Auditing Hepatitis B Monitoring in Primary Care

Background

High rates of hepatitis B carriers in London especially those with most ethnically diverse areas especially immigrants from the Middle East, Africa and Asia. 75000 chronic infections diagnosed in the UK. Other risk groups: commercial sex workers, health care workers, prisoners, travellers to endemic areas, men who have sex with men, intravenous drug users. Risk of progression to cirrhosis or hepatocellular carcinoma. Those with low viral load are at lower risk of complications and can be monitored in primary care. Many patients who are carriers feel well and are lost to monitoring. There is also a lack of training/awareness amongst primary care clinicians.

Aim of Audit

To evaluate the standards of annual monitoring of chronic carriers of hepatitis B in primary care.

Standards

All carriers of hepatitis B should have an annual review in primary care if not already under the liver clinic.

Annual review in primary care to include:

Blood monitoring: hepatitis B viral DNA level (large EDTA bottle), AFP, LFTs (to include ALT and gamma GT)

Lifestyle advice: minimal alcohol and healthy weight/diet beneficial for liver health

One-off ultrasound for those >50 years

Also an opportunity to remind them about screening/vaccination of household contacts and sexual partners

Those with hepatitis B viral DNA > 2000 iu/ml need referral back to liver clinic

Audit Requirements

Search consultation records with the following read codes:

Hepatitis B s Ag +ve 43B4
Hepatitis B carrier ZV02B
Chronic viral hepatitis B A7073

Beware of those ‘hiding’ behind vague codes eg Viral hepatitis A 70.
NB ensure all are correctly coded and summarised

Review those who have had an annual review and what it entailed:

**Results**

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of pts coded as hepatitis B carrier</td>
</tr>
<tr>
<td>2</td>
<td>LFTs checked in last 18 months</td>
</tr>
<tr>
<td>3</td>
<td>AFP checked in last 18 months</td>
</tr>
<tr>
<td>4</td>
<td>HBV DNA checked in last 18 months</td>
</tr>
<tr>
<td>5</td>
<td>One-off ultrasound for those aged &gt;50</td>
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</tbody>
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**Actions**

Ensure all hepatitis B carriers are correctly coded

Practice education session

Follow up reminders to be placed on patient’s records

Inviting patients in for review eg letter

**Useful resources**

[www.cityandhackneyccg.nhs.uk/gp](http://www.cityandhackneyccg.nhs.uk/gp)  Hepatitis B pathway written for GPs

[www.nice.org.uk](http://www.nice.org.uk) Hepatitis B guidelines. Recommends referral to secondary care for all patients (not always feasible in very high prevalence areas)


[www.rcgp.org.uk](http://www.rcgp.org.uk)  Certificate in detection, diagnosis and management of hepatitis B and C