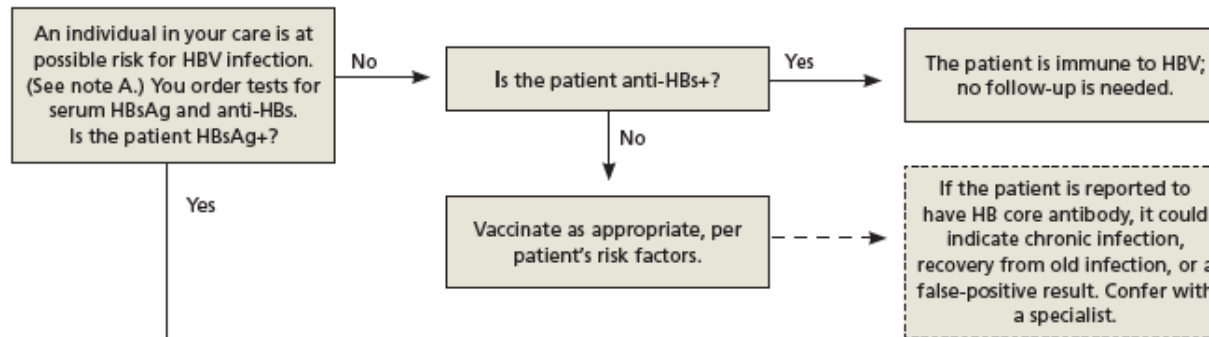
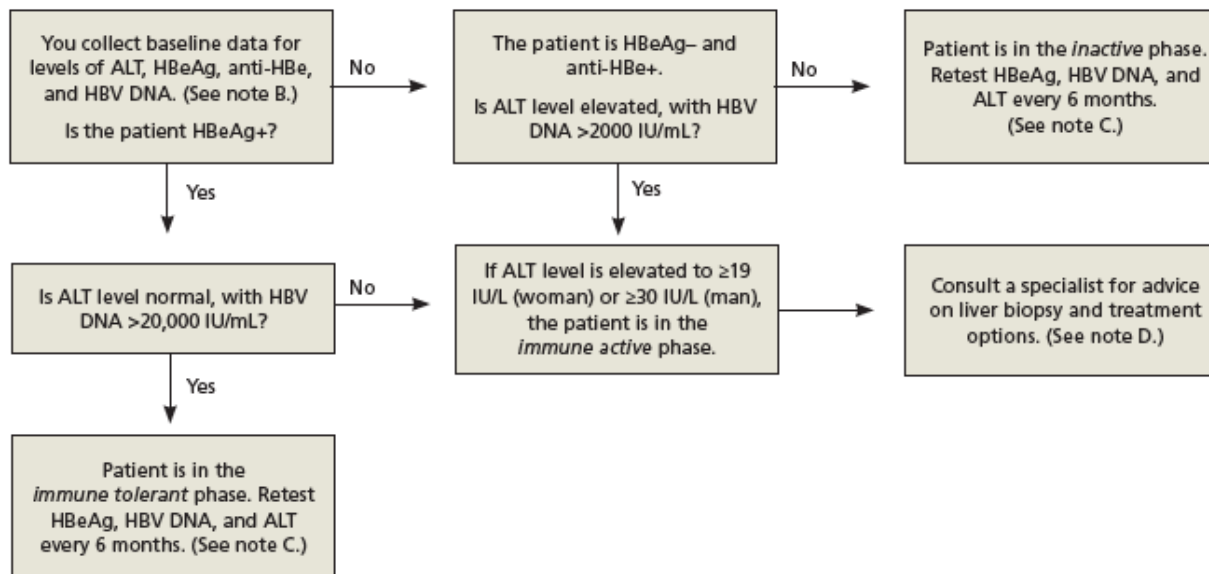


## Suspect HBV infection? Use this algorithm to screen and intervene

### Screening at-risk patients



### Evaluating and monitoring HBsAg+ patients



ALT, alanine aminotransferase; anti-HBe, antibody to HBeAg; anti-HBs, antibody to HBsAg; AST, aspartate aminotransferase; DNA, deoxyribose nucleic acid; HBeAg, hepatitis B e-antigen (protein produced by HBV, indicating heightened viral activity); HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HIV, human immunodeficiency virus; HCC, hepatocellular carcinoma.

