

Hepatitis B and Sexual Transmission

Understanding HBV, Sexual Transmission, Testing, Vaccination, Post-Exposure Prevention, Treatment, Pregnancy, Fertility and the Supportive Role of Unani Medicine

By Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care

Focused Practice in Sexual Disorders & Infertility

BUMS — Hamdard University, Delhi

MD

CGO

Certificate in Infertility — MGBIMS, Delhi

Certificate in Urology — London, UK

Masters in Male Infertility — MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health — ISRH, UNFPA

A Message From Dr. Nizamuddin Qasmi

When a patient tells me:

“Doctor, my husband or wife has hepatitis B. Can it spread through sexual intercourse?”

my answer is:

Yes—hepatitis B can be sexually transmitted.

But I immediately add another equally important message:

Hepatitis B is one of the major sexually transmissible viral infections for which we have a highly effective preventive vaccine.

This makes hepatitis B very different from many other chronic viral infections.

If one partner is infected with hepatitis B virus—HBV—the other partner does not need to live permanently in fear.

The correct approach is to determine:

Is the infected partner truly HBsAg positive?

Is the other partner already immune?

Has the other partner completed hepatitis B vaccination?

Was there a recent unprotected sexual exposure?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Is post-exposure prophylaxis needed?

Does the infected patient have active viral replication?

Is pregnancy being planned?

Is either partner experiencing infertility?

These questions matter far more than simply saying:

“Avoid your partner because hepatitis B is infectious.”

Modern hepatitis B care allows us to protect partners, safely plan marriage and pregnancy, and manage chronic infection before serious liver damage develops.

What Is Hepatitis B?

Hepatitis B is an infection caused by the:

Hepatitis B Virus — HBV.

HBV primarily attacks the:

liver.

The infection may be:

Acute

meaning a relatively recent, short-term infection;

or:

Chronic

meaning that the virus persists long term.

WHO's **July 2026 hepatitis B update** estimates that approximately **240 million people were living with chronic hepatitis B in 2024**, with around **900,000 new infections annually**. Hepatitis B caused an estimated **1.1 million deaths in 2024**, mostly because of cirrhosis and hepatocellular carcinoma—primary liver cancer.

These numbers show that hepatitis B remains a major global health problem.

But it is also highly preventable.

Vaccination is the cornerstone of hepatitis B prevention.

Why Hepatitis B Matters in Sexual Medicine



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

People often think of hepatitis B only as:

“a liver disease.”

That description is incomplete.

HBV can spread through:

- blood,
- semen,
- vaginal secretions,
- other infected body fluids.

Sexual contact is therefore an important route of HBV transmission.

CDC identifies sexual contact as one of the primary routes through which hepatitis B is acquired.

This means hepatitis B belongs not only in:

- hepatology,
- gastroenterology,

but also in:

sexual and reproductive health.

At Saira Health Care, this becomes particularly relevant when couples ask about:

- marriage,
- intercourse,
- contraception,
- conception,
- pregnancy,
- infertility.

Hepatitis B Is Different From Hepatitis A, C and HIV

Patients frequently confuse different viral infections.

Hepatitis A

is usually acquired through contaminated food or water.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Hepatitis B

can be transmitted through:

- sexual contact,
- blood,
- contaminated needles,
- childbirth.

It has an effective vaccine.

Hepatitis C

is transmitted mainly through blood exposure.

There is no vaccine, but modern hepatitis C treatment can usually cure the infection.

HIV

can also be sexually transmitted, but hepatitis B is a completely different virus affecting primarily the liver.

A person with hepatitis B does not automatically have:

- hepatitis C,
- HIV.

However, testing for coinfections may be appropriate according to clinical circumstances.

How Does Hepatitis B Spread Sexually?

Hepatitis B virus can be present in:

- semen,
- vaginal secretions,
- blood.

During sexual activity, the virus can enter through:

- genital mucosa,
- anal mucosa,
- microscopic skin or mucosal injury.

CDC specifically identifies:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

sex with an infected partner

as an important route of hepatitis B transmission.

Transmission may occur during:

- vaginal intercourse,
- anal intercourse,
- sexual activity involving exposure to infected blood or genital secretions.

Can Hepatitis B Spread Even When the Infected Partner Feels Completely Healthy?

Yes.

This is extremely important.

Many people with hepatitis B have:

no symptoms.

