

Working with the:



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Hepatitis B:
Professional Factsheet (England)

What is Hepatitis B?

Hepatitis B (HBV) is a vaccine-preventable blood-borne virus that affects the liver. While many people experience no symptoms, the infection can lead to cirrhosis, liver cancer (hepatocellular carcinoma) and premature death if left untreated. Infection may be acute (short-term) or chronic (long-term). Hepatitis B is preventable through vaccination.

Key actions for professionals:

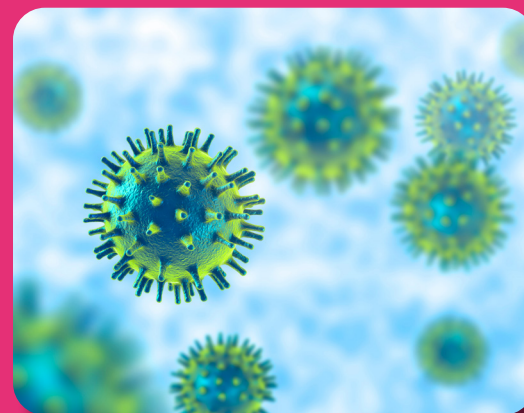
- **Offer testing to people at risk.**
- **Promote and provide vaccination.**
- **Support harm reduction interventions.**
- **Refer positive cases to specialist care.**
- **Use every contact as an opportunity to discuss prevention and liver health.**

Hepatitis D:

The hepatitis D virus (HDV) can only infect people who have hepatitis B. Infection occurs through contact with infected blood or body fluids and can accelerate liver damage, increasing the risk of cirrhosis and liver-related complications. People diagnosed with hepatitis B need hepatitis D testing. Vaccinating against hepatitis B also prevents hepatitis D.



Hepatitis B



Hepatitis D

Click here to download a hepatitis B leaflet for patients: [HepCULater-Hepatitis-B-and-D-leaflet-October-2025-1.pdf](#)

How is hepatitis B Transmitted:

HBV is transmitted through contact with infected blood or body fluids. Common routes of transmission include:



Blood transfusion prior to 1996



Sharing equipment for injecting/preparing illicit drugs



Unsterilised medical or dental equipment



Unprotected sex with someone who has hepatitis B

Tattoos or body piercings using unsterile equipment



Needlestick injury



Mother to baby during pregnancy or birth



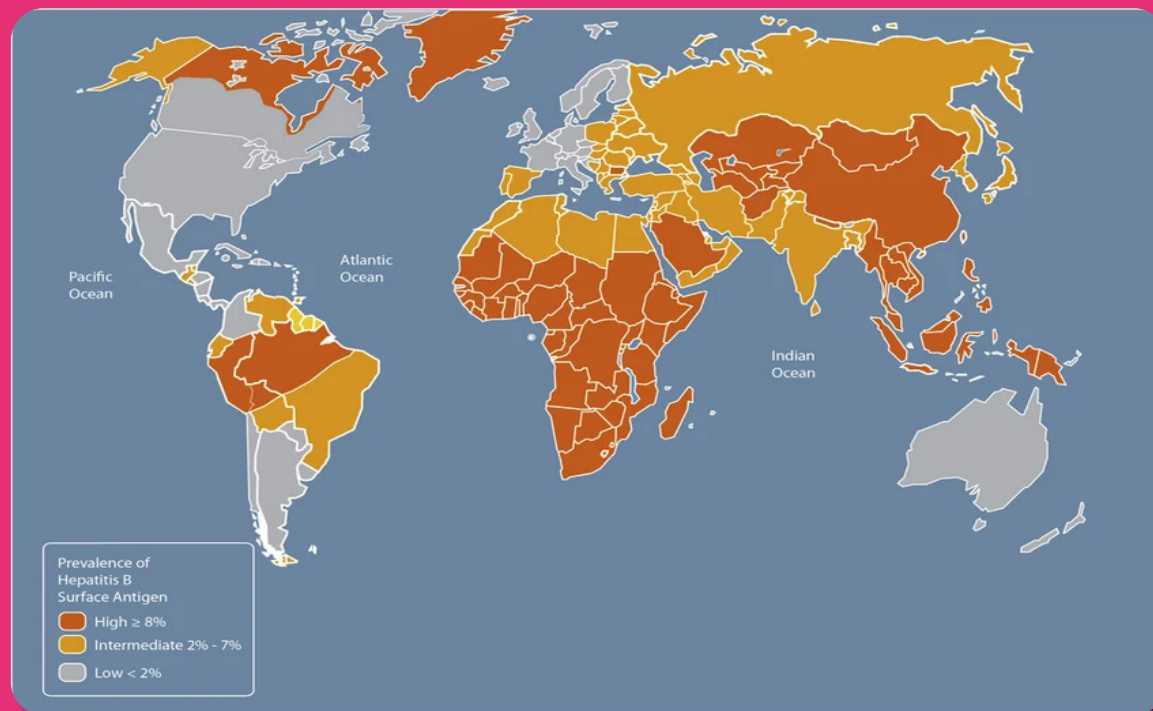
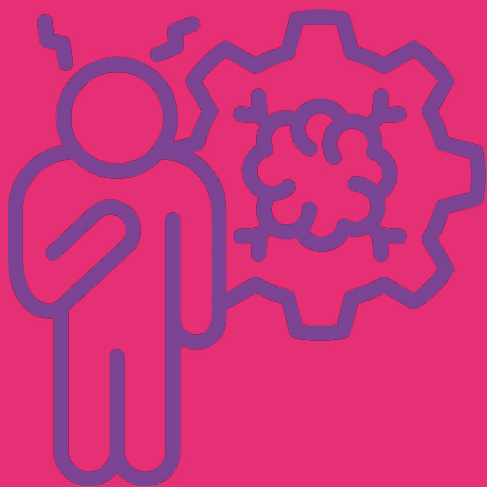
In addition to these common routes of transmission, people from high-prevalence countries should be offered testing and vaccination.

