



Hepatitis B Highlights From the 2018 Liver Meeting

November 14, 2018 By [Lucinda K. Porter RN](#)

Continuing with my [summaries](#) of some noteworthy research presented at the annual [Liver Meeting](#), today I review the latest about [hepatitis B](#).

Note that conference posters are preliminary investigations, and are not conclusive until the data are published in a peer-reviewed journal.

Abstract: # 213 Predictive Factors Associated with Hepatocellular Carcinoma Incidence and Mortality after Hepatitis B Surface Antigen Seroclearance in Patients with Chronic Hepatitis B - Tetsuya Hosaka, et al.

Unlike hepatitis C, hepatitis B virus (HBV) infection does not have treatment that induces a permanent cure, commonly called a sustained viral response. Instead, the best that can be offered with antiviral treatment is a functional cure, measured by hepatitis B surface antigen (HBsAg) seroclearance. Although there is evidence that patients who achieve HBsAg seroclearance often have a favorable outcome, there remains a low risk of hepatocellular carcinoma (HCC).

Results: This retrospective study examined data from 564 adults with HBV who achieved HBsAg seroclearance with or without anti-viral treatment. After HBsAg seroclearance, older age and low platelet counts were associated with HCC incidence. Most of the causes of death were unrelated to liver disease.

Conclusion: Mortality after HBsAg seroclearance was similar to general population.

My Comments: I'd like to see this study reproduced on a bigger scale, and perhaps prospectively. However, the results are encouraging.

Abstract: # 214 Changing National and Regional Prevalence of Hepatitis B Virus Infection (HBV) Among Reproductive-Aged Women and Children in the U.S., 2011-2017 - Tatyana Kushner, et al.

Motivated by the recent increase in hepatitis C (HCV) infections among women of childbearing age and young children, these researchers assessed the prevalence of hepatitis B in these populations. Further, they looked at the effect of universal birth-dose vaccination on HBV trends by comparing women born before this was instituted in 1991.

Results: Despite the fact that on a national level, the prevalence of new chronic HBV has decreased significantly, there was a significant rise in HBV in central Appalachia where there is an increase in HCV. Immunity acquired from HBV birth-dose vaccination waned over time.

Conclusion: HBV infections have increased dramatically in central Appalachia as reported with HCV. These data highlight the impact of the opioid epidemic and associated injection drug use on new HBV infections. It isn't known whether waning HBV immunity is associated with increasing rates of exposure over time and/or booster vaccine doses, especially in high-risk patient populations.

My Comments: This is more evidence of the seriousness of the opioid-viral hepatitis syndemic. It's nothing short of tragic.

Abstract: # 215 The Majority of Previously Uninfected High-Risk Adults in the United States Do Not Have Immunity Against Hepatitis B Virus: A Population-Based Study - Yee Hui Yeo, et al.

In 2015, the Centers for Disease Control and Prevention reported a substantial increase in the number of acute hepatitis B virus (HBV) infections in the United States. This occurred despite national guidelines recommending screening and vaccination of adults at high risk of HBV infection. The goal of this study was to assess the prevalence of immunity in adults at high risk for HBV infection.

Results: Using data from the National Health and Nutrition Examination Survey 2003-2014, researchers evaluated data from eligible 18,997 adults in the United States. Among high-risk adults, there was a significant increase in the prevalence of HBV immunity. They found that only about 30 percent of previously uninfected adults at high risk for HBV infection had a protective level of vaccine-mediated immunity.

Conclusion: With nearly 70 percent of previously uninfected adults at high risk for HBV infection, further efforts must be made to eliminate hepatitis B. Education and vaccination are recommended, especially for those with history of hepatitis C, diabetes, injection drug use, multiple sex partners, or elevated liver enzymes.

My Comments: The increasing prevalence of hepatitis C is distressing, but at least there is a cure for that (albeit one that isn't justly offered). A rise in the prevalence of hep B is beyond distressing.