

# Assessment and referral of people with chronic hepatitis B in primary care

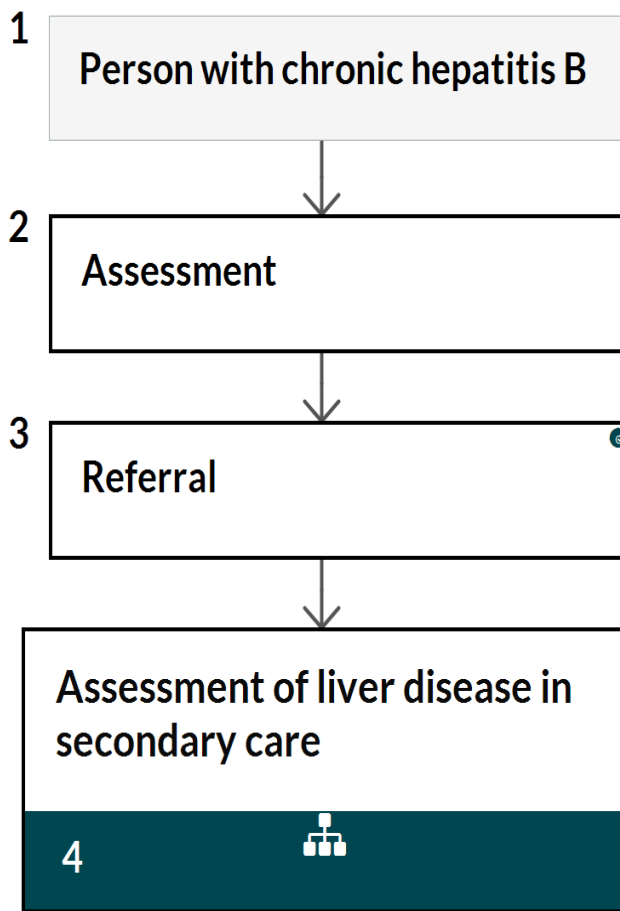
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/hepatitis-b-chronic>

NICE Pathway last updated: 10 August 2020

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



## 1 Person with chronic hepatitis B

No additional information

## 2 Assessment

Arrange the following tests in primary care for children, young people and adults who are HBsAg positive:

- HBeAg/antibody (anti-HBe) status
- HBV DNA level
- IgM antibody to hepatitis B core antigen (anti-HBc IgM)
- hepatitis C virus antibody (anti-HCV)
- hepatitis delta virus antibody (anti-HDV)
- HIV antibody (anti-HIV)
- IgG antibody to hepatitis A virus (anti-HAV)
- additional laboratory tests including ALT or AST, GGT, serum albumin, total bilirubin, total globulins, full blood count and prothrombin time
- tests for hepatocellular carcinoma, including hepatic ultrasound and alpha-fetoprotein testing.

For further information, see [the NICE Pathway on HIV testing and prevention](#).

## 3 Referral

### Adults

Refer all adults who are HBsAg positive to a hepatologist or to a gastroenterologist or infectious disease specialist with an interest in hepatology.

Include the results of the initial tests with the referral.

### Pregnant women

Refer pregnant women who are HBsAg positive to a hepatologist, or to a gastroenterologist or infectious disease specialist with an interest in hepatology, for assessment within 6 weeks of

receiving the screening test result and to allow treatment in the third trimester (see [treatment in pregnant and breastfeeding women](#)).

### **Adults with decompensated liver disease**

Refer adults who develop decompensated liver disease immediately to a hepatologist or to a gastroenterologist with an interest in hepatology. Symptoms of decompensated liver disease include (but are not limited to) ascites, encephalopathy and gastrointestinal haemorrhage.

### **Children and young people**

Refer all children and young people who are HBsAg positive to a paediatric hepatologist or to a gastroenterologist or infectious disease specialist with an interest in hepatology.

Include the results of the initial tests with the referral.

### **Quality standards**

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

#### **Hepatitis B**

2. Referral for specialist care
3. Referral to and assessment by specialist care for pregnant women who are identified as hepatitis B surface antigen-positive at antenatal screening

## **4 Assessment of liver disease in secondary care**

[See Hepatitis B \(chronic\) / Assessment of liver disease in people with chronic hepatitis B](#)

## Glossary

### ALT

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

### AST

aspartate aminotransferase

### GGT

gamma-glutamyl transferase

### 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)

### 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)

## Sources

[Hepatitis B \(chronic\): diagnosis and management](#) (2013 updated 2017) NICE guideline CG165

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.