

# The Hepatitis Foundation of New Zealand

## Chronic hepatitis B: monitoring for complications

### Hepatocellular carcinoma (HCC) – primary liver cancer

Six-monthly blood tests for alpha-fetoprotein (AFP) in all HBsAg positive people (and HBV seroconverted patients still being monitored).

For those with elevated AFP (>15 ug/L) on Hepatitis Foundation blood testing, our specialists will normally recommend a repeat blood test or urgent referral for liver ultrasound depending on the result.

In some cases, immediate referral to secondary care is advised. Note: pregnancy needs to be excluded in all women of child-bearing potential when an elevated AFP is detected.

If a primary care physician detects an elevated AFP on their blood tests, please seek advice from our specialists.

### Active hepatitis needing antiviral therapy

For people with mild inflammation of the liver (ALT <1.5 x upper limit of normal (ULN), continue with six-monthly blood tests.

For those with significant inflammation of the liver (ALT > 1.5 x upper limit of normal (ULN) ), more intensive monitoring may be arranged and Hepatitis Foundation specialists will advise on the option of further monitoring, the need to rule out other causes or referral to secondary care to consider anti-viral therapy.

## Treatment for hepatitis B

Not everyone with hepatitis B needs treatment. Treatment does not usually cure hepatitis B. Anti-viral treatments for hepatitis B (Entecavir and Tenofovir) aim to suppress the virus and lower the viral load (HBV DNA).

Chronic hepatitis B usually requires lifelong treatment. Long-term treatment is well tolerated and will prolong survival.

### Anti-viral therapy

Entecavir is an oral tablet used in adults who have active virus and liver damage. Entecavir is funded as a first-line therapy for patients with chronic hepatitis B. Almost all patients achieve viral suppression (undetectable HBV DNA) and biochemical response (ALT below the upper limit of normal).

Entecavir resistance is rare at less than one percent after six years.

Tenofovir is also an oral tablet. It has replaced Adefovir in New Zealand as the first-line therapy for Lamivudine-resistant hepatitis B infection. It is the preferred treatment during pregnancy and breastfeeding and dramatically reduces the risk of vertical transmission.

No resistance to Tenofovir has been observed after five years of therapy. Renal function (creatinine and phosphate) should be assessed before commencement of Tenofovir and periodically while on treatment.

Pegylated Interferon (Pegasys) boosts the body's immune system and changes the virus' ability to multiply. It is a synthetic version of a protein naturally produced by the body (interferon). In select individuals it may be recommended as treatment. Pegasys is injected under the skin once a week for 48 weeks.



**The Hepatitis Foundation of New Zealand**

POBox647 Whakatane3158

Phone: 0800 33 20 10

Fax: (07) 307 1266

Email: [hepteam@hfnz.nz](mailto:hepteam@hfnz.nz)

Web: [www.hepatitisfoundation.org.nz](http://www.hepatitisfoundation.org.nz)