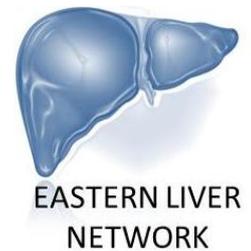


# HEPATITIS B

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## Who is the leaflet for?

Patients newly diagnosed with hepatitis B infection

## What is its aim?

To provide an overview of hepatitis B and links to more detailed resources

## What is hepatitis B?

Hepatitis B is a virus that can cause liver inflammation and damage. Some patients (particularly adults) will have a self-resolving illness that is completely cleared by the immune system, whilst others (particularly children) develop long term infection.

## How common is hepatitis B?

Persistent hepatitis B is thought to affect around one person in 350 in the UK, but is much more common in parts of Asia and Africa.

## How is hepatitis B spread?

Hepatitis B can be spread either from mother to baby or person to person. It is unclear whether spread from mother to baby occurs before or during childbirth, but maternal treatment and vaccination of babies after childbirth are effective in limiting this mode of transmission. Indeed, for this reason all women in the UK are tested for hepatitis B in early pregnancy.

Hepatitis B can be spread from person to person by contact with blood and other bodily fluids. This may be by having unprotected sex with an infected person, or by contact with infected blood. Contact may occur by blood transfusion before 1992, sharing contaminated needles and needlestick injuries.

## What symptoms does hepatitis B cause?

### *Acute hepatitis B*

Hepatitis B is a complicated virus and symptoms depend on the type of infection. Short term infection (acute hepatitis B) may be symptom free or cause symptoms within one to six months of contracting the virus. These symptoms include nausea, abdominal pain, high temperatures and generally feeling unwell. Yellow jaundice may occur. The condition is usually self-limiting and completely regresses in over 95 out of 100 cases. No specific treatments are required.

### *Chronic hepatitis B*

Persistent (chronic) hepatitis B has several phases:

- Firstly, the "immune tolerant phase" when the virus is thought to evade detection by the immune system and thereby be highly infectious, but not cause liver damage.
- Secondly, the "immune reactive phase" whereby the immune system sees the virus, reacts against it and may cause liver damage.
- Finally, the "inactive carrier state" in which most patients do not develop further liver damage.

About 2 in 3 people will remain well in the long term with chronic hepatitis B and one in five will clear the virus. Potential complications from hepatitis B include cirrhosis (severe liver scarring), liver failure and liver cancer, so long term follow up is recommended. Separate information sheets are available for cirrhosis and liver cancer.

### **How is hepatitis B diagnosed?**

Hepatitis B is diagnosed and assessed by a combination of blood tests, ultrasound scanning and liver biopsy. The exact investigations will be individually determined. The aim of investigations is to diagnose the condition and assess what stage of the disease a patient is in. Treatment recommendations can then be given.

### **How is hepatitis B treated?**

Treatment is aimed at either prevention by immunisation or treatment after infection. Treatment includes anti-viral medications such as tenofovir or entecavir, and sometimes an injected treatment called interferon. The exact treatment used is individually determined.

### **Further information and useful contacts**

- Hepatitis B foundation ([www.hepb.org.uk](http://www.hepb.org.uk))
- The British Liver Trust ([www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk))
- [www.patient.co.uk](http://www.patient.co.uk)