



San Francisco Hep B Free - Bay Area ECHO Notes

Session 8

May 18, 2021

- I. **Didactic Presentation: Occult Hepatitis B Virus Infection** (Frank Duy Duc Trinh, MD Supervising Physician, San Mateo County Public Health Policy and Planning (PHPP), Medical Director, San Mateo County PHPP Mobile Health Clinic, Staff Physician, San Mateo Medical Center Hepatitis Clinic
- presentation can be found at <https://www.sfhepbfree.org/echo-program> Password: Echo2020
- II. Case Presentation: Dr. Anita Chang, Physician at Asian Health Services

Case Summary

- 53 y/o Chinese male PMH LTBI s/p treatment, BMI 28, no immunocompromising conditions, underwent routine HBV screening which showed HBsAg negative, anti-HBc positive, and anti-HBs negative (“isolated core”). HBV DNA was subsequently ordered by provider showing HBV DNA 40 IU/mL consistent with occult hepatitis B infection. The patient denied any family history of hepatitis B or liver disease.

Clinical questions:

- Who should be tested for occult HBV?
- How should I manage a patient with occult HBV, in terms of regular lab monitoring and HCC surveillance?

Recommendations from Project ECHO panel:

Dr. Anita Chang – Primary Care (Asian Health Services)

Dr. Will Holt - Hepatology (Sutter Health)

Dr. Samuel So – Surgical Oncologist/Founder of Asian Liver Center (Stanford Health)

Dr. Amy Tang – Primary Care (North East Medical Services)

Dr. Frank Trinh – Infectious Disease (San Mateo Medical Center)

Recommendations from Project ECHO panel:

- Screening for occult HBV (check HBV DNA)
 - AASLD recommends checking HBV DNA in isolated core (HBsAg negative, anti-HBc positive, and anti-HBs negative) patients who are immunosuppressed (e.g. HIV, or on/preparing for immunosuppressive medication)
 - There is a range of clinic practice, where some providers check viral load in patients with cryptogenic liver disease or all patients who have isolated core

- Management of occult HBV
 - There is a risk of HBV flare or HCC that is probably higher than a patient with no viral load.
 - Monitor labs Q6-12 months for flare (ALT, HBV DNA)
 - Screen for HCC with Q6-12 months abdominal ultrasound and AFP
 - Start treatment if indicated by the same criteria as for HBsAg positive patient (using fibrosis staging, ALT, and HBV DNA cutoffs) with guidance from [UW guidelines](#) and [AASLD guidelines](#)
- Family screening for HBV
 - In patients with HBsAg positive or occult HBV, we recommend hepatitis B screening for household members.