



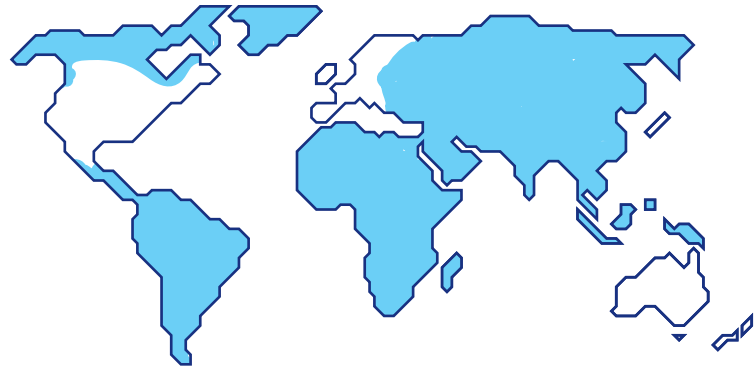
## Who

Approximately two billion people worldwide have evidence of past or present infection with hepatitis B. It is estimated that there are 248 million chronic hepatitis B carriers in the world, of whom roughly 600,000 die annually from related liver disease.



## What

The spectrum of infection with the hepatitis B virus varies. During the acute phase, subclinical hepatitis (~70%), icteric hepatitis (~30%) and, in some cases, fulminant hepatitis is noted. The natural course of chronic infection is determined by the interplay between virus replication and the patient's own immune response.



## Where and when

The predominant mode of transmission varies in different geographical areas. Mother-to-child transmission is predominant in high-prevalence areas. Horizontal transmission, particularly in early childhood, accounts for most cases in intermediate-prevalence areas, while unprotected sexual intercourse (tourists!), and intravenous drug use are major routes of spread in low-prevalence areas.

## Prevention

Vaccination prior to exposure is the best way to prevent infection. Universal vaccination of newborns is recommended in most countries. Vaccination should also be provided to individuals who are not immune to and at high risk of exposure to hepatitis B virus. Measures to prevent infection should be considered for individuals after an exposure that could potentially transmit the virus.



## Treatment

Treatment of acute infection is mainly supportive. Patients with a severe or a protracted course are treated with antiviral therapy until confirmation that the patient has cleared the virus. The management of chronic infection is complex and beyond the scope of this factsheet.

## Symptoms

In case of acute infection, the incubation period lasts one to four months. Constitutional symptoms are anorexia, nausea, jaundice, and right upper quadrant discomfort.

During the chronic phase, manifestations range from an asymptomatic carrier state to chronic hepatitis and complications like liver cirrhosis, liver carcinoma, and death.



## In case of infection

Fulminant liver failure in case of acute infection is unusual. The rate of progression from acute to chronic infection is determined primarily by the age at infection. The rate is ~90% for a mother-to-child acquired infection and less than 5% for an adult-acquired infection. Patients with chronic infection should receive screening for complications.