

Hepatitis B ~ Quick Facts	
Causative agent	Small, double-stranded DNA virus in Hepadnaviridae family
Signs and symptoms	Fever, headache, fatigue, loss of appetite, nausea, vomiting, diarrhea, abdominal pain, dark urine, grey-colored stools, joint pain, jaundice
Symptom duration	Usually less than two months, sometimes up to six months
Transmission	<ul style="list-style-type: none"> • Predominantly by parenteral or mucosal exposure to HBsAg-positive body fluids; the highest concentrations of virus are in blood and serous fluids, with lower levels present in saliva, tears, urine, and semen • Perinatal transmission is an important route of transmission • Infectious for at least 7 days on surfaces.
Infectious Period (time from exposure to symptoms)	One to two months before and after the onset of symptoms
Incubation period (time from exposure to symptoms)	60–90 days
Laboratory Diagnosis	Hepatitis B surface antigen (HBsAg) appears in the blood a few weeks before symptoms begin, followed by IgM core antibody (IgM-antiHBc) at the time of symptom onset
<u>Screening</u>	<ul style="list-style-type: none"> • Screen all adults aged 18 years and older at least once in their lifetime using a triple panel test • Screen pregnant people for hepatitis B surface antigen (HBsAg) during each pregnancy regardless of vaccination status and history of testing • Expand periodic risk-based testing to include people incarcerated, people with a history of sexually transmitted infections or multiple sex partners, and people with hepatitis C virus infection • Test anyone who requests HBV testing regardless of disclosure of risk
Prevention	<ul style="list-style-type: none"> • Safe and effective vaccines are available and require 2–3 doses, depending on the product used • Hepatitis B immune globulin (HBIG) should be given along with HBV vaccine to infants born to mothers who are HBsAg-positive. HBIG is additionally recommended after occupational

	<p>exposures to blood, or sexual exposure in susceptible individuals</p> <ul style="list-style-type: none">• Condom use for high-risk sexual activities that may lead to the exchange of blood, serous fluids, or semen
Treatment	<ul style="list-style-type: none">• Primarily supportive care for the acute infection• Chronically infected individuals with high viral loads and signs of active inflammation (as indicated by elevated liver function tests) should receive antiviral therapy to reduce the risk of liver-related morbidity (AASLD)