

Viral Hepatitis

Whom should you screen?

- History of intravenous or intranasal drug use (even once!)
- History of transfusions/transplants before 1992
- Evidence of liver disease (e.g. transaminitis, thrombocytopenia)
- Foreign-born individuals
- HIV-infected individuals
- 2012 NEW RECOMMENDATION: Anyone born 1945-1965. I.e. all baby boomers

What should you do with a positive chronic hepatitis panel?

- Positive Hep A antibody: Ignore!
- Positive Hep B S Ag:
 - Refer for possible treatment... many young people don't need to be treated yet.
 - In the meantime, order Hep B PCR to determine viral load.
- Positive Hep C Ab:
 - Wait for Hep C PCR, which lab automatically sends off. PCR will be negative in ~20% of people, who clear Hep C on their own and don't need treatment.
 - If Hep C PCR is positive, refer for possible treatment... people with early disease may be able to wait for shorter and less harsh treatments, which are in the pipeline.
 - In the meantime, order Hep C genotype, to determine which treatment regimen they'll get. Also order abdominal ultrasound, as a baseline.
- To refer: "Ambulatory Referral to Gastroenterology," and mention viral hepatitis in comments.

Who needs routine testing with AFP and abd ultrasound to screen for hepatocellular carcinoma?

- Everyone gets baseline liver ultrasound.
- Everyone with Hep B gets ultrasound every six months. Those with Hep C need ultrasounds every six months only if they are cirrhotic.
- The use of AFP is falling out of favor, since there are high rates of false positives and negatives.

What other healthcare maintenance do these patients need?

- Counseling to stop drinking to prevent further liver damage.
- Immunization against Hep A (and B), if not already immune.
 - If Hep B core Ab is neg, need to order Hep B surface Ab to determine if they are immune. This is not part of the chronic hepatitis panel.
- Patients with cirrhosis need EGD at least every two years to determine if they have varices and need beta-blockers.
- Those with cirrhosis should not use NSAIDs. Acetaminophen (<2g/24hrs) is okay.
- Testing of partners and family members.

What does treatment entail?

- Hep B: Lifelong viral suppression
- Hep C: Six to 12 months of antiviral medications