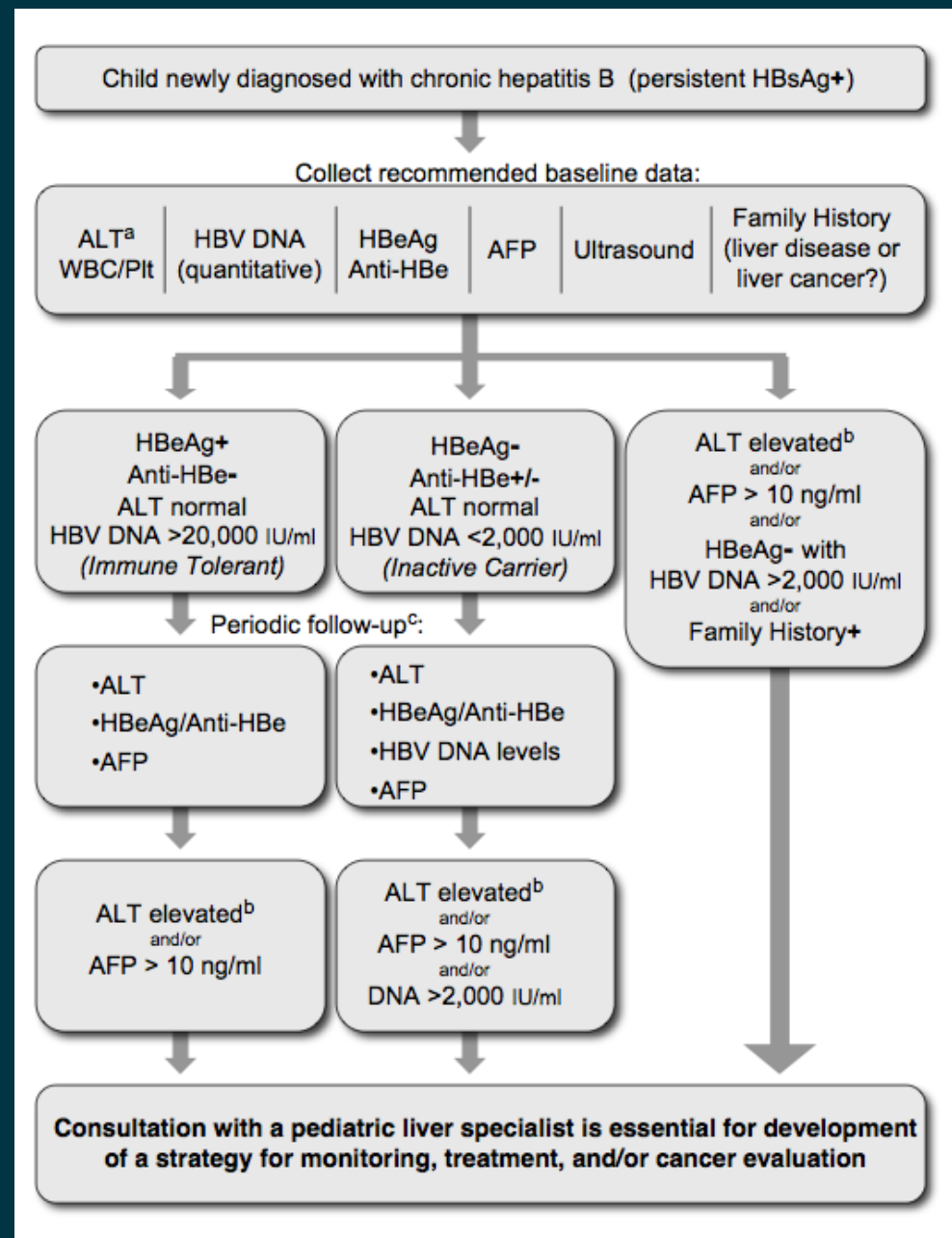
Source: Primary Care Provider Workshop on Hepatitis B, sponsored by the Hepatitis B Foundation in Doylestown, Pa (March 10-11, 2010).

