Preventing reactivation of hepatitis B

Any patient to be treated with cancer chemotherapy or immunosuppressive therapy

HBsAg and anti-HBc tests

HBsAg positive

HBsAg negative

No detectable HBV DNA

Detectable HBV DNA

Anti-HBc positive

Anti-HBc negative

Rituximab containing regimen (and HPCT)

YES

NO

Prophylaxis
- Lamivudine 100 mg once daily
- Duration: commence the week before immunosuppressive therapy and continue for 12 months post completion

Treatment
- Treat with entecavir or tenofovir
- Duration of treatment dependent on individual case (may be lifelong)

Prophylaxis
- Lamivudine 100 mg once daily
- Duration: commence the week before immunosuppressive therapy and continue for 12 months post completion

Monitor monthly for HBsAg reactivation (LFTs, HBsAg)

Initiate chemotherapy or immunosuppressive therapy

1. Risk factors for reactivation after haemopoietic progenitor cell transplantation (HPCT) are: low pre-transplant anti-HBs and extensive chronic graft versus host disease.
2. Does not meet criteria for s100 funding; cost ~ $120 per month.
3. Meets criteria for s100 funding; liver biopsy not required as patients considered to have coagulation disorders severe enough to prevent liver biopsy.

Source: Algorithm adapted from NSW Ministry of Health 2013, Screening for chronic infections in patients starting cancer chemotherapy or immunosuppressive therapy guidelines—not published.