis of expanding the indications for therapy in order to prevent disease progression or complications such as liver cancer," Dr Tacke reported, referring to the 5 new phases of chronic HBV infection. Phase 1, formerly called the "immune-tolerant phase," is characterized by the presence of HBV surface antigens (HBsAg), elevated levels of HBV DNA, alanine aminotransferase (ALT) levels within normal range, and minimal or no liver inflammation. In Phase 2 of HBeAg-positive chronic HBV, the serum levels are higher and there is evidence of moderate to severe inflammation and progressive fibrosis of the liver. Phase 3 (HBeAg negative infection), formerly described as the "inactive carrier" phase, is indicated by serum antibodies to HBeAg, undetectable levels of HBV DNA (