Tree of HBV Reactivation Medicines

[HCV Meds](https://rightdecisions.scot.nhs.uk/media/1857/hepatitis-b-reactivation.pdf)  The coinfected with HBV or cleared HBV plus HCV have reactivated have died on both the newer Hep C medications and the older ribavirin peg interferon meds

[High risk of HBVr](https://rightdecisions.scot.nhs.uk/media/1857/hepatitis-b-reactivation.pdf)

Cancer chemotherapy Marrow/Organ transplant B cell–depleting agents (eg, rituximab) Anti-TNF agents Monoclonal immune-modulators 10mg Prednisolone daily for 4 weeks.

Patients should be urgently referred to a specialist clinic and start Entecavir or Tenofovir as a treatment.

HBV treatment should continue for at least 12 months (18 months for rituximab types) after cessation of the immunosuppressive treatment and discontinued only after review by Hepatology.

[Low Risk of Reactivation](https://www.medsafe.govt.nz/profs/PUArticles/March2017/MedicinesAndHepatitisB.htm)

Azatheoprine Methotrexate Oral corticosteriods Intra=articular cortico steroids

Conditions often given reactivating meds Cancer SLE Rheumatoid arthritis Vasculitis Psoriasis inflammatory bowel IBS Autoimmune hepatitis Transplant

Up to 50% 0f patients with Hep B reactivate on these meds and up to 10% with cleared Hep B. Reactivation can cause liver failure and death in days.

Onset of HBV reactivation depends on the host status, underlying disease, and the type of therapies. It may occur as early as within the first 2 weeks of onset of meds or more than a year after the cessation.

Anti HBV transfusions reactivated in Chemo patients until 2022

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