CDC emphasizes that people can transmit HBV even when they do not look or feel ill.

Therefore:

absence of symptoms does not mean absence of infection.

A healthy-looking partner can still be:

- HBsAg positive,
- infectious.

Testing is more useful than judging risk from appearance.

Can Hepatitis B Be Transmitted Through Kissing?

HBV can be detected in saliva, but ordinary:

- kissing,
- sharing utensils,
- eating together

are not considered normal routes of hepatitis B transmission.

CDC states that hepatitis B is not ordinarily spread through:

- kissing,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- sharing utensils,
- coughing,
- sneezing,
- hugging,
- food,
- water.

This distinction is important because patients with hepatitis B should not be socially isolated.

Can Hepatitis B Spread Through Hugging or Touching?

No.

Normal:

- handshaking,
- hugging,
- sitting together,
- working together

do not transmit hepatitis B.

A person with HBV should not be treated as dangerous during ordinary daily social contact.

Can Hepatitis B Spread Through a Toilet Seat?

Ordinary toilet use is not an established route of hepatitis B transmission.

The more important household risks are items that may become contaminated with blood.

Examples include:

- razors,
- toothbrushes,
- injecting equipment.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

CDC specifically advises people with HBsAg-positive hepatitis B not to share personal items that can become contaminated with blood.

What Is HBsAg?

One of the most important hepatitis B tests is:

Hepatitis B Surface Antigen — HBsAg.

If HBsAg is present, it usually indicates:

current hepatitis B infection.

This may represent:

- acute infection,
- chronic infection.

Additional blood tests help determine which.

CDC notes that HBsAg is generally a marker of current HBV infection and potential infectivity.

What Is Anti-HBs?

Anti-HBs means:

antibody against hepatitis B surface antigen.

Anti-HBs can indicate immunity following:

- successful vaccination,
- recovery from previous infection.

After a completed vaccination series, an anti-HBs concentration of at least:

10 mIU/mL

is generally considered evidence of protective vaccine response in circumstances where post-vaccination testing is indicated.

This becomes particularly important for the sexual partner of an HBsAg-positive person.

What Is Anti-HBc?

Anti-HBc means:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

hepatitis B core antibody.

Unlike anti-HBs from vaccination, anti-HBc appears after:

actual exposure to hepatitis B virus.

Total anti-HBc may remain detectable for life after previous infection.

This helps distinguish:

- vaccine immunity,

from:

- immunity resulting from previous natural infection.
-

The Modern “Triple Panel” Test

For someone being evaluated for hepatitis B status, one very informative approach is a three-marker panel consisting of:

1. **HBsAg**
2. **anti-HBs**
3. **total anti-HBc**

CDC currently recommends this “triple panel” for initial adult hepatitis B screening.

Together, these results can help determine whether someone is:

- currently infected,
 - previously infected and recovered,
 - immune from vaccination,
 - still susceptible.
-

Simple Interpretation of Hepatitis B Results

HBsAg negative + anti-HBc negative + anti-HBs negative

The person is generally:

susceptible

if no completed vaccine series is documented.

Vaccination should be considered.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

HBsAg negative + anti-HBc negative + anti-HBs positive

This usually indicates:

immunity from vaccination.

HBsAg negative + anti-HBc positive + anti-HBs positive

This generally indicates:

previous infection that has resolved.

HBsAg positive + anti-HBc positive + anti-HBs negative

This indicates:

current HBV infection,

which may be acute or chronic depending upon additional findings and duration.

How Do We Distinguish Acute From Chronic Hepatitis B?

In general, persistent HBsAg positivity indicates chronic hepatitis B when infection continues beyond the acute phase.

Additional testing can include:

- IgM anti-HBc,
- HBV DNA,
- HBeAg,
- ALT,
- AST,
- bilirubin.

IgM anti-HBc is particularly useful when:

recent acute infection

is suspected.

What Is HBV DNA?

HBV DNA measures the amount of hepatitis B viral genetic material in the blood.

In simple language:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

it is a viral-load test.

It helps clinicians understand:

- how actively HBV is replicating,
- treatment eligibility,
- response to treatment,
- pregnancy transmission risk.

The WHO 2024 guideline places increased emphasis on access to:

- HBV DNA testing,
 - point-of-care viral-load testing,
 - reflex testing.
-

What Is HBeAg?

