



Hepatitis B

A long-term virus infection of the liver: follow-up, treatment and protecting your family

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Hepatitis B is a virus that infects the liver. Many people carry it for years without symptoms. Not everyone needs medicine, but everyone needs regular follow-up. Vaccination protects your family, and once-daily tablets control the virus in those who need treatment.

What is it?

Hepatitis B virus infects liver cells. Most adults who catch it clear it within six months. When the virus is still present after six months, it is called chronic hepatitis B. Infection at birth or in early childhood is much more likely to become chronic.

Many people with chronic infection live normal lives. In some, the virus slowly inflames the liver, which over years can lead to cirrhosis and liver cancer.

How is it spread?

- From mother to baby around the time of birth, which is the commonest route in many parts of the world
- Through blood: shared razors, toothbrushes or nail clippers, and unsterile needles or equipment used for injections, tattoos, cupping (hijama) or dental and medical procedures
- Through sexual contact
- It is not spread by sharing food or utensils, hugging, shaking hands, coughing or breastfeeding

Tests

- Hepatitis B surface antigen (HBsAg): a positive result means the virus is present
- Hepatitis B core antibody (anti-HBc): shows past or current infection

- Surface antibody (anti-HBs): shows immunity, from vaccination or from clearing the infection
- Viral load (HBV DNA), liver enzymes (ALT) and the 'e' antigen help decide whether treatment is needed
- A liver ultrasound and FibroScan check for scarring
- Tests for hepatitis D, hepatitis C and HIV, which can occur together with hepatitis B and change treatment

Who needs treatment?

The decision depends on your viral load, liver tests, scarring, age and any family history of liver cancer. Treatment is advised for everyone with cirrhosis and for people with active liver inflammation. Recent guidelines have widened who is offered treatment, so your doctor may raise it even if you were previously told you did not need it.

- The usual medicines are tenofovir or entecavir, one tablet a day. They suppress the virus very effectively and are well tolerated. Tenofovir comes in two forms, tenofovir disoproxil (TDF) and tenofovir alafenamide (TAF). Both are used in Oman, and TDF is the more widely available. Entecavir should be taken on an empty stomach; ask your doctor or pharmacist about the best time to take it
- Treatment is usually long term, often lifelong. It controls the virus but rarely removes it completely
- Never stop antiviral tablets on your own, even if you feel well. Stopping can cause a sudden and sometimes severe flare of hepatitis
- Blood tests monitor the virus and, depending on the medicine, kidney function

People who are not on treatment still need blood tests, usually every 6 to 12 months, because the infection can change over time.

Liver cancer surveillance

Some people with hepatitis B have a higher risk of liver cancer, including those with cirrhosis, those with a family history of liver cancer, and some older adults even without cirrhosis. For them, a liver ultrasound every six months, sometimes with a blood test, is advised to find any cancer early, when it is most treatable. Antiviral treatment lowers this risk but does not remove it.

Protecting your family

- Household members, and your husband or wife or any other sexual partner, should be tested and, if not immune, vaccinated. The vaccine is safe and highly effective
- Do not share razors, toothbrushes or nail clippers, and cover cuts with a plaster
- Tell your dentist and any doctor treating you that you have hepatitis B
- Do not donate blood or plasma. If you wish to be an organ donor, mention your hepatitis B to the donation team

Pregnancy

- All pregnant women should be tested for hepatitis B
- Babies of mothers with hepatitis B should receive the first vaccine dose and hepatitis B immunoglobulin as soon as possible after birth, within 12 hours, and then complete the vaccine schedule. This prevents most infections. The baby is usually tested at 9 to 12 months of age to confirm protection
- If the mother's viral load is high (usually above 200,000 IU/mL), tenofovir is usually started at around 24 to 28 weeks of pregnancy to reduce the risk further. Your team will check your liver tests after delivery, especially if tenofovir is stopped
- If you take entecavir and are planning a pregnancy, or become pregnant, do not stop it; contact your liver team promptly, as you will usually be switched to tenofovir
- Breastfeeding is safe, including while taking tenofovir

Medicines that weaken the immune system

Chemotherapy, rituximab, biologic treatments (for example for inflammatory bowel disease or rheumatoid arthritis) and high-dose steroids can reactivate hepatitis B, sometimes even in people who cleared the infection many years ago. You should be tested before starting such treatment, and preventive antiviral tablets may be needed.

Get urgent medical care if you have

- Yellow eyes or skin, or very dark urine
- Vomiting blood or passing black stools
- Confusion or unusual sleepiness
- Swelling of the abdomen
- Feeling very unwell, with nausea or jaundice, after stopping antiviral tablets

Common questions

Can I get married if I have hepatitis B?

Yes. Your husband or wife, or any other sexual partner, should be tested and, if not immune, vaccinated. A blood test after the last vaccine dose confirms protection; until then, use condoms. Once your partner is immune, the risk of passing on the infection is very low.

Can hepatitis B be cured?

Not usually. Current medicines control the virus very well but rarely clear it completely. Research into a cure is active.

Can I work and study normally?

Yes. Hepatitis B is not a reason to be excluded from work, school or family meals. Healthcare workers who perform certain procedures follow specific rules.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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