

Hepatitis B

This factsheet is for people who have been diagnosed with hepatitis B and those who want to know more about the virus.

Hepatitis means inflammation of the liver and can have several causes, the most common of which is an infection with a virus. There are several different viruses that cause hepatitis. Each differs in the way it is passed from person to person and the effect it can have on health. Hepatitis B is sometimes called hep B or HBV. For information about hepatitis A or C please see the separate BUPA factsheets, [Hepatitis A](#) and [Hepatitis C](#).

What causes hepatitis?

Hepatitis can have several causes including:

- infection, usually from a virus
- excessive alcohol intake or other toxins or chemicals
- auto-immune disorders where the liver is attacked by the body's own immune system
- metabolic diseases - a chemical imbalance in the body

Of these, infection with a virus is the most common cause.

How do you get hepatitis B?

Hepatitis B is highly contagious - which means it can be passed from person to person very easily. It's 50 to 100 times more contagious than HIV. The virus is present in body fluids such as blood, saliva, semen and vaginal fluid.

There are a number of ways you can get hepatitis B.

From mother to baby

This is the most common way for hepatitis B to be spread worldwide. If the virus spreads from mother to baby it usually happens during childbirth. It is not common for hepatitis to be spread in this way in the UK.

Blood

If blood from an infected person gets into your bloodstream you can get hepatitis B. There are a number of ways this could happen including:

- through an open wound
- from a contaminated needle
- from contaminated medical or dental equipment which is not sterilised properly
- from contaminated tattooing equipment which is not sterilised properly
- from blood donations in countries where blood is not tested (in the UK all blood donations are tested for hepatitis B)

Sex

If you have unprotected sex with an infected person you can get hepatitis B.

Where in the world is hepatitis B common?

High-risk areas for getting the disease include South-East Asia, Africa, the Middle East, the Far East and southern and eastern Europe.

Symptoms

Hepatitis B has an incubation period of about one to six months. The incubation period is the time from exposure to the virus to the start of symptoms. As with the other hepatitis viruses, some people never have any symptoms. They are known as asymptomatic carriers; they are still infectious and can unknowingly pass on the disease to others.

Symptoms of the disease, when there are any, can be similar to severe flu. They can include:

- headache
- fever
- tiredness
- aching limbs
- loss of appetite
- nausea and vomiting
- stomach-ache and/or diarrhoea

Jaundice sometimes develops and makes your skin go yellow. This is caused by a yellow-coloured substance in the blood called bilirubin. It's usually broken down by the liver, but if your liver is affected by hepatitis, it's unable to break it down. Raised bilirubin levels in your blood cause the whites of your eyes to go yellow and your urine to become dark. Jaundice can also cause your skin to itch.

Some people only develop a mild form of the disease. Whether serious or mild, the person with hepatitis B is very infectious.

Complications

A very small percentage of people who are infected develop liver failure (called fulminant hepatitis) and require hospitalisation. They may be so seriously ill that they need a liver transplant.

Acute and chronic hepatitis B

Hepatitis B can be "acute" or "chronic".

- An acute illness is typically over quite quickly - within weeks or a few months at most.
- A chronic illness is one that lasts more than six months, sometimes for the rest of the affected person's life.

A person who has the virus in their body for a long time without experiencing symptoms is called a carrier. Most carriers are infectious but some get rid of the virus after a few years.

Diagnosis

Your doctor will examine you and ask you about your symptoms. He or she will also ask you a number of questions including if you have recently been abroad and if so which country or region you have visited. He or she may also need to take your sexual history to establish possible contacts.

Your doctor may ask you for a blood sample. The sample will be sent to a laboratory for examination to find out if you are infected with the hepatitis B virus.

If tests results show that you have hepatitis B you will need further tests which may include:

- a "liver function" blood test to measure substances in the blood that indicate whether the liver is damaged
- a biopsy in which a small tissue sample is removed which is examined in a laboratory to find out if your liver is damaged

Treatment

Most people with acute hepatitis B do not need any treatment. If you are diagnosed with hepatitis B, your GP will generally advise you to rest as you may feel more tired than usual.

Taking a painkiller that you would normally take for a headache, such as aspirin or ibuprofen, may be useful. Always read the patient information leaflet. You should not take paracetamol as it is processed by the liver. As your liver will not be working properly, it is also strongly advisable to not drink any alcohol.

If you have jaundice and your skin is itchy you can try preparations such as calamine lotion or crotamiton (Eurax).

If you have been infected with chronic hepatitis B you may find treatment helpful.

Antiviral medication

Antiviral treatments are usually prescribed by a specialist nurse or consultant that your GP will refer you to. The antiviral drugs include the following.

- Interferon alpha (eg Intron-A) works by stimulating the body's immune system to fight infection - its aim is to prevent the hepatitis B virus from increasing in numbers and causing more liver damage. It is given by injection three times a week for at least three months.
- Peginterferon alfa (eg Pegasys) is recommended as an option for the initial treatment of adults with chronic hepatitis B.
- Lamivudine (eg Epivir) aims to reduce the amount of hepatitis virus in the body. It is given as a tablet or as an oral solution once a day.
- Adefovir dipivoxil is another drug treatment and is often used to treat people that are resistant to lamivudine. It is given as a tablet once a day.

These drugs are not suitable for everyone, your consultant or specialist nurse will give you advice about whether they are the best treatment for you.

How can I avoid passing on the virus?

If you are infected with hepatitis B it is important not to spread it to others. You should:

- not have unprotected sex
- not donate blood
- not share any needles, syringes, razors or toothbrushes that may be contaminated with blood
- cover cuts with a dressing

Prevention

You can prevent getting hepatitis B by avoiding the risk factors above (see *How can I avoid passing on the virus?*)

There is also a vaccine available for people who are at increased risk of infection with the hepatitis B virus. You may be at increased risk either through work or contact with infected individuals or your sexual behaviour.

Immunisation

Immunisation can give protection but is not a substitute for common sense precautions.

Immunisation takes six months to give full protection. You have an initial injection followed by another one month later and another five months after that. You can then have a booster vaccine five years later. The vaccine is around 95 percent effective.

Immunisation is recommended for people including those:

- who are injecting drug users
- whose sexual behaviour puts them at risk
- whose occupations involve the risk of exposure to the hepatitis B virus, for example, healthcare workers or laboratory workers working directly with the virus
- who are travelling to countries where a large proportion of the population are infected

Ask your GP if you wish to be vaccinated or go to your local sexual health GUM clinic or a travel clinic.

If you are at risk of getting hepatitis B at work speak to your employer about getting vaccinated.

Immunoglobulin (HBIG)

Immunoglobulin is an injection of antibodies against the hepatitis B virus. If you have been exposed to the hepatitis B virus then you may be advised to take immunoglobulin as well as the vaccine. It is more effective the sooner it is given after exposure to the virus.

Immunoglobulin can also be given to newborn babies at risk of getting hepatitis B from their mother during childbirth.

For further advice on protection against hepatitis B, talk to your GP or practice nurse.

Further information

- British Liver Trust
0870 770 8028
www.britishlivertrust.org.uk
- Medical Advisory Services for Travellers Abroad (MASTA)
www.masta.org

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