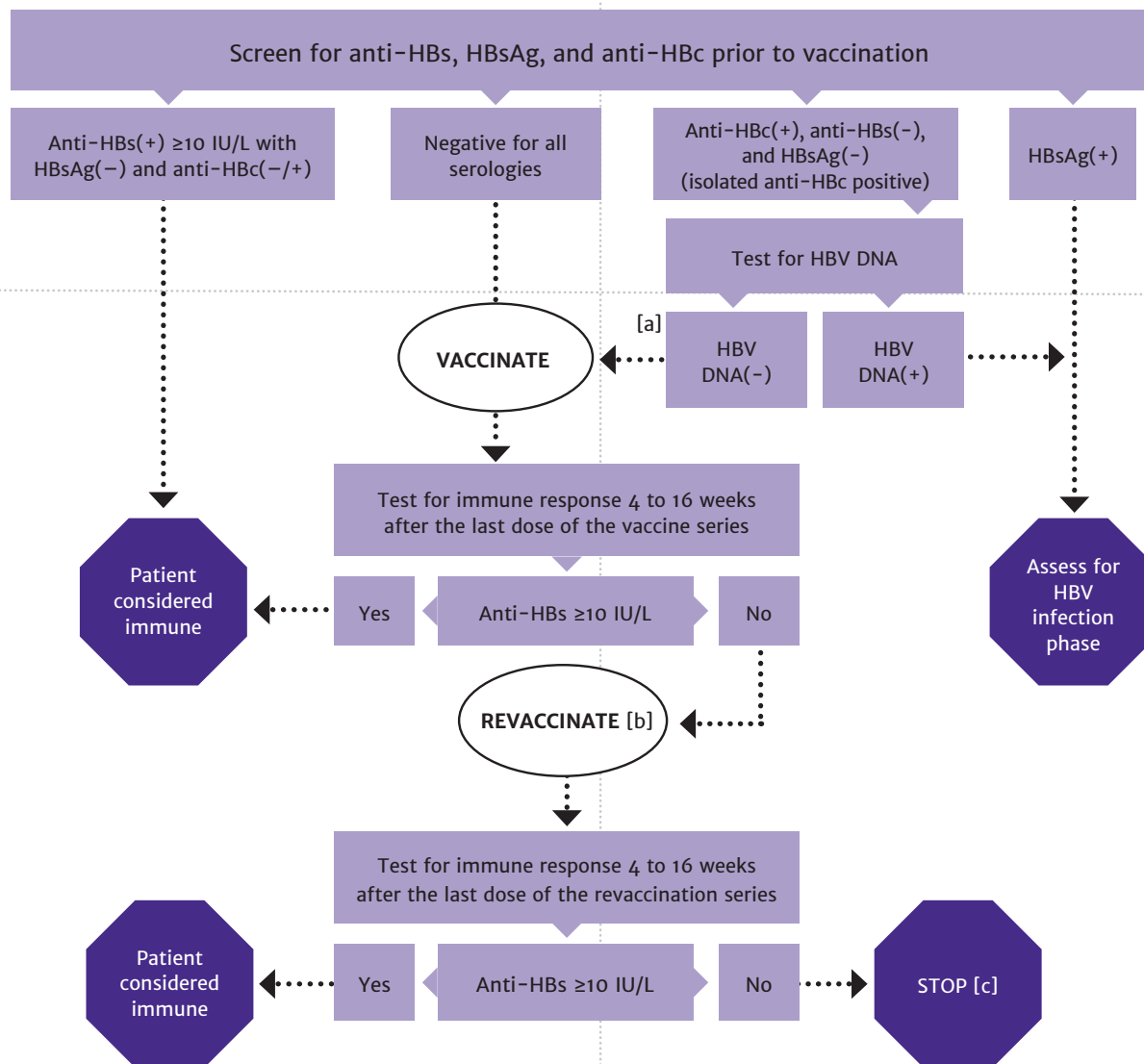


TABLE: RECOMMENDED MONITORING AFTER HBV TREATMENT INITIATION IN ADULTS WITH HIV

Laboratory Test	Every 3 Months	Every 6 Months	Every 12 Months
HBV DNA	Until HBV DNA is undetectable [a]	After HBV DNA is undetectable	
HBeAg			Check for HBeAg-negative result [b]
Electrolyte panel		X	
Serum creatinine		X	
Urinalysis [c]			X
Liver function panel [c]	Until HBV DNA is undetectable [a]	After HBV DNA is undetectable	

Notes:
 a. Undetectable is defined as <10 mIU/mL.
 b. Patients who have been taking anti-HBV treatment for several years may not convert to HBeAg-negative.
 c. See the NYSDOH AI guideline Laboratory Monitoring for Adverse Effects of ART > Frequency of Laboratory Monitoring During ART > Table 1: Minimum Laboratory Monitoring Frequency With Initiation of or Change in Antiretroviral Therapy for Patients <50 Years Old and Without Chronic Comorbidities.

FIGURE: Algorithm for HBV Screening and Vaccination in Patients With HIV



Notes:
 a. In patients with positive anti-HBc, negative anti-HBs, and negative HBsAg test results, vaccinate with 1 standard dose of Heplisav-B and check anti-HBs titer after 8 weeks. If titer is <100 mIU/mL, complete remaining dose in the vaccine series and recheck titer at least 8 weeks after the last vaccine.
 b. In patients with anti-HBs levels <10 mIU/mL (vaccine nonresponse), revaccination is recommended. If the Heplisav-B vaccine series was administered as the initial HBV vaccination, revaccinate with a third dose of Heplisav-B. If the Heplisav-B vaccine series was not administered as the initial HBV vaccination, revaccinate with a 2-dose series of Heplisav-B.
 c. A patient who is negative for all serologies and who does not respond to revaccination may have a primary nonresponse or chronic infection. HBV DNA testing may be used to detect the presence of chronic HBV infection.