Hepatitis B and C: What You Don’t Know May Hurt You

October 22, 2018 By Lucinda K. Porter RN

There are many wonderful hepatitis-related organizations, and HepFree Hawaii is definitely one of my favorites. Co-directors Heather Lusk and Thaddeus Pham have done amazing work, not only in Hawaii, but nationally, as their efforts have rippled across to the mainland. If you aren’t on their mailing list, I suggest signing up. I always learn or am reminded of something important when I read it. Recently, I was reminded that Hawaii has one of the highest liver cancer rates in the United States.

In observance of Liver Cancer Awareness Month, Heather and Thaddeus shared new materials about hepatitis B core antibodies. This is essential information for anyone who is hepatitis B core antibody-positive, surface antigen-negative, and surface antibody-positive or negative. This handout cues you to discuss your hep B status with your medical team prior to taking any medicine that may reactivate hepatitis B in your body.

Among the medications that may reactivate hep B are the antivirals used to treat hepatitis C. Here is what it tells health care providers about this in the HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C:

“For HBsAg-positive patients who are not already on HBV suppressive therapy, the following are recommended:

- For patients whose HBV DNA level meets AASLD criteria for treatment, antiviral therapy for HBV should be initiated.
- For patients whose baseline HBV DNA level does not meet criteria for treatment, one of two approaches may be taken:
  - Initiate prophylactic antiviral therapy for those with low or undetectable HBV DNA levels. If this course is elected, pending further data, prophylaxis should be continued until 12 weeks after completion of DAA therapy.
  - Monitor HBV DNA levels during and immediately after DAA therapy for HCV. Antiviral

> treatment for HBV should be given in the event of a rise in HBV DNA >10-fold above baseline or to >1000 IU/mL in those with a previously undetectable or unquantifiable HBV DNA level."

All that was written in medicalese. The bottom line is this: Before your hepatitis C is treated, you need to be tested for hepatitis B. The test results will show whether you are immune to hepatitis B, whether you have an active case, or whether you are a carrier. If you have no evidence of immunity or having hep B, you will need to be immunized.

Be sure your provider runs these tests prior to treatment.

Mahalo to Heather and Thaddeus!

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