

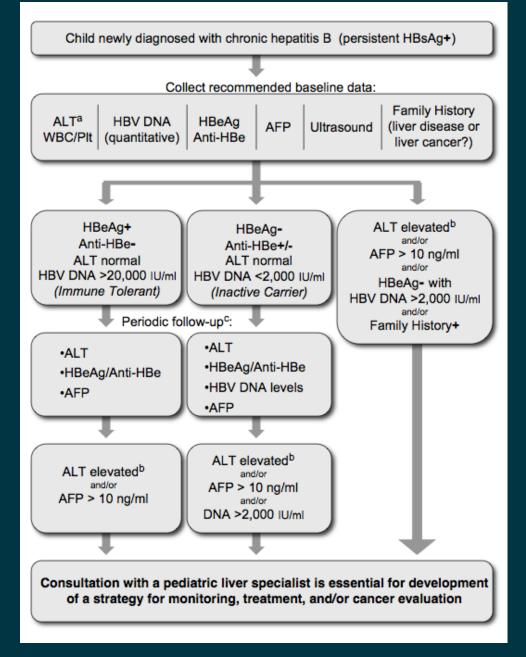
ALT, alanine aminotransferase; anti-HBe, antibody to HBeAg; anti-HBs, antibody to HBsAg; AST, aspartate aminotransferase; DNA, deoxyribose nucleic acid; HBeAg, hepatitis B e-antigen (protein produced by HBV, indicating heightened viral activity); HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HIV, human immunodeficiency virus; HCC, hepatocellular carcinoma.

Source: Primary Care Provider Workshop on Hepatitis B, sponsored by the Hepatitis B Foundation in Doylestown, Pa (March 10-11, 2010).

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## Recommended approach to monitoring children with chronic hepatitis B infection

- <sup>a</sup> ALT and WBC/Plt are generally part of a hepatic function panel and CBC
- b Greater than the testing laboratory ULN, or >40 IU/L, whichever is lower
- C ALT and AFP q6-12 mos; HBeAg/Anti-HBe and HBV DNA q12 mos; Also consider ultrasound q1-2 yr, particularly with elevated ALT or AFP, or family history of HCC



## Recommended approach to selection of children for HBV treatment

Child with chronic hepatitis B (≥1 yr of age; persistent HBsAg+ for > 6 mos) ALT persistently normal<sup>a</sup> ALT persistently >1.5 x lab ULNa or >60 IU/L HBeAg positive HBeAg negative HBeAg positive (>6 mos) HBeAg negative (>12mos) HBV DNA ≥20,000 IU/mL HBV DNA ≥2,000 IU/mL HBV DNA ≥2,000 IU/mL HBV DNA <2,000 IU/mL (Immune Tolerant) (Inactive Carrier) (Immune Active) (Reactivation) Benefit of treatment Rule out other causes of liver disease not established Consider liver biopsy No indication for treatment Risk of drug resistance if treated Continue to monitor regularly Minimal/mild Moderate/severe Continue to inflammation inflammation monitor regularly and/or fibrosis and/or fibrosis <sup>a</sup> ALT ULN is the local testing lab ULN, or 40 Benefit of treatment IU/L. whichever is lower. For treatment not established consideration, ALT should be 1.5 x the lab Treatment ULN, or 60 IU/L (1.5 x 40 IU/L), whichever is Family history of indicated lower, at least twice in 6 months for HBeAg-HCC may influence positive disease, and at least 3 times in 12



months for HBeAg-negative disease.

treatment decision