# Hepatitis B Community-Based Screening Guide

## Populations at Risk
- Individuals born in geographic regions with hepatitis B prevalence of ≥2%
- US-born individuals not vaccinated as infants whose parents were born in geographic regions with ≥8% hepatitis B prevalence
- Persons who inject drugs
- Men who have sex with men
- Persons affected by HIV
- Household contacts and sexual partners of those infected with hepatitis B

## Hepatitis B Screening Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Surface Antigen (HBsAg) Test</td>
<td>Test for the presence of the virus</td>
<td><img src="image" alt="Test Results" /></td>
</tr>
<tr>
<td>Hepatitis B Surface Antibody (anti-HBs) Test</td>
<td>Test for the presence of antibody</td>
<td><img src="image" alt="Test Results" /></td>
</tr>
<tr>
<td>Hepatitis B Core Antibody (anti-HBc) Test</td>
<td>Test for past or present infection</td>
<td><img src="image" alt="Test Results" /></td>
</tr>
</tbody>
</table>

## Interpretation

<table>
<thead>
<tr>
<th>Result</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current infection</td>
<td>Provide primary care referral for further testing</td>
</tr>
<tr>
<td>Prior infection with immune control</td>
<td>Watch for reactivation if becomes immune suppressed</td>
</tr>
<tr>
<td>Prior infection with immune control</td>
<td>Watch for reactivation if becomes immune suppressed</td>
</tr>
<tr>
<td>Immune</td>
<td>Protected for life, so no further action</td>
</tr>
<tr>
<td>Susceptible to infection</td>
<td>Provide referral as needed</td>
</tr>
</tbody>
</table>

## Call to Action

<table>
<thead>
<tr>
<th>Action</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide primary care referral for further testing</td>
</tr>
<tr>
<td></td>
<td>Watch for reactivation if becomes immune suppressed</td>
</tr>
<tr>
<td></td>
<td>Watch for reactivation if becomes immune suppressed</td>
</tr>
<tr>
<td></td>
<td>Protected for life, so no further action</td>
</tr>
<tr>
<td></td>
<td>Provide referral as needed</td>
</tr>
</tbody>
</table>

The Centers for Disease Control and Prevention recommends screening and vaccination for high-risk populations for hepatitis B to prevent the spread of infection. Testing reduces the risk for cirrhosis and liver cancer.
How to Start a Screening Event in Your Community

1. Establish a partnership with a local health provider (preferably a physician) who can work with you to establish a standing order for your screening.
2. Establish a lab partner to run diagnostics:
   a. Highly recommend Quest and Labcorps as starting points.
3. Establish linkage to care sites:
   a. Consider language preferences for your target communities.
   b. Consider the locations and travel accessibility of communities.
   c. Have a safety net clinic for individuals without insurance or who are underinsured.
   d. Establish relationships with health care institutions.
4. Identify community partners that can host screening events:
   a. Churches, refugee resettlement organizations, shelters, syringe exchange sites, community centers.
   b. Tip: Asking if you could provide education or screening is a great first step but remember—trust is important and might take time to develop relationships.
5. Schedule a screening event:
   a. Try to schedule evenings and weekends to accommodate for the working population.
6. Host the screening event:
   a. Consider volunteers, especially multilingual partners, to help with translations.
   b. Utilize the CDC multilingual Know Hepatitis B Campaign materials and other Hepatitis B Foundation resources available for free online.
7. Examine and interpret lab results.
8. Mail results out to participants:
   *Be sure to explain test results in preferred language*:
   a. Contact any person infected with HBsAg and ask to help them get into care.
   b. If individuals need a vaccine, then you can set up vaccination clinics.

Things You Will Need During the Screening:

1. Lab forms:
   a. Quest and Labcorps are most commonly used.
2. Demographic information forms.
3. Fact sheets/materials.
4. Informed Consent:
   a. Must have consent if you are collecting data.

For questions and information, contact:
Catherine Freeland
Public Health Program Director
Hepatitis B Foundation
3805 Old Easton Rd.
Doylestown, PA 18902
www.hepb.org
catherine.freeland@hepb.org
Here is an example of the Hepatitis B Foundation’s Screening Demographic form. You can use this or one like it!

---

**Hepatitis B Screening Survey Form**

**Screen ID (Place Sticker Here):**

**Age:**

**Sex:**

1. Male  |  2. Female  |  3. Other (Please list)

**Race:**


**Education Level:**


Alternatively, if your native education system is different, how many years of school did you attend? 

**4. Are you currently living with anyone who has hepatitis B?**

1. Yes  |  2. No  |  3. Don’t Know

**5. Country of Birth:**

**6. Year arrived in US:**

**7. Mother’s Country of Birth**

**8. Father’s Country of Birth:**

**9. If you are a woman, are you currently pregnant, or do you suspect that you are pregnant?**

1. Yes  |  2. No  |  3. Not Sure

**10. Is English your primary language?**

1. Yes  |  2. No

If not, what is your primary language?

**11. Do you have health insurance?**

1. Yes  |  2. No

**12. Do you have a regular doctor or health care provider (primary care doctor)?**

1. Yes  |  2. No

**13. Have you seen a health care provider in the past 12 months?**

1. Yes  |  2. No

**14. Have you ever been tested for hepatitis B before?**

1. Yes  |  2. No  |  3. Not Sure

If you answered “yes,” what was your result? 1. Infected  |  2. Not Infected  |  3. Not Sure
16. If you've never been tested for hepatitis B, please select the reasons below (please check all that apply):

1 □ Hepatitis B testing is too expensive, I cannot afford it
2 □ I did not know where I can get tested
3 □ My doctor never recommended that I get tested
4 □ I'm afraid of needle or blood tests
5 □ I didn't think I'm at risk for hepatitis B infection
6 □ I was afraid to find out I have hepatitis B
7 □ Other reasons (please describe): _______________________________________________________________________

18. Have you ever been vaccinated to protect you from hepatitis B?

1 □ Yes  2 □ No  3 □ Not Sure

19. Do you have any family members with hepatitis B?  □ Yes  □ No  □ Not sure

If yes, who?  1 □ spouse  2 □ mother  3 □ father  4 □ sibling  5 □ child

6 □ cousin  7 □ grandparent  8 □ uncle/aunt  9 □ Other:

20. Do you have any family members with liver cancer?  □ Yes  □ No  □ Not sure

If yes, who?  1 □ spouse  2 □ mother  3 □ father  4 □ sibling  5 □ child

6 □ cousin  7 □ grandparent  8 □ uncle/aunt  9 □ Other:

Thank you for completing this form!