HEPATITIS B SCREENING IS NOW MORE WIDELY RECOMMENDED AND REIMBURSED

As many as 60% to 70% of persons in the United States with chronic hepatitis B are undiagnosed and up to 60% are asymptomatic.1,2

See the following pages for a list of

-WHO to test
-WHAT tests to order
-HOW to interpret the test results

SCREEN THESE HIGH-RISK PERSONS FOR HBV INFECTION 3

Persons born in regions with a high prevalence of HBV infection (≥2%)
US-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection (≥8%), such as sub-Saharan Africa and Southeast and Central Asia
HIV-positive persons
Injection drug users
Men who have sex with men
Household contacts or sexual partners of persons with HBV infection

For more information on countries and regions with a high prevalence of HBV infection, visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm

* HBV prevalence may vary within countries by subpopulation and locality.


References:

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SCREENING OF PERSONS AT HIGH RISK FOR HBV INFECTION IS A PUBLIC HEALTH IMPERATIVE 5

Chronic hepatitis B is a common cause of death associated with liver failure, cirrhosis, and liver cancer.7,10

Screening can identify chronic HBV early, so that antiviral therapy can be prescribed before symptoms and complications develop.5

Screening allows interventions to be implemented, which may help prevent the risk of transmission.5

Screen for HBV today. Now it's more widely recommended and reimbursed.3,5,6
WHO TO TEST

PERSONS AT HIGH RISK FOR HBV INFECTION SHOULD NOW BE SCREENED

- The U.S. Preventive Services Task Force (USPSTF)* now recommends screening asymptomatic, nonpregnant adolescents and adults at high risk for HBV infection (Grade B recommendation)
  - Includes those at high risk who were vaccinated before being screened for HBV infection
- Screening for HBV infection in pregnant women at their first prenatal visit continues to be recommended (Grade A recommendation)
- Under the Affordable Care Act, preventive services rated Grade A or B by the USPSTF must be covered with no patient cost-sharing by
  - Most private insurers and many Medicaid programs
  - Medicare programs that cover these services

*No reference to USPSTF implies its endorsement of Gilead Sciences. USPSTF’s recommendations, although published for the Task Force by the Agency for Healthcare Research and Quality, are independent of the US Government.
†Regardless of previous hepatitis B vaccination or previous negative test results.
SCREEN THESE HIGH-RISK PERSONS FOR HBV INFECTION

- Persons born in regions with a high prevalence of HBV infection (≥2%)
- US-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection (≥8%), such as sub-Saharan Africa and Southeast and Central Asia
- HIV-positive persons
- Injection drug users
- Men who have sex with men
- Household contacts or sexual partners of persons with HBV infection

SCREEN PERSONS FROM THESE HIGH-RISK REGIONS FOR HBV INFECTION

Regions in red represent ≥2% HBV prevalence*

Adapted from: Centers for Disease Control and Prevention. *HBV prevalence may vary within countries by subpopulation and locality.

For more information on countries and regions with a high prevalence of HBV infection, visit [www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm)
WHAT TESTS TO ORDER

A SIMPLE BLOOD TEST TO DETECT HBV IS A CRUCIAL FIRST STEP

Order these 3 tests to detect HBV infection and assess immunity to HBV

- Hepatitis B surface antigen, HBsAg
- Hepatitis B surface antibody, anti-HBs
- Hepatitis B core antibody, anti-HBc

To ensure reimbursement eligibility, confirm with patient’s insurance coverage.

*Anti-HBc refers to Total Anti-HBc.
HOW TO INTERPRET THE TEST RESULTS

USE THIS GUIDE TO INTERPRET HBV SEROLOGY MARKERS

Interpreting HBV Serology: Test Results and Recommended Follow-up

<table>
<thead>
<tr>
<th>HBsAg&lt;sup&gt;9&lt;/sup&gt;</th>
<th>+</th>
<th>–</th>
<th>–</th>
<th>–</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HBs&lt;sup&gt;9&lt;/sup&gt;</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Anti-HBc&lt;sup&gt;9*&lt;/sup&gt;</td>
<td>+</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Possible Test Results

<table>
<thead>
<tr>
<th>Interpretation&lt;sup&gt;9&lt;/sup&gt;</th>
<th>Acute or chronic infection†</th>
<th>Immune: resolved infection</th>
<th>Immune: by vaccination</th>
<th>Susceptible to HBV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact patient for evaluation and further testing</td>
<td>Follow up as appropriate&lt;sup&gt;45&lt;/sup&gt;</td>
<td>None required</td>
<td>Vaccinate</td>
<td></td>
</tr>
</tbody>
</table>

Action

*Anti-HBc refers to Total Anti-HBc.
†Patient is chronically infected if HBsAg+ for ≥6 months.
‡Patients who are anti-HBc–positive should be monitored closely during and after the administration of cytotoxic chemotherapy for signs of HBV reactivation.10
§Patients with cirrhosis may need to be monitored for hepatocellular carcinoma per the AASLD guidelines.11

WHO TO TEST

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Screening for HBV infection in pregnant women at their first prenatal visit continues to be recommended (Grade A recommendation)4†

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Hepatitis B screening is now more widely recommended and reimbursed

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