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TABLE 1. Approved Antiviral Therapies in Adults and Children TABLE 2. Efficacy of Approved First-Line Antiviral Therapies in Adults with Treatment-Naive Chronic Hepatitis B and Immune-Active Disease (Not Head-to-Head Comparisons) TABLE 4. Interpretation of Screening Tests for HBV Infection nA The majority of individuals positive for anti-HBc alone do not have detectable HBV DNA," especially with older, less specific assays. For anti-HBc—positive individuals, additional tests to detect past or current infection include immunoglobulin M anti-HBc, anti- body to hepatitis B e antigen (anti-HBe), and HBV DNA with a sensitive assay. Detectable HBV DNA documents infectivity, but a negative HBV DNA result does not rule out low levels of HBV DNA. Addition- ally repeat anti-HBc testing can be performed over time, particularly in blood donors in whom subsequent anti-HBc negativity suggests an initial false-positive result.°78) Although reports vary depending on the sensitivity and specificity of the anti-HBc test used and HBV prevalence in the study population, the minority of patients have an anamnestic response to HBV vacci- nation, with the majority having a primary antibody response to hepatitis B vaccination similar to persons without any HBV seromarkers.?**") Thus, vaccination could be considered reasonable for all screening indica- tions in Table 3. Anti-HBc—positive HIV-infected individuals should receive HBV vaccination (ideally when CD4 counts exceed 200/1L) because most have primary responses to HBV vaccination, with ~60% to 80% developing anti-HBs levels >10 mIU/mL after 3 or 4 vaccinations.©°°" Thus, limited data suggest that vaccination may be considered."*°?°®) When con- sidering the benefit of using an anti-HBc—positive donor organ with possible occult HBV infection, the harm of hepatitis B transmission must be weighed against the clinical condition of the recipient patient. While nersons who are nositive for anti-HBc. but (qHBsAg) reflects cccDNA and levels, it also measures HBsAg t intrahepatic DNA hat arises from inte- grated DNA, thereby reducing its specificity as a bio- marker for viral replication. qHBsAg levels vary by genotype (higher in A) and by presence of preS/S mutants or host immune contro. with both).°" (inverse correlation on average 2 decades later in persons infected with HBV genotype C than in those infected with HBV genotypes A, B, D, or F."°" In addition, a signifi- cantly higher incidence of HCC has been reported in persons infected with patie types C or F in Alaska com- pared with the others." TABLE 8. Antiviral Options for Management of Antiviral Resistance "Efficacy similar between switching to an antiviral with high genetic barrier to resistance and adding 2 drugs without cross-resistance with follow-up to 5 years. Thus, switching is the preferred strategy except if HBV is multidrug resistant. Abbreviation: LT, liver transplant. TABLE 9. Factors Influencing the Choice of Prophylaxis of HBsAg-Positive Liver Transplant Recipients AASLD develops evidence-based practice guidelines and practice guidances which are updated regularly by a multi-disciplinary panel of experts, including hepatologists, and include recommendations of preferred approaches to the diagnostic, therapeutic, and preventive aspects of care. 0 ratings0% found this document useful (0 votes)8 viewsSaveSave Hepatology - 2018 - Terrault - Update on preventio… For Later0%0% found this document useful, undefined Table 1. Phases of CHB Infection need for treatment. Of note, some persons will be in the "gray zones," meaning that their HBV DNA and ALT levels do not fall into the same phase. Longitudinal follow-up of ALT and HBV DNA levels and/or assess- ment of liver histology can serve to clarify the phase of infection. Background Table 3. Initial Evaluation of HBsAg-Positive Patient Abbreviation:s INR, international normalized ratio; GGT, gamma-glutamyl transpeptidase. Table 2. Host, Viral/Disease, and Environmental Factors Associated With Cirrhosis and HCC Table 4. Approved Antiviral Therapies in Adults and Children "Voses need to de adjusted In persons with renal aystuncuion. TPer package insert. *Peg-IFN-c-2a is not approved for children with CHB, but is approved for treatment of chronic hepatitis C. Providers may consider using this drug for children with chronic HBV. The duration of treatment indicated in adults is 48 weeks. SEntecavir dose in adults is 1 mg daily if lamivudine or telbivudine experienced or decompensated cirrhosis. llEntecavir doses in treatment-naive children older than 2 and at least 10 kg are: 0.15 mg (10-11 kg), 0.2 mg (>11-14 kg), 0.25 mg (>14-17 kg), 0.3 mg (>17-20 kg), 0.35 mg (>20-23 kg), 0.4 mg (>23-26 kg), 0.45 mg (>26-30 kg), and 0.5 mg (>30 kg). For treatment-experienced children older than 2 and at least 10 kg, the entecavir doses are: 0.30 mg (10-11 kg), 0.4 mg (>11-14 kg), 0.5 mg (>14-17 kg), 0.6 mg (>17-20 kg), 0.7 mg (>20-23 kg), 0.8 mg (>23-26 kg), 0.9 mg (>26-30 kg), and 1.0 mg (>30 kg). Abbreviations: CBC, complete blood counts; TSH, thyroid-stimulating hormone. *Assessed 6 months after completion of 12 months of therapy. TAssessed after 2-3 years of continuous therapy. +HBV DNA