HBeAg—hepatitis B e antigen—is another marker associated with:

- viral replication,
- increased infectivity.

However:

an HBeAg-negative patient can still have active hepatitis B.

This is why modern management increasingly relies upon:

- HBV DNA,
- liver assessment,

rather than a single marker alone.

What Is the Incubation Period?

After exposure, hepatitis B does not usually produce symptoms immediately.

CDC reports that signs and symptoms of acute HBV infection may develop roughly:

60–150 days after exposure,

with an average around 90 days.

Therefore:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

waiting for jaundice or weakness is not an appropriate way to decide whether transmission occurred.

If a significant exposure has occurred, prevention and testing decisions should begin before symptoms appear.

Symptoms of Acute Hepatitis B

Many infections cause no symptoms.

When acute hepatitis B does produce symptoms, a patient may experience:

- marked tiredness,
- poor appetite,
- nausea or vomiting,
- abdominal discomfort,
- fever,
- joint pain,
- dark urine,
- pale or clay-coloured stools,
- yellow eyes or skin—jaundice.

But symptoms cannot confirm or exclude HBV.

Blood testing is required.

Chronic Hepatitis B May Be Silent for Years

One of the dangerous features of chronic HBV infection is that liver injury may develop while the patient feels normal.

CDC notes that many people with chronic hepatitis B remain asymptomatic until much later in life.

This is why an HBsAg-positive patient should not say:

“My liver is fine because I don't have pain.”

Monitoring can be necessary even when no treatment is immediately required.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

How Often Does Acute Hepatitis B Become Chronic?

Age at infection makes an enormous difference.

Among adults who acquire HBV, most clear the infection spontaneously.

CDC reports that approximately **95% of infected adults recover completely**, while only a small percentage develop chronic HBV infection.

In contrast, infection during infancy is much more likely to become lifelong.

Approximately:

90% of infected infants

can develop chronic infection.

This is why protecting babies at birth is so important.

Why Chronic Hepatitis B Is Serious

Chronic infection can gradually damage the liver and eventually lead to:

fibrosis

cirrhosis

liver failure

hepatocellular carcinoma — liver cancer.

WHO estimated approximately **1.1 million HBV-related deaths in 2024**, primarily from cirrhosis and liver cancer.

However:

not every person with chronic hepatitis B develops these complications.

Risk can be reduced through:

- monitoring,
- antiviral treatment when indicated,
- limiting liver toxins,
- surveillance for liver cancer in appropriate patients.

My Husband or Wife Is HBsAg Positive — What Should I Do?

This is one of the most important practical sections of this article.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

The uninfected partner should not simply panic.

The correct response is:

determine immunity.

Testing may include:

- HBsAg,
- anti-HBs,
- total anti-HBc.

If the partner is already immune:

sexual transmission can be prevented by that established immunity.

If the partner is susceptible:

hepatitis B vaccination should begin promptly.

CDC specifically recommends vaccination for susceptible sexual partners of HBsAg-positive individuals.

Should We Use Condoms While Vaccination Is Being Completed?

Yes, when one partner is infected and the other partner is not yet known to be protected.

CDC recommends that sexual partners of HBsAg-positive people use condoms until:

- vaccination has been completed,
- protection has been documented where post-vaccination testing is appropriate.

Once appropriate vaccine immunity is established, the prevention strategy changes substantially.

Can a Vaccinated Partner Have Normal Married Life With an HBsAg-Positive Person?

Yes.

The purpose of vaccination is precisely to protect a susceptible person from hepatitis B.

For a regular sexual partner of a person with hepatitis B, documenting protective immunity provides important reassurance.

Marriage itself does not need to be avoided merely because one partner has chronic HBV.

The infected partner still requires:

- liver evaluation,
- appropriate follow-up,
- treatment when indicated.

What If Unprotected Sex Has Already Happened?

Do not simply wait for symptoms.

A susceptible, unvaccinated person who has had sexual exposure to an HBsAg-positive partner should seek:

prompt medical assessment for hepatitis B post-exposure prophylaxis.

CDC recommends both:

- hepatitis B vaccine,
- hepatitis B immune globulin—HBIG

for certain susceptible persons after sexual exposure to a confirmed HBsAg-positive source.

The key principle is:

post-exposure prevention works best when given promptly.

What Is HBIG?

HBIG means:

Hepatitis B Immune Globulin.

