

Hepatitis B (chronic) overview

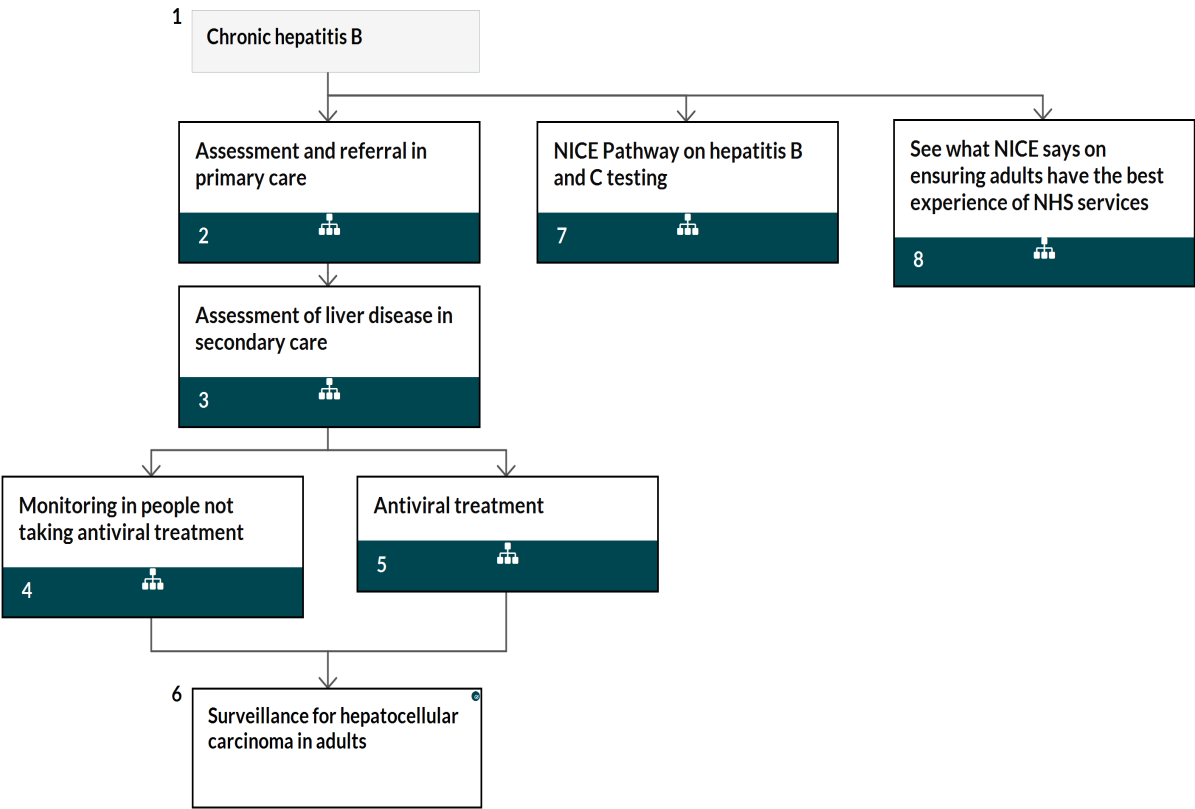
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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: 16 January 2020

This document contains a single flowchart 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 NICE Pathway on hepatitis B and C testing

[See Hepatitis B and C testing](#)

8 See what NICE says on ensuring adults have the best experience of NHS services

[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 updated 2017) NICE guideline CG165

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

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.