

**British Viral Hepatitis Group**  
**UK guidelines for the initial management of hepatitis B infection**  
**London 27 June 2008**

**BVHG Consensus Statement –**  
**Initial Testing and Referral of Individuals who are HBsAg Positive**

- A High quality evidence based recommendations relying on randomised controlled trials**  
**B Some evidence but not based on randomised controlled trials**  
**C Expert opinion**

- 1) All HBsAg positive patients should be referred within 6 weeks to an appropriately qualified specialist (B).
- 2) Laboratory report forms indicating that an individual is infected with hepatitis B (i.e. is HBsAg positive) should include a statement indicating that the individual is infected and should be referred. Imprecise, misleading terms such as ‘low level carrier’ should be avoided. (C)
- 3) Referral rates should be audited annually and a target rate of 100% referral should be accepted (C).  
Local initiatives to increase referral rates are encouraged and a model of good practice developed in Leicester is provided as an appendix.
- 4) All patients who are found to be HBsAg should have the following tests performed (B):-

HBV serology – including HBeAg status  
HBV DNA level  
Delta virus testing  
HIV testing  
HCV testing  
Liver function tests, including tests of synthetic function (INR)  
Liver ultrasound

Local practice guidelines should be put in place to determine which tests should be performed at which stage of the referral pathway and we envisage that some tests will be performed pre-referral and others will be completed at the first consultation. Local practice should determine which tests are performed at which stage.