It contains antibodies against HBV and provides:

temporary immediate protection.

The hepatitis B vaccine provides:

active longer-term protection.

When both are clinically indicated, they perform different roles.

HBIG is not a substitute for completing the hepatitis B vaccination series.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Should I Wait for My Test Results Before Starting the Vaccine After Exposure?

Not necessarily.

When a clinician determines that a significant exposure occurred and the exposed person is susceptible, prevention should not be unnecessarily delayed.

The exact post-exposure plan depends upon:

- source status,
- vaccination history,
- previous anti-HBs response,
- timing of exposure.

This deserves prompt medical assessment.

What If I Was Vaccinated Many Years Ago?

A documented complete vaccine series frequently provides long-lasting immune memory even when circulating antibody concentrations decline.

However, after a significant exposure, the clinician may consider:

- vaccination records,
- anti-HBs result,
- immune status.

CDC provides different post-exposure strategies for:

- documented vaccine responders,
- non-responders,
- vaccinated people with unknown response,
- unvaccinated people.

What Anti-HBs Level Is Considered Protective?

After vaccination, an anti-HBs concentration of:

at least 10 mIU/mL

is generally considered protective when response testing is indicated.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Routine post-vaccination antibody testing is not necessary for every healthy vaccinated person.

But it is particularly useful in selected high-risk situations, including sexual partners of known carriers in some clinical protocols.

Can Hepatitis B Be Prevented Completely by the Vaccine?

Hepatitis B vaccines are highly effective.

No medical intervention should be described as literally 100% effective in every individual because some people fail to produce sufficient antibody.

This is why immune-response testing can be valuable in selected high-risk patients.

Hepatitis B Vaccination in India

India's **National Viral Hepatitis Control Programme—NVHCP** identifies hepatitis B vaccination as a major preventive strategy and includes vaccination of:

- newborns,
- high-risk populations,
- healthcare workers.

Under India's Universal Immunization Programme, the hepatitis B birth dose should be given:

as soon as possible after birth and within 24 hours.

The birth dose is especially important because HBV infection acquired during infancy carries an exceptionally high risk of becoming chronic.

India's National Viral Hepatitis Control Programme

The Government of India launched the:

National Viral Hepatitis Control Programme

under the National Health Mission.

The programme aims to provide:

- awareness,
- prevention,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- screening,
- diagnosis,
- treatment,
- counselling.

The programme states that free diagnosis and treatment services for hepatitis B and C are being expanded through public healthcare services.

India also maintains a network of designated hepatitis-treatment centres under the NVHCP.

Can I Get Hepatitis B From a Tattoo or Piercing?

Yes, if equipment contaminated with infected blood is reused or sterilization is inadequate.

HBV can spread through:

- contaminated needles,
- sharp instruments,
- unsafe medical procedures.

Always choose facilities that use:

- sterile,
- appropriately disposable or sterilized equipment.

Can Hepatitis B Spread Through Shaving Razors?

Potentially yes.

A razor can develop microscopic blood contamination.

People with hepatitis B should not share:

- razors,
- toothbrushes,
- needles.

Does Hepatitis B Spread Through Food?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

No.

Hepatitis B is different from hepatitis A.

It is not ordinarily acquired from:

- contaminated food,
- drinking water.

Should Family Members Be Tested?

Yes, household and sexual contacts of a person with chronic hepatitis B should be appropriately:

- screened,
- vaccinated if susceptible.

WHO specifically includes screening family, household and sexual contacts and vaccinating susceptible individuals among preventive measures for chronic HBV.

How Is Chronic Hepatitis B Assessed?

A positive HBsAg test is not the end of the evaluation.

A patient may require assessment of:

- ALT and AST,
- bilirubin,
- albumin,
- platelet count,
- HBV DNA viral load,
- HBeAg/anti-HBe,
- kidney function before selected treatments,
- liver fibrosis.

Fibrosis may be assessed through:

- APRI,
- transient elastography—FibroScan,
- other methods.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

WHO's updated hepatitis B guidance recommends combining:

- liver-disease assessment,
- ALT,
- HBV DNA,
- medical history

to determine treatment eligibility.

Should Every HBsAg-Positive Patient Immediately Take Antiviral Medicine?

No.

This is another major misconception.

Some patients require treatment immediately.

Others can safely undergo structured monitoring.

