



U.S. Preventive Services Task Force

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Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Asymptomatic, nonpregnant adolescents and adults who have not been vaccinated for hepatitis B virus (HBV) infection and other high-risk individuals (including persons who were vaccinated prior to being screened for HBV)
Recommendation	Screen persons at high risk for HBV infection. Grade: B
Risk Assessment	<p>Important risk groups for HBV infection with a prevalence of $\geq 2\%$ that should be screened include:</p> <ul style="list-style-type: none"> • Persons born in countries and regions with a high prevalence of HBV infection ($\geq 2\%$) • U.S.-born persons not vaccinated as infants whose parents were born in regions with a high prevalence of HBV infection ($\geq 8\%$), such as sub-Saharan Africa and southeast and central Asia • HIV-positive persons • Injection drug users • Men who have sex with men • Household contacts of persons with HBV infection <p>For more information on countries and regions with a high prevalence of HBV infection, visit: www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm.</p>
Screening Tests	<p>A U.S. Food and Drug Administration–approved hepatitis B surface antigen (HBsAg) test followed by a licensed, neutralizing confirmatory test for initially reactive results should be used to screen for HBV. Testing for antibodies to HBsAg (anti-HBs) and hepatitis B core antigen (anti-HBc) is also done as part of a screening panel to help distinguish between infection and immunity.</p> <p>Diagnosis of chronic HBV infection is characterized by persistence of HBsAg for at least 6 mo.</p>
Treatment	HBV treatment consists of antiviral regimens. Approved first-line treatments are pegylated interferon $\alpha 2a$, entecavir, and tenofovir. Duration of treatment varies depending on time required to achieve HBV DNA suppression and normalize alanine aminotransferase levels; the presence of HBeAg, coinfection, and cirrhosis; and the choice of drug.
Balance of Benefits and Harms	There is moderate certainty that screening for HBV infection in persons at high risk for infection has moderate net benefit.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on screening for HBV infection in pregnant women and screening for hepatitis C virus infection in adults. These recommendations are available at http://www.uspreventiveservicestaskforce.org/ .

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.

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