

HBV ECHO Case Recommendations



Session 3: September 12, 2022

Case Recommendations and Considerations: 56 y/o Chuukese male with chronic HBV, low viral load, spouse on HD

CATEGORY	RECOMMENDATIONS	Relevant Presentation Question or Concern	REFERENCES/ RESOURCE LINKS
History	•		
Physical Exam	•		
Diagnostic evaluation	<ul style="list-style-type: none"> • FIB-4 was developed for patients with viral hepatitis • To assess fibrosis, recommend to get a Fibroscan for this patient as there is less data in FIB-4 use for NAFLD, and it may not be as accurate in this case. 	<ul style="list-style-type: none"> • Do we need further investigation in this patient • How is important is a fibroscan in this scenario? Can we substitute this with FIB-4? 	https://www.hawaiilearning.org/wp-content/uploads/2022/09/Fibrosis-eval-and-NAFLD_1006full.pdf
Medication Therapy & Adjustments	<ul style="list-style-type: none"> • Observe the patient off treatment while monitoring closely. Hepatitis B virus is carcinogenic. This patient is HBV+ with risk factors for NAFLD (T2DM). If we assume this patient has minimal fibrosis, since he has normal LFTs, no BCP mutation, no other evidence of advanced fibrosis, and no family history of liver cancer, it is reasonable to observe off treatment. May want to obtain Fibroscan as well to assess fibrosis extent (FIB-4 may be inaccurate due to NAFLD in this case). • Perform every 6 month HCC surveillance with imaging (US, CT, MRI; US being the most practical) and AFP levels. With HBV, it is appropriate to screen aggressively in the absence of advanced fibrosis, in contrast to 	<ul style="list-style-type: none"> • Should this patient be started on treatment? 	

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	<p>other chronic liver disease, e.g. HCV or AIH, where screening becomes necessary after advanced fibrosis is established.</p> <ul style="list-style-type: none">• As per the guidelines, screening for HCC in men with HBV starting at age 40 every 6 months and in women with HBV at age 50 every 6 months (Applies to Asian Americans, but applies to Chukese patients and those at high risk by family hx, by medical hx, or by birth in country with high rates of infection, per our experts). Initial screening can be obtained <u>at the first encounter</u> for younger patients with a positive family history of liver cancer or in those who are approaching the recommended age and have a questionable family history of liver cancer.• During the surveillance period, check platelets and bilirubin levels at 6-month intervals, specifically watching the trend rather than absolute values. A downtrend in platelets or uptrend in bilirubin is concerning, even if values remain in the normal range. Downtrending platelets may indicate progressive portal hypertension and progressive liver fibrosis. Experts are more inclined to initiate HBV treatment early if a concerning trend is observed, regardless of the HBV DNA levels (as these can fluctuate over time). Trending these labs at 6 to 12 month intervals is not as useful to observe such trends.		
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<p>Vaccination</p>	<ul style="list-style-type: none"> • Family members of the patient should be screened for HBV and vaccinated if not immune. • “HepB vaccination of adult (age 20 years and older) hemodialysis patients consists of high-dose (40 µg) Recombivax HB administered on a 0-, 1-, and 6-month schedule or high-dose (2 mL) Engerix-B administered on a 0-, 1-, 2-, and 6-month schedule. Heplisav-B and PreHevbrio have not been studied in patients on hemodialysis.” • Condoms are unnecessary due to wife’s vaccinated status and patient’s low viral load. Higher viral load = higher risk for sexual transmission. 	<ul style="list-style-type: none"> • What are the vaccination recommendations for this case? • Should the patient use condoms for sexual intercourse with his wife? 	<p>Vaccination with any approved HBV vaccine is better than none. Adjuvanted brand name: HEPLISAV-B (2 doses with at least a 1 month interval) has a simpler 2-dose schedule.</p> <p>https://www.immunize.org/askexperts/experts_hepb.asp#recommendations</p>
<p>Social Determinants of Health (SDOH)</p>	<ul style="list-style-type: none"> • Limited English proficiency patients will benefit from skilled medical translation. If that is not available, instructing family or staff translators at the outset to try to simply translate directly without adding or subtracting anything in either direction is a best practice. Online or phone translation services are available. 		<p>https://www.hawaiilearning.org/resources-for-cross-cultural-medicine/</p>
<p>Behavioral Health</p>	<ul style="list-style-type: none"> • 		
<p>Screening</p>	<ul style="list-style-type: none"> • 		
<p>Risk Reduction</p>	<ul style="list-style-type: none"> • “Serologic testing for immunity after HepB vaccination is recommended only for people whose subsequent clinical management depends on knowledge of their immune status. Testing is not necessary after routine vaccination of adults. 	<p>Is post-vaccination testing needed for adults who receive HepB vaccine?</p>	

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PLEASE NOTE that case consultations and recommendations for the HBV
create or otherwise establish a provider-patient relationship between any participant, Hawaii Learning Groups, and/or any other
clinician on the HBV ECHO faculty.



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