Hepatitis B screening is now more widely recommended and reimbursed\(^\text{1,2}\)

As many as 60% to 70% of persons in the United States with chronic hepatitis B are undiagnosed, and up to 60% are asymptomatic\(^\text{3,4}\)

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<td><img src="hepBsmart.com" alt="Person icon" /></td>
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Persons at high risk for HBV infection should now be screened\textsuperscript{5}

- The U.S. Preventive Services Task Force (USPSTF)\textsuperscript{*} now recommends screening asymptomatic, nonpregnant adolescents and adults at high risk for HBV infection (Grade B recommendation)\textsuperscript{1,5}
  - 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)\textsuperscript{6,}\textsuperscript{†}

- Under the Affordable Care Act, preventive services rated Grade A or B by the USPSTF must be covered with no patient cost-sharing by\textsuperscript{1,2}
  - Most private insurers
  - Several Medicaid traditional\textsuperscript{6} and expansion\textsuperscript{6} plans
  - Medicare programs that cover these services\textsuperscript{2}

\textsuperscript{*}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.

\textsuperscript{†}Regardless of previous hepatitis B vaccination or previous negative test results.\textsuperscript{6}

\textsuperscript{1}For states that, at their option, cover the services without cost-sharing in their standard Medicaid benefit package.\textsuperscript{2}

\textsuperscript{2}Medicaid expansion plans in states that extend Medicaid eligibility to non-elderly individuals with annual incomes ≤133\% of federal poverty level.\textsuperscript{2}
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

Persons born in high-risk regions (≥2%) for HBV infection should be screened

Regions in red represent ≥2% HBV prevalence*

Adapted from: Centers for Disease Control and Prevention, Morb Mortal Wkly Rep 2008.7,8
*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
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.
Use this guide to interpret HBV serology markers

Interpreting HBV serology:
Test Results and Recommended Follow-up

<table>
<thead>
<tr>
<th>Possible test results</th>
<th>HBsAg</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anti-HBs</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anti-HBc*</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpretation</th>
<th>Acute or chronic infection†</th>
<th>Immune: resolved infection</th>
<th>Immune: by vaccination</th>
<th>Susceptible to HBV</th>
</tr>
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<tr>
<th>Action</th>
<th>Contact patient for evaluation and further testing</th>
<th>Follow up as appropriate§</th>
<th>None required</th>
<th>Vaccinate</th>
</tr>
</thead>
</table>

*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.
¶ Patients with cirrhosis may need to be monitored for hepatocellular carcinoma per the AASLD guidelines.
Screening of persons at high risk for HBV infection is a public health imperative

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

- Screening can identify chronic HBV early, so that necessary care, including antiviral therapy, may be considered
- Screening allows interventions to be implemented, which may help prevent the risk of transmission

Screen for HBV today. Now more widely recommended and reimbursed