

The Hepatitis Foundation of New Zealand

Who are we?

The Hepatitis Foundation of New Zealand is a not-for-profit organisation, funded by the Ministry of Health to provide follow-up care for people living with chronic hepatitis B.

What do we have to offer?

The Foundation provides free, life-long follow-up for all New Zealanders and those who are eligible for free health care with chronic HBV infection.

Our programme is committed to assist you with the ongoing care of your hepatitis B patients. We provide your patients with blood tests, education and clinical oversight of their hepatitis B infection.

You will be kept informed of your patient's management, through letters and copies of results. We ask that you also copy us into any investigations or results relating to the management of hepatitis B; LFTs, Hepatitis serology, AFP, liver ultrasounds that you might request.

Patients enrolled receive long-term follow-up with Foundation including 6-monthly blood tests (or as required), information, education and support. Home visits if required. Free testing of other family members.

Management of patients through the Hepatitis B Follow-up Programme:

Regular follow-up of hepatitis B is vital in preventing liver hepatocellular cancer (HCC – liver cancer). Research shows 6-monthly follow-up of chronic hepatitis B patients is the gold standard of care to help reduce the risk of liver disease (including HCC)¹.

Blood tests can detect liver disease, liver hepatocellular cancer (HCC – liver cancer), and cirrhosis.

Under the Hepatitis B Follow-up programme people living with hepatitis B are offered regular blood tests to determine if they are still infected with virus.

Routine blood tests performed 6 monthly are:

- HBsAg - Indicates viral infection
- HBeAg - Indicates high level of infectivity
- LFTs (in particular ALT) - Screen for active liver inflammation (and need for antiviral therapy);
- AFP - Screen for hepatocellular carcinoma (HCC – liver cancer). Please note this will be also elevated during pregnancy.

Monitoring for Complications of Chronic Hepatitis B:

Hepatocellular Carcinoma (HCC – liver cancer)

6-monthly blood tests for alpha-fetoprotein (AFP) in all HBsAg positive (and HBV seroconverted still in follow-up).

For those with elevated AFP (>15 ug/L), please get advice from the specialist clinicians at The Hepatitis Foundation. This would normally be 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 that elevated AFP in all women of child-bearing potential, need to be excluded pregnancy as a cause.

The Hepatitis Foundation of New Zealand have specialist clinicians who review elevated results and suggest the appropriate follow-up.

Active hepatitis needing antiviral therapy

For those with mild inflammation of the liver (ALT <1.5 x upper limit of normal (ULN), continue with 6-monthly blood tests.

For those with significant inflammation of the liver (ALT > 1.5 x upper limit of normal (ULN), repeat ALT in 3 months and refer to secondary care for consideration of antiviral therapy after ruling out other causes.

1. Fung, J et al. 'Improved survival with screening for hepatocellular carcinoma in chronic hepatitis B'. New Zealand Medical Journal 2004: 117:1206.

Treatment for hepatitis B:

Not everyone with hepatitis B needs treatment. Treatment does not usually cure hepatitis B. The treatments for hepatitis B aim to prevent the virus being active and multiplying in the liver, to lower the viral load (HBV DNA). Chronic hepatitis B usually requires lifelong treatment. Long-term treatment is well tolerated and will prolong survival.

Pegylated Interferon (Pegasys) boosts the body's immune system and changes the virus' ability to multiply. It is a synthetic version of the protein in our bodies naturally produced (interferon). Pegylated interferon is injected under the skin once a week for up to 48 weeks.

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 1% after 6 years.

Tenofovir is also an oral tablet. Tenofovir has replaced Adefovir in New Zealand as the first-line therapy for Lamivudine-resistant hepatitis B infection. This is the preferred treatment during pregnancy and breastfeeding. No resistance to Tenofovir has been observed after 5 years of therapy. It is important to include the following tests (Creatinine, Phosphorous, Calcium) while on this treatment. Tenofovir can affect renal function.