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| Logo AGES |
| Hepatitis B |
|  |  |
| 31.10.2024 11:00 Uhr |

**Hepatitis
B**

**Hepatitis
B
virus**

Last
change:
02.06.2023

**Profile**

Hepatitis
B
is
a
liver
disease
that
results
from
infection
with
the
hepatitis
B
virus
(HBV)
and
is
transmitted
through
contact
with
infected
body
fluids
or
blood
products.
After
an
acute
infection
with
HBV,
some
people
develop
a
chronic
infection.

**Occurrence**

Hepatitis
B
occurs
worldwide.
The
burden
of
hepatitis
B
infection
is
highest
in
the
Western
Pacific
region
(China,
Philippines,
Cambodia,
Vietnam,
New
Zealand,
Australia)
and
Africa,
where
116
million
and
81
million
people
are
chronically
infected,
respectively.
Europe
has
14
million
infected
people
and
the
Americas
five
million.

**Pathogen
reservoir**

Humans
represent
the
only
relevant
pathogen
reservoir.

**Infection
route**

Transmission
occurs
primarily
through
non-sterile
instruments
(needles,
syringes)
and
through
mother-to-child
transmission
(perinatal).
Transmission
is
also
possible
via
contaminated
blood,
semen/cervical
secretions
(sexual),
and
saliva
(oral).

Sexual
transmission
and
drug
use
via
needles
are
currently
the
most
common
routes
of
transmission
in
Europe.
Worldwide,
perinatal
transmission,
from
mother
to
child
during
birth,
remains
one
of
the
most
important
routes
of
transmission.

**Incubation
period**

Two
to
three
months

**Symptomatology**

Most
individuals
do
not
exhibit
symptoms
during
the
acute
infection.
If
symptoms
do
occur
during
the
acute
infection
phase,
they
manifest
as
fatigue,
loss
of
appetite,
abdominal
discomfort,
nausea,
vomiting,
and
fever.
Whether
a
chronic
HBV
infection
develops
is
related
to
the
age
of
the
infected
person.
Up
to
90%
of
children
develop
chronic
infection,
while
it
develops
in
less
than
5%
of
adults.
Individuals
with
chronic
HBV
infection
have
an
increased
risk
of
developing
liver
cirrhosis
and
liver
carcinoma.
Furthermore,
they
can
transmit
the
virus
to
other
people.

**Therapy**

There
is
no
specific
treatment
for
acute
hepatitis
B
virus
infection.
The
use
of
drugs
that
are
metabolized
by
the
liver
(e.g.
paracetamol)
should
be
avoided.
Chronic
hepatitis
B
virus
infections
can
be
treated
with
antiviral
agents.
This
therapy
can
slow
the
development
of
liver
cirrhosis,
reduce
the
risk
of
liver
cancer,
and
improve
life
expectancy.

**Prevention**

Safe
and
effective
hepatitis
B
vaccines
are
available
that
provide
a
high
level
of
protection.
In
Austria,
vaccination
against
hepatitis
B
is
included
in
the
[free
vaccination
program](https://www.sozialministerium.at/Themen/Gesundheit/Impfen/Impfplan-%C3%96sterreich.html).

**Situation
in
Austria**

In
2022,
875
hepatitis
B
cases
were
reported
in
Austria.
The
rate
of
hepatitis
B
virus
infections
decreased
from
16.2
to
10.2
per
100,000
population:in
between
2017
and
2021

[Ministry
of
Health:
Annual
reports
of
notifiable
infectious
diseases](https://www.sozialministerium.at/Themen/Gesundheit/Uebertragbare-Krankheiten/Statistiken-und-Fallzahlen.html)

**Specialized
information**

Clinically,
it
is
not
possible
to
distinguish
hepatitis
B
infection
from
other
hepatitis
infections.
Therefore,
laboratory
confirmation
of
the
diagnosis
is
essential.

Basically,
the
diagnosis
of
acute
hepatitis
B
virus
infection
is
based
on
serological
detection
of
HBsAg,
anti-HBc
(total,
if
positive
complementary
anti-HBc-IgM)
and,
if
required,
HBeAg
and
anti-HBe.
A
positive
anti-HBs
level
does
not
represent
general
evidence
of
acute
infection,
as
low
levels
may
also
occur
in
relapses
of
chronic
hepatitis-B.
In
contrast,
very
high
levels
of
anti-HBc
IgM
that
decrease
over
time
are
indicative
of
acute
infection.
Observation
of
HBsAg
and/or
HBV
DNA
concentrations
may
help
in
equivocal
cases.

Diagnosis
of
chronic
HBV
infection
is
based
on
detection
of
HBsAg
and
anti-HBc
(total),
as
well
as
HBV
DNA
(quantitative)
and
anti-HBe/HBeAg
(in
pregnant
women
or
before
planned
therapy).

WHO
recommends
that
all
blood
donations
be
tested
for
hepatitis
B
to
ensure
blood
safety
and
avoid
accidental
transmission.