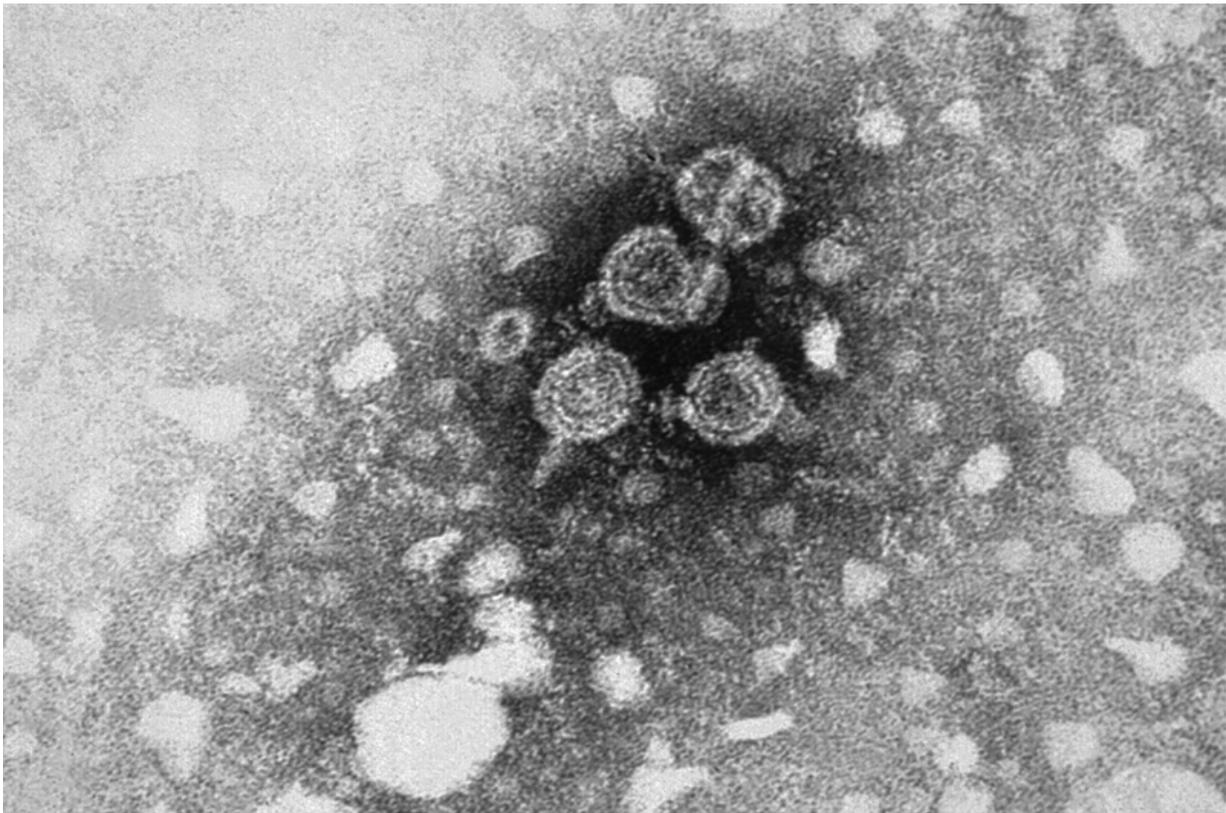


# ACP and CDC issue recommendations for hepatitis B screening, vaccination, and care

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A microscopic image of the Hepatitis B virus, taken by the Centers for Disease Control and Prevention

Reducing chronic hepatitis B infections by screening at-risk adults, increasing hepatitis B vaccination rates, and linking infected persons to

care is a public health priority, the American College of Physicians (ACP) and the Centers for Disease Control and Prevention (CDC) advise in a new paper published today in *Annals of Internal Medicine*.

"The majority of persons at risk for or infected with the hepatitis B virus do not get screened, vaccinated, or linked to care," said Dr. Jack Ende, president, ACP. "Hepatitis B vaccination and screening are cost-effective interventions to reduce the burden of chronic hepatitis B infection. Utilization, however, remains low."

Hepatitis means inflammation of the liver and it is most often caused by a virus. Hepatitis B is caused by the hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with HBV enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. About two of every three persons chronically infected with HBV are unaware of their infection, contributing to ongoing transmission.

For some people, hepatitis B is a short-term illness. For others, it can become a long-term, chronic infection. Between 15 and 40 percent of persons with chronic hepatitis B will develop cirrhosis, hepatocellular carcinoma, or liver failure and 25 percent will die prematurely from these complications.

ACP and the CDC advise physicians to vaccinate against HBV in all unvaccinated adults, including pregnant women, at risk for infection due to sexual, skin, or mucous exposure; health care and public safety workers at risk for blood exposure; adults with chronic liver disease, end-stage renal disease, including hemodialysis patients, or HIV infection; travelers to HBV-endemic regions; and adults seeking protection from HBV infection.

"Hepatitis B vaccination is the most effective measure to prevent HBV [infection](#) and its complications," said Winston Abara, MD, PhD, medical epidemiologist, CDC. "Because of HBV transmission risk and low hepatitis B vaccination coverage, increasing hepatitis B vaccination coverage among unvaccinated adults is essential."

ACP and the CDC also advise physicians to screen for HBV in high-risk persons, including persons born in countries with 2 percent or higher HBV prevalence, men who have sex with men, persons who inject drugs, HIV-positive persons, household and sexual contacts of HBV-infected persons, persons requiring immunosuppressive therapy, persons with end-stage renal disease, including hemodialysis patients, blood and tissue donors, persons infected with hepatitis C virus, persons with elevated alanine aminotransferase levels, incarcerated persons, all pregnant women, and infants born to HBV-infected mothers.

Physicians should provide or refer all patients identified with HBV for post-test counseling and hepatitis B-directed care, ACP and the CDC advise. All patients with [chronic hepatitis B](#) should be routinely evaluated for hepatocellular carcinoma and treatment eligibility through a history and physical exam.

The paper also discusses the barriers that contribute to low rates of hepatitis B vaccination, HBV screening, and linkage to care and offers evidence-based strategies to overcome them.

## **Other Types of Hepatitis**

In the United States, the most common types of [viral hepatitis](#) are Hepatitis A, B, and C. Hepatitis A is usually transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water. Most people become infected with the [hepatitis C](#) virus by sharing needles or other equipment to inject drugs.

**More information:** *Annals of Internal Medicine* (2017).  
[annals.org/aim/article/doi/10.7326/M17-1106](https://annals.org/aim/article/doi/10.7326/M17-1106)

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