

HEPATITIS B

BOOKMARK

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Causative organism	<i>Hepatitis B virus</i>
Incubation period	45-180 days (mean 60 days)
How far to trace back	6 months prior to onset of acute symptoms. If unknown, according to risk history. May include extended family members if mother to child (vertical) transmission is likely. Recent diagnosed chronic hepatitis B infection (6 months and possibly parents/siblings).
Usual testing method	Serology for hepatitis B (HBsAg – Hepatitis B surface antigen, anti-HBs – Hepatitis B surface antibody, anti-HBc – Hepatitis B core antibody). Positive HBsAg indicates current infection.
Common symptoms	Jaundice, malaise, abdominal pain, dark urine, clay coloured stool
Likelihood of transmission per act of condomless intercourse	Unknown, but generally transmission via sex is considered high
Likelihood of long-term sexual partner being infected	>20%
Protective effect of condoms	High
Transmission by oral sex	Low
Duration of potential infectivity	In acute hepatitis B infection, two weeks before onset of symptoms and until the patient becomes surface antigen negative. More than 95% of adults who are immune-competent, and infected with hepatitis B will spontaneously clear the virus. The majority of those who acquire the infection at birth or as a child will have lifelong chronic hepatitis B infection (where the individual has not been previously tested and has a reactive HBsAg 6 months after the baseline test)
Important sequelae	Severe, acute hepatitis, chronic liver disease, cirrhosis and liver cancer, vertical transmission to child during or after pregnancy
Direct benefit of detection and treatment of contacts	Post-exposure prophylaxis for non-immune people exposed to a source that is positive for hepatitis B surface antigen (see below) Detection and management of hepatitis B infection
Usual management of contacts	Counselling and testing Post-exposure prophylaxis consists of Hepatitis B Immunoglobulin (HBIG) and vaccination. These need to be provided as soon as possible after exposure. See Australian Immunisation Handbook for details of dosing.
Contact tracing priority	People known to be immune to HBV will need no further testing. High for sexual contacts, needle-sharing contacts, a newborn child of an infected birth parent Medium priority for parents and siblings of an adult with chronic hepatitis B infection, close contacts if any risk exposures
Notification	Acute viral hepatitis B is notifiable by doctors in all Australian states and territories, and New Zealand Hepatitis B surface antigen-positive results must be notified by laboratories in NSW
<p><i>Note: Hepatitis D virus (delta agent) is a deficient virus that is entirely dependent on concurrent hepatitis B infection. Measures to control hepatitis B should control HDV.</i></p> <p>References</p> <p>ASHM, National Hepatitis B Testing Policy, Conveying Test Results</p> <p>Hepatitis Australia - Clinical Guidelines</p> <p>Australian Government Department of Health, Third National Hepatitis B Strategy 2018-2022. 2018. Available at: https://www.health.gov.au/resources/publications/third-national-hepatitis-b-strategy-2018-2022</p>	

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