## Recommended approach to monitoring children with chronic hepatitis B infection

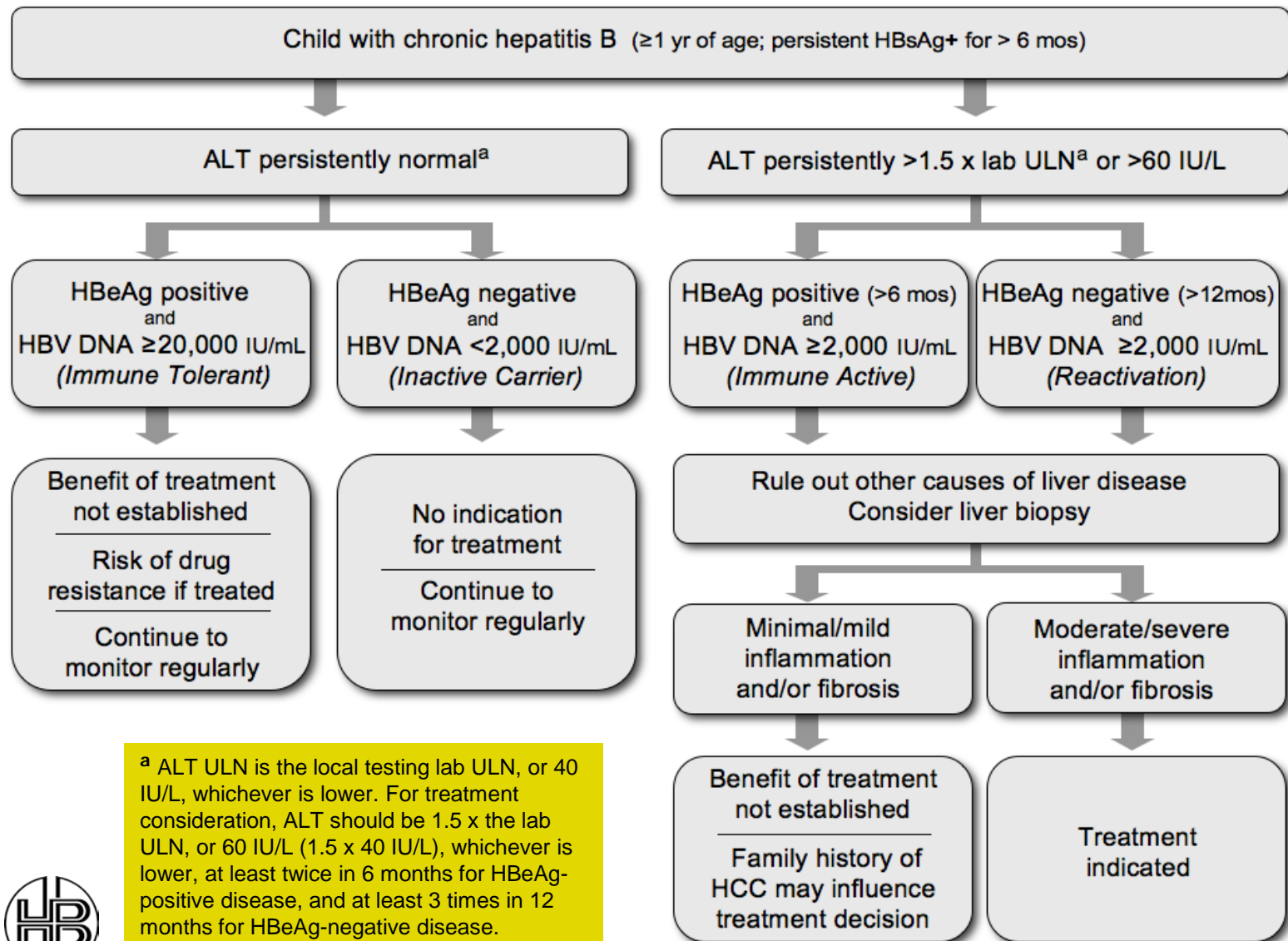
<sup>a</sup> ALT and WBC/Plt are generally part of a hepatic function panel and CBC

<sup>b</sup> Greater than the testing laboratory ULN, or >40 IU/L, whichever is lower

<sup>c</sup> ALT and AFP q6-12 mos; HBeAg/Anti-HBe and HBV DNA q12 mos; Also consider ultrasound q1-2 yr, particularly with elevated ALT or AFP, or family history of HCC



# Recommended approach to selection of children for HBV treatment



<sup>a</sup> ALT ULN is the local testing lab ULN, or 40 IU/L, whichever is lower. For treatment consideration, ALT should be 1.5 x the lab ULN, or 60 IU/L (1.5 x 40 IU/L), whichever is lower, at least twice in 6 months for HBeAg-positive disease, and at least 3 times in 12 months for HBeAg-negative disease.

