

**In each of 4 areas, select for re-survey
both 20 random villages and part of 1 town.
Seek blood in 2007-8 (at ages 17-21) from all
born in GHIS recruitment phase (1986-90).**

**2670 bled: field-test for HBV surface protein
(241 HBsAg+ve and 2429 HBsAg-ve).
Send 5 ml chilled blood to laboratory; HBV
tests in lab depend on HBV field-test result.**

Lab tests in 240/241 of those HBsAg+ve:
Anti-HBc (assay both IgG and IgM)
Assay HBeAg (and, if negative, anti-HBe)
Liver function tests (ALT, AST)
Hepatitis C virus (assay anti-HCV)

Lab tests in 2102/2429 of those HBsAg-ve:
Anti-HBc (assay only IgG)
No assay of HBeAg (or anti-HBe)
Liver function tests (ALT, AST)*
Hepatitis C virus (assay anti-HCV)

**Attempted linkage of all 2670 blood samples
to original records from 1986-1990 GHIS :**
1917 not linked (so vaccination status unknown),
and 753 linked (255 fully vaccinated [3-4 doses],
23 partially vaccinated, 475 unvaccinated)

* For each HBsAg+ve sample tested, liver function tests were done on 2 age and sex-matched HBsAg-ve samples.

HBV surface antigen (HBsAg) implies current infection, anti-HBV core (anti-HBc) implies current or past infection; immunoglobulin G (IgG) anti-HBc can persist indefinitely, but IgM anti-HBc is transient, indicating recent infection. HBV early antigen (HBeAg) implies intense current infection, and generally precludes antibody to it (anti-HBe). Antibody to hepatitis C virus (anti-HCV) generally implies current HCV infection.