Hepatitis C Treatment and Risk of Hepatitis B Reactivation

August 28, 2017 By Lucinda K. Porter RN

Summer is when I tend to read novels, and my issues of Hepatology are stacking up. The July 2017 issue had a good article on hepatitis B reactivation. Titled, Hepatitis B Reactivation in Hepatitis B and C Coinfected Patients Treated With Antiviral Agents: A Systematic Review and Meta-Analysis, Guofeng Chen and colleagues reviewed and analyzed data, comparing the rate of hepatitis B reactivation in patients coinfected with hep B and C. They looked at both overt hepatitis B (hep B surface antigen [HBsAg] positive) and occult hep B (HBsAg negative with positive HBV DNA). They compared those treated with interferon (IFN)-based therapy to those treated with HCV direct-acting antivirals (DAAs).

The Bottom Line: The incidence of hepatitis B reactivation is the same whether patients are treated with IFN-based regimens or DAAs. However, Hep B reactivation occurs earlier and is clinically more significant in hep C patients coinfected and treated with DAAs compared with IFN-based therapy. The reactivation incidence is the same whether the hep B infection is overt or occult. Note: Hepatitis B reactivation is an infrequent but not rare complication of DAA therapy in hepatitis B and C-coinfected patients.

What Patients and Doctors Need to Know: Prior to hepatitis C treatment, all people with hepatitis C need to be screened for hepatitis B. Initial testing includes both HBsAg and anti-HBc before treatment followed by hep B viral load testing (HBV DNA) in people who are HBsAg-positive. HBsAg carriers who meet the standard criteria for antiviral therapy should take entecavir or tenofovir as prescribed.

Okay, back to summer reading. On second thought, this does have elements of a detective novel.

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