

# Chronic Hepatitis B<sup>1</sup>

## Antenatal Management Guidelines

**It is estimated that up to 160,000 people in Australia are living with chronic hepatitis B.**

Worldwide, the majority of people with chronic HBV infection acquired the infection at birth or in early childhood. People with chronic hepatitis B incur a high burden of chronic disease and premature death. Around 30% will die of liver cancer or liver disease. Primary liver cancer is the third most common cause of cancer-related death in the Asia-Pacific region. The term “healthy carrier” in reference to hepatitis B is no longer used because disease outcomes are more significant than once thought. Antiviral therapy has improved significantly and is increasingly able to control replication of the virus, reducing liver disease progression and liver cancer. GPs and antenatal clinics have a major role in the identification of hepatitis B infected individuals, referral and ensuring ongoing management. These are essential strategies to reduce morbidity and mortality in this potentially devastating infection. Pregnant women with hepatitis B should be assessed by a liver clinic or specialist. All babies should receive HBIG & Hepatitis B vaccination within 12 hours of birth.

### Hepatitis B and Pregnancy<sup>2</sup>

- The risk of vertical transmission is determined by the mothers HBV DNA viral load and HBeAg positivity.
- When appropriate prophylactic immunisation is given to the baby, there is no evidence that mode of delivery (vaginal or caesarean) affects the risk of infection.
- HBV does not normally impact on pregnancy, however women with established chronic hepatitis, should be monitored for any deterioration in their liver disease throughout their pregnancy. Flares of hepatitis may occur during pregnancy.
- A flare in the mother's hepatitis is sometimes seen in the post-partum period.
- All HBsAg positive women should be referred to a specialist hepatitis service at around 20 weeks gestation (see over for referral information).

### Prior to referral from antenatal clinic to specialist hepatitis service

- Request laboratory testing.
- HBeAg and anti-HBe<sup>3</sup>, HBV DNA level, LFT, FBC and INR.
- Discuss.
- Transmission risk to the baby and to family members.
- Immunisation of baby will occur within 12 hours of birth.
- Screening of household contacts, other children and sexual partners for HBsAg and HBsAb and vaccination if not immune or if not already infected (HBV vaccine is free to GPs for high risk groups and can be acquired via the local Public Health Unit).

### High HBV Viral load during pregnancy

- When a mother has high levels of circulating virus HBV DNA, approximately 10% of babies are still at risk of infection despite the current strategy of giving HBIG and HBV vaccination at birth. In order to reduce the risk of transmission women with a high viral load should be considered for anti-viral therapy at around 30-32 weeks of pregnancy therefore it is important to ensure liver clinic appointment occurs prior to or at this time.

### Exposure to Hepatitis B during pregnancy

- Prophylaxis should be offered to the woman immediately. (see NHMRC Immunisation Handbook).
- Refer for supportive care and monitoring for features of fulminant hepatitis.

### Hepatitis B and the Baby

- For a neonate born to a mother with HBV infection, hepatitis B vaccination reduces the risk of infection by 70%; the addition of HBIG at birth augments this risk reduction to over 90%.
- All babies of HBsAg should be tested after 9 months of age. Tests should include HBsAg and anti HBs.
- HBsAg positive children should be referred to a paediatrician experienced in viral hepatitis.
- HBsAg positive women can breastfeed their babies

1. If acute HBV suspected – anti-HBcIgM will be positive; HBsAg and HBeAg may also be positive, notify PHU and review contacts.

2. See ASHM guidelines.

3. Progression of liver disease and hepatitis B transmission can occur regardless of whether a person is hepatitis B e antigen positive or hepatitis B e antigen negative

# Client Referral to Hepatitis/Liver Clinics

## SOUTH-WESTERN SYDNEY

**LIVERPOOL HOSPITAL LIVER CLINIC, Ph (02) 9828 4085,**  
*Dr Miriam Levy, Dr Robert Nguyen, Dr Susan Connor,  
Dr Watson Ng, Dr Ken Koo*

**BIGGE PARK CENTRE SEXUAL HEALTH CLINIC, Ph (02) 9827 8022,**  
*Dr John Quin*

**BANKSTOWN LIVER CLINIC, Ph (02) 9722 8400,**  
*Dr Chris Meredith, Dr Nabil Rahme, Dr Alrubiae, Dr Terry Tydd*

**CAMPBELLTOWN HEPATITIS CLINIC, Ph (02) 46 343 298, Dr Ian Turner**

## INNER WESTERN SYDNEY

### RPA HOSPITAL

We advise the first step in the referral be the HBV nurse.  
The HBV nurse will provide education, assessment and ensure testing is complete prior to referral to the hepatologist. For appt to HBV Nurse: Margaret Fitzgerald 9515 6228.

**RPA HOSPITAL HEPATOLOGY STAFF SPECIALIST CLINIC, Ph (02) 9515 7268,** *Prof Geoff McCaughan (Head of Department), A/Prof Simone Strasser, Dr Nick Shackel, A/Prof David Koorey, Dr Gok Paven.*

**VMO Liver/Gastro Clinic, Ph: (02) 9515 7269, Dr Bill Bye**

**CONCORD LIVER CLINIC, Ph (02) 9767 5570,**  
*Dr Alice Lee, Dr Meng Ngu, Dr Gordon Park*

**CANTERBURY HEPATITIS CLINIC, Ph (02) 9787 0164,**  
*Dr Alice Lee, Canterbury/Concord Hepatitis CNC, Ph (02) 9767 6372*

# Telephone Support for GPs

**For information and advice about hepatitis B testing and treatment, contact:**

**AREA HEPATITIS C CNC (South-Western Sydney) Ph (02) 9828 3570**

**AREA HEPATITIS COORDINATOR (Inner-Western Sydney) Ph (02) 9515 8643**

## Hepatitis B Vaccinations

To acquire **free hepatitis B vaccination** of household and sexual contacts, phone the SSWAHS Public Health Unit, Ph (02) 9515 9420.

## Patient Information on Hepatitis B

Patient factsheets in multiple languages can be downloaded from the Gastroenterological Society of Australia: [www.gesa.org.au](http://www.gesa.org.au) or Ph (02) 9256 5454.

## Information for GPs on Hepatitis B

### GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA:

Information for healthcare professionals can be downloaded from: [www.gesa.org.au](http://www.gesa.org.au)

### AUSTRALASIAN SOCIETY FOR HIV MEDICINE:

'B Positive – All you wanted to know about hepatitis B: a guide for primary care providers', available online from: [www.ashm.org.au/resources](http://www.ashm.org.au/resources)

### HEPATITIS AUSTRALIA:

Information for people affected by hepatitis B and C and those who work to support them: [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)