Some countries where there is a higher prevalence of hepatitis B:

- **Sub-Saharan Africa**
- **East and SE Asia**
- **The Amazon**
- **Southern parts of Central and Eastern Europe**
- **The Middle East**
- **The Indian Sub-Continent**

HBV is not transmitted through everyday social contact such as hugging, shaking hands, coughing, sneezing or sharing food.

Map reference: https://www.researchgate.net/figure/Prevalence-of-HBV-by-country-Footnote-Source-Adapted-from-Centers-for-Disease-Control_fig3_299132647



Acute versus chronic hepatitis B:

The incubation period for hepatitis B is typically around 12 weeks (40-160 days). The acute phase of hepatitis B is generally the first 6 months.

In many cases, a person will 'spontaneously clear' the virus, meaning the infection clears on its own.

A person is considered to have chronic hepatitis B when infection persists for more than six months, at which stage it will not clear.

UKHSA Hepatitis B Clinical and Public Health Management Guidance:
Hepatitis B: clinical and public health management - GOV.UK

Testing and Diagnosis:

HBV infection is diagnosed through blood tests, including:

- **Hepatitis B Core Antibody (HbCAb) – This test shows whether someone has ever had the virus in their system.**
- **Hepatitis B Surface Antigen (HbSAg) – This test indicates active virus in the body.**
- **Hepatitis B Surface Antibody (HbSAb) – This tests a person's level of immunity to the Hepatitis B virus.**

Testing should be offered to individuals with ongoing risk factors, possible exposure, abnormal liver function tests, or clinical indications of liver disease. If a person has hepatitis B, they should also be tested for Hepatitis C and HIV because they can be transmitted in similar ways.



Treatment:

Most adults clear hepatitis B naturally and require supportive management only. Severe cases may require specialist assessment and monitoring.

Some people with chronic hepatitis B require long-term antiviral treatment and ongoing specialist follow-up.

Effective treatment can suppress viral replication and significantly reduce the risk of cirrhosis and liver cancer.

Support for patients can be sought through HepB Companion, an advocacy and support charity based in England: **[Home - HepB Companion](#)**

European Association for the Study of the Liver (EASL) Guidelines: **[EASL Clinical Practice Guidelines on the management of hepatitis B virus infection](#)**

Vaccination:

Vaccination remains the most effective way to prevent hepatitis B infection. The UK routine childhood immunisation programme has included hepatitis B vaccination since 2017. It is normally a course of vaccinations. The hepatitis B vaccine does not contain live hepatitis B and cannot cause the virus it protects against.

For detailed information about hepatitis B and the hepatitis B vaccine – **The 'Green Book' – Immunisation against infectious disease, chapter 18**



Hepatitis B in England:

The UK Health Security Agency (UKHSA) publishes annual surveillance reports to monitor England's progress towards the World Health Organisation (WHO) goal of eliminating viral hepatitis as a public health threat by 2030.

National efforts focus on prevention and vaccination, antenatal screening, early diagnosis, access to treatment, reducing mother-to-child transmission, and improving linkage to care.

UKHSA Hepatitis B in England Report: **[Hepatitis B in England - GOV.UK](#)**

This factsheet is intended for healthcare professionals, drug and alcohol practitioners, prison healthcare teams, and public health staff working in England.



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