HAB HIV Core Clinical Performance Measures



HAB HIV Core Clinical Performance Measures Hepatitis B Screening November 2011

Performance Mea	asure: Hepatitis B Screening		
	ents, regardless of age, for whom Hepatitis B screening was performed at least once since		
the diagnosis of H	IV/AIDS or for whom there is documented infection ² or immunity ³		
Numerator:	Number of patients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection ² or immunity ³		
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV/AIDS and who had at least two medical visits during the measurement year, with at least 60 days in between each visit		
Patient Exclusions:	None		
Data Elements:	 Does the patient, regardless of age, have a diagnosis of HIV/AIDS? (Y/N) a. If yes, did the patient have at least two medical visits during the measurement year, with at least 60 days in between each visit? (Y/N)		
Data Sources:	 Ryan White Program Services Report (RSR) question 56 (Hep B screening) Electronic Medical Record/Electronic Health Record CAREWare, Lab Tracker, or other electronic data base Medical record data abstraction by grantee of a sample of records Billing records 		
National Goals, Targets, or Benchmarks for Comparison:	Veterans Administration: 97% ⁴		

Basis for Selection and Placement in Group 2:

Hepatitis B virus (HBV) is the leading cause of chronic liver disease worldwide. In countries with low prevalence of endemic chronic HBV infection, HBV is transmitted primarily through sexual contact and injection drug use. Although risk factors are similar, HBV is transmitted more efficiently than HIV.⁵

HIV infection is association with more rapid progression of viral hepatitis-related liver disease, including end stage liver disease and cirrhosis. Antiretroviral (ARV) drugs active against both HIV and HBV may prevent the development of significant liver disease by directly suppressing HBV replication. Data suggest earlier treatment of HIV infection in persons coinfected with HBV may reduce the risk of liver disease progression. ⁶

The measure is placed in Group 2 because of the emphasis on Hepatitis screening as outlined in the National Viral Hepatitis Strategy.⁷

US Department of Health and Human Services Guidelines:

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"HIV-infected persons should be tested for HBV infection. Initial testing...should be performed because these will identify the majority of patients with chronic hepatitis B [who should be further assessed for HBV treatment and antiretroviral therapy] or who need vaccination to prevent infection."⁵

Baseline evaluation for each HIV-infected patient entering into care should include serology for hepatitis B virus. If HBsAg is positive at baseline or prior to initiation of ART, TDF+ (FTC or ₃TC) should be used as part of ARV regimen to treat both HBV and HIV infections. If HBsAg and HBsAb are negative at baseline, hepatitis B vaccine series should be administered.⁶

"The majority of HIV-infected patients with isolated anti-HBc are not immune to HBV infection and should be vaccinated with a complete primary series of hepatitis B vaccine. Certain specialists would test for HBV DNA to rule out occult chronic HBV infection before administering a complete primary series of hepatitis B vaccine."

References/Notes:

¹Screening can be completed in two ways: 1) Test for Hepatitis B surface antibody (anti-HBs) and if negative, proceed to Hepatitis B surface antigen (HBsAg) and Hepatitis B core antibody total (anti-HBc); or 2) complete all three tests as once.

²Documented infection includes any patient with active or chronic Hepatitis B infection (see chart below) ³Documented immunity includes patients immune to Hepatitis B due to natural infection or Hepatitis B vaccination (see chart below).

Interpretation of the Henatitis R Panel

http://www.cdc.	<u> </u>	HBVfaq.htm. Accessed on November 30, 2011.	
Tests	Results	Interpretation	
HBsAg	negative		
anti-HBc	negative	Susceptible	
anti-HBs	negative		
HBsAg	negative	Immune due to natural infection	
anti-HBc	positive		
anti-HBs	positive		
HBsAg	negative	gative	
anti-HBc	negative	Immune due to Hepatitis B vaccination	
anti-HBs	positive		
HBsAg	positive		
anti-HBc	positive	A outally infacted	
IgM anti-HBc	positive	Acutely infected	
anti-HBs	negative		
HBsAg	positive		
anti-HBc	positive	Chronically infacted	
IgM anti-HBc	negative	Chronically infected	
anti-HBs	negative		
		Interpretation unclear; four possibilities:	
HBsAg	negative	1. Resolved infection (most common)	
anti-HBc	positive	2. False-positive anti-HBc, thus susceptible	
anti-HBs	negative	3. "Low level" chronic infection	
		4. Resolving acute infection	

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⁴Backus et al., National Quality Forum performance measures for HIV/AIDS care: The Department of Veterans Affairs' Experience. *Arch Intern Med.* 2010;170(14):1239-1246.

⁵Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. MMWR 2009;58 (no. RR-4): 1-207. http://aidsinfo.nih.gov/contentfiles/Adult_OI_041009.pdf

⁶ Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Department of Health and Human Services. January 10, 2011; 1-166. http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf

⁷US Department of Health & Human Services. *Combatting the Silent Epidemic of Viral Hepatitis. Action Plan for the Prevention, Care & Treatment of Viral Hepatitis: 1-84.*

http://www.hhs.gov/ash/initiatives/hepatitis

Corresponding National Quality Forum (NQF) Endorsed Measure:

NQF #: 0411

Title: Hepatitis B Screening

Description: Percentage of patients for whom Hepatitis B screening was performed at least once since the

diagnosis of HIV infection or for whom there is documented immunity

Status: Endorsed (Original Endorsement Date: July 31, 2008) Available at: http://www.qualityforum.org/Measures_List.aspx

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