NICE National Institute for Health and Care Excellence

NICE Pathways

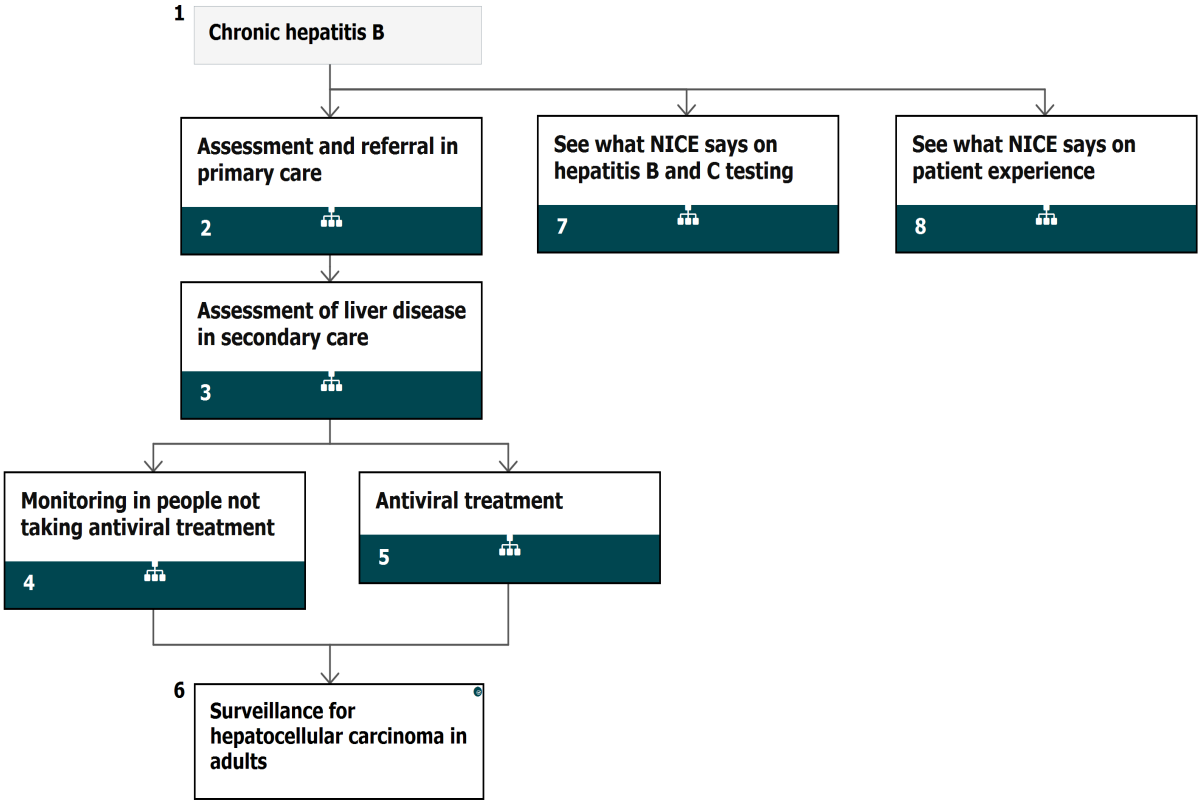
Hepatitis B (chronic) overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/hepatitis-b-chronic
Pathway last updated: 18 July 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Chronic hepatitis B

No additional information

2 Assessment and referral in primary care

See Hepatitis B (chronic) / Assessment and referral of people with chronic hepatitis B in primary care

3 Assessment of liver disease in secondary care

See Hepatitis B (chronic) / Assessment of liver disease in people with chronic hepatitis B

4 Monitoring in people not taking antiviral treatment

See Hepatitis B (chronic) / Monitoring in people with chronic hepatitis B not taking antiviral treatment

5 Antiviral treatment

See Hepatitis B (chronic) / Antiviral treatment for chronic hepatitis B

6 Surveillance for hepatocellular carcinoma in adults

Perform 6-monthly surveillance for hepatocellular carcinoma by hepatic ultrasound and alpha-fetoprotein testing in people with significant fibrosis (METAVIR stage greater than or equal to F2 or Ishak stage greater than or equal to 3) or cirrhosis.

In people without significant fibrosis or cirrhosis (METAVIR stage less than F2 or Ishak stage less than 3), consider 6-monthly surveillance for hepatocellular carcinoma if the person is older than 40 years and has a family history of hepatocellular carcinoma and HBV DNA greater than or equal to 20,000 IU/ml.

Do not offer surveillance for hepatocellular carcinoma in people without significant fibrosis or cirrhosis (METAVIR stage less than F2 or Ishak stage less than 3) who have HBV DNA less than 20,000 IU/ml and are younger than 40 years.

SonoVue

The following recommendations are from NICE diagnostics guidance on SonoVue (sulphur hexafluoride microbubbles) - contrast agent for contrast-enhanced ultrasound imaging of the liver.

Contrast-enhanced ultrasound with SonoVue is recommended for characterising focal liver lesions in adults whose cirrhosis is being monitored:

- if contrast-enhanced magnetic resonance imaging (MRI) is not clinically appropriate, is not accessible or is not acceptable to the person, **and**
- when unenhanced ultrasound scan is inconclusive.

Contrast-enhanced ultrasound with SonoVue is recommended for characterising incidentally detected focal liver lesions in adults in whom an unenhanced ultrasound scan is inconclusive. An unenhanced ultrasound scan in which a focal liver lesion is detected, but not characterised, is defined as inconclusive.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Liver disease

4. Surveillance for hepatocellular carcinoma

Hepatitis B

7. Six-monthly surveillance testing for hepatocellular carcinoma in adults with chronic hepatitis B infection who have significant liver fibrosis or cirrhosis

7 See what NICE says on hepatitis B and C testing

See Hepatitis B and C testing

8 See what NICE says on patient experience

See Patient experience in adult NHS services

Glossary

ALT

alanine aminotransferase, an enzyme found in the liver that is released into the bloodstream when the liver is damaged

Chronic hepatitis B

chronic hepatitis B is defined as persistence of hepatitis B surface antigen (HBsAg) for 6 months or more after acute infection with hepatitis B virus (HBV)

HBV DNA

hepatitis B virus (HBV) DNA level, or 'viral load', is an indicator of viral replication

HBsAg

hepatitis B surface antigen (HBsAg) is a viral protein detectable in the blood in acute and chronic hepatitis B infection

HBsAg seroconversion

the development of antibodies against HBsAg is known as HBsAg seroconversion. It signifies clearance of HBsAg and resolution of the chronic infection

HBeAg

Hepatitis B e antigen (HBeAg) is an indicator of viral replication, although some variant forms of the virus do not express HBeAg. Active infection can be described as HBeAg-positive or HBeAg-negative according to whether HBeAg is secreted.

HBeAg-negative chronic hepatitis B

HBeAg-negative hepatitis B is a form of the virus that does not cause infected cells to secrete HBeAg. People can be infected with the HBeAg-negative form of the virus from the beginning, or the viral mutation can emerge later in the course of infection in people initially infected with the HBeAg-positive form of the virus.

HBeAg seroconversion

HBeAg seroconversion occurs when people infected with the HBeAg-positive form of the virus develop antibodies against the 'e' antigen

Sources

Hepatitis B (chronic): diagnosis and management (2013) NICE guideline CG165

SonoVue (sulphur hexafluoride microbubbles) - contrast agent for contrast-enhanced ultrasound imaging of the liver (2012) NICE diagnostics guidance 5

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781