

Hepatitis B Initial Evaluation

Hepatitis B surface antigen-positive at initial evaluation

CD4 <350 cells/uL and need to initiate ART.
If CD4 >350 cells/uL, consider initiation of ART.
 Regimen should include **TDF+FTC**
TDF+3TC

Other HBV options:
entecavir*
telbivudine
But should be used with suppressive ART regimen

Other options which do not require ART:
 adefovir
 pegylated interferon

✓ HBV DNA
 ✓ HBe antigen
 ✓ Anti-HBe
 ✓ Ultrasound
 ✓ AFP
 ✓ Anti-HDV**
 ✓ GFR***

Warning: Rapid rise in CD4 may lead to hepatitis B flare.

Every 3-4 months:
 ✓ HBV DNA
 ✓ Liver function tests

Warning: Rise of HBV DNA or LFT's after suppression may indicate viral resistance to HBV therapy

If HBeAg-positive
 ✓ HBeAg seroconversion after HBV DNA suppression

If HBeAg-negative
 ✓ HBV DNA suppression

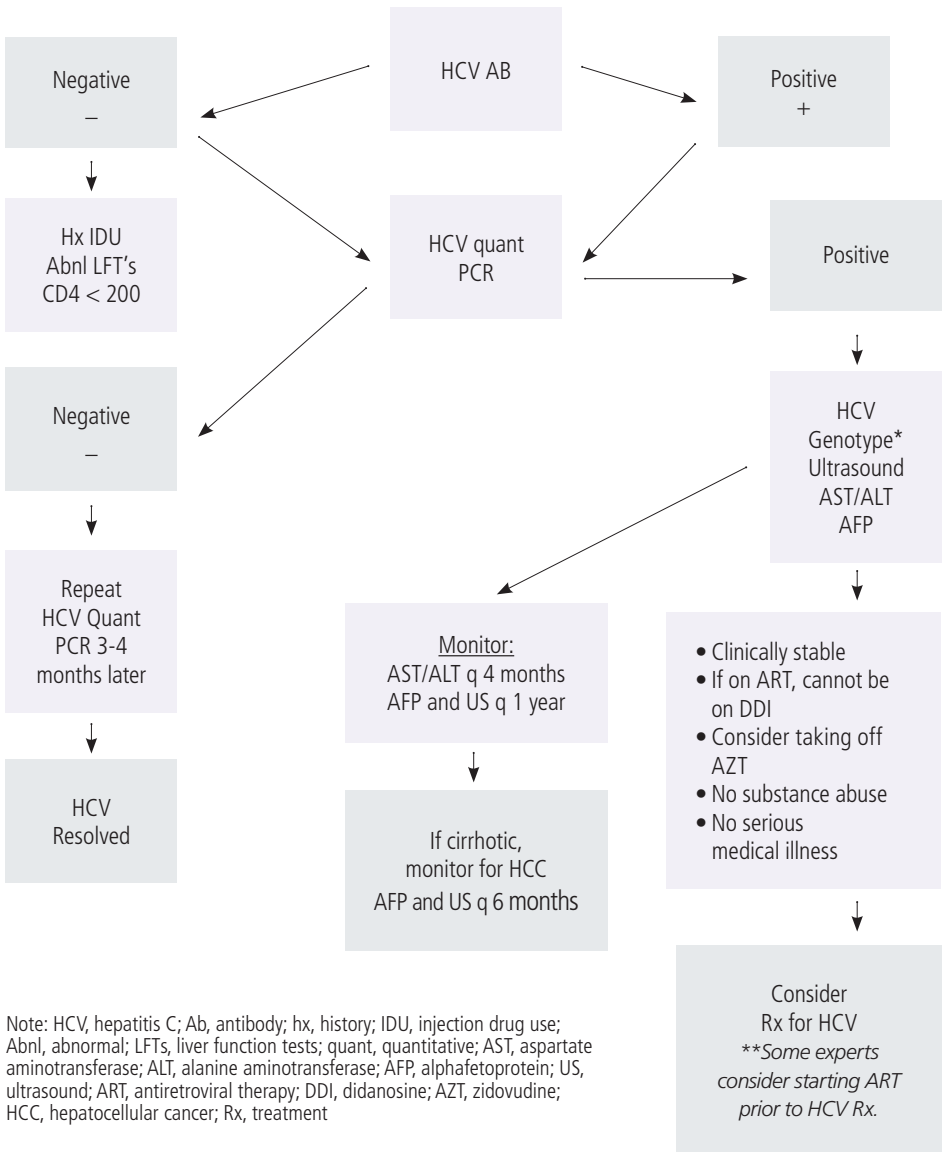
* In HBV naïve is as potent and effective as TDF; resistance likely to develop if prior 3TC exposure/ YMDD mutation present
 ** If IDU risk factor or from high prevalence area
 *** Some drugs will need to be adjusted for renal function

✓ Ultrasound & AFP every 6 months especially if patient has cirrhosis; otherwise yearly

Note: HBV DNA, hepatitis B viral load; HBeAg, hepatitis B e antigen; anti-HBe, hepatitis B e antibody; AFP, alpha-fetoprotein; anti-HDV, hepatitis D antibody; TDF, tenofovir disoproxil fumarate; FTC, emtricitabine; 3TC, lamivudine; ART, antiretroviral therapy; LFTs, liver function tests; HBV, hepatitis B; IDU, injection drug use.

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Hepatitis C



Note: HCV, hepatitis C; Ab, antibody; hx, history; IDU, injection drug use; Abnl, abnormal; LFTs, liver function tests; quant, quantitative; AST, aspartate aminotransferase; ALT, alanine aminotransferase; AFP, alphafetoprotein; US, ultrasound; ART, antiretroviral therapy; DDI, didanosine; AZT, zidovudine; HCC, hepatocellular cancer; Rx, treatment

***Genotype 1, Biopsy is HIGHLY recommended**
Women: Lower AST/ALT may indicate liver dysfunction



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