The **WHO 2024 guideline** substantially expanded eligibility for hepatitis B treatment.

Treatment is recommended for adults and adolescents with important findings such as:

- significant liver fibrosis or cirrhosis;
- elevated HBV DNA together with abnormal ALT;
- selected coinfections;
- immunosuppression;
- relevant comorbidities;
- certain extrahepatic manifestations;
- important family history of liver cancer or cirrhosis.

Where HBV DNA testing is unavailable, persistently abnormal ALT can also contribute to treatment eligibility.

The decision should therefore be made by a clinician experienced in chronic hepatitis B.

Which Medicines Are Used for Chronic Hepatitis B?

Current WHO guidance uses potent nucleos(t)ide analogues with a high barrier to resistance.

Important first-line medicines include:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Tenofovir disoproxil fumarate — TDF

and:

Entecavir — ETV.

WHO's updated recommendations also describe alternative tenofovir-containing regimens and selected use of TAF or entecavir where renal impairment or osteoporosis changes drug choice.

These medicines suppress viral replication very effectively.

Do Hepatitis B Medicines Cure the Infection Completely?

Usually:

No.

Current nucleos(t)ide antiviral treatment primarily produces:

viral suppression.

It can substantially reduce:

- liver inflammation,
- disease progression,
- cirrhosis,
- liver-cancer risk.

But complete HBsAg loss—sometimes referred to as functional cure—occurs in only a minority of treated patients.

Therefore:

an undetectable HBV DNA result does not automatically mean hepatitis B has been completely eliminated.

Patients should not stop antiviral medicine without specialist advice.

Is Hepatitis B Like HIV U=U?

No.

Patients sometimes know that a person living with HIV who is durably undetectable does not sexually transmit HIV.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

That specific:

U=U principle

should not simply be transferred to hepatitis B.

HBV management uses different prevention tools.

For the uninfected sexual partner of an HBsAg-positive person, the most important established protection is:

hepatitis B vaccination with confirmed immunity where appropriate.

Until the partner is protected, condoms remain advisable.

Acute Hepatitis B Treatment

Most immunocompetent adults with acute hepatitis B eventually clear the infection spontaneously.

Treatment of uncomplicated acute hepatitis B is usually supportive.

The patient may need:

- hydration,
- nutritional support,
- avoidance of alcohol,
- monitoring.

Severe or fulminant hepatitis requires specialist or hospital management.

Antiviral treatment may be used in selected severe cases under specialist care.

Alcohol and Hepatitis B

A patient with chronic HBV should minimize or avoid alcohol according to medical advice.

Alcohol adds another source of liver injury and can accelerate liver disease.

WHO includes counselling about alcohol consumption, nutrition and physical activity in general care for people with chronic hepatitis B.

Herbal Medicines and Liver Safety



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

A common mistake is to assume:

“Herbal means safe for the liver.”

That is not always true.

Some herbal or supplement products can themselves cause:

- liver injury,
- drug interactions.

CDC advises people with chronic hepatitis B to discuss:

- herbs,
- nutritional supplements,
- prescription and non-prescription medicines

with their healthcare professional because some can harm the liver.

This is particularly relevant when integrating Unani medicine.

Hepatitis B and Hepatitis D

Hepatitis D virus—HDV—can infect only people who have hepatitis B.

HBV/HDV coinfection can produce more severe liver disease.

The WHO 2024 hepatitis B guideline specifically expanded recommendations concerning:

- who should be tested for hepatitis D,
- how HDV testing should be performed.

Therefore, selected HBsAg-positive patients may require HDV testing.

Hepatitis B and HIV

HBV and HIV share some transmission routes.

Coinfection affects treatment decisions because some antiretroviral medicines active against HIV also suppress hepatitis B.

A patient should never stop an HIV regimen containing HBV-active drugs abruptly without specialist supervision because hepatitis B can flare.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

WHO includes HIV coinfection among conditions that can influence hepatitis B treatment eligibility.

Hepatitis B and Hepatitis C

People can occasionally have:

- HBV,
- HCV

together.

Screening for hepatitis C may therefore be appropriate in people with hepatitis B depending upon risk and clinical circumstances.

Hepatitis B in Pregnancy

A woman with hepatitis B:

can become pregnant.

HBV does not automatically prevent pregnancy.

However, pregnancy requires careful planning because the principal concern is:

mother-to-child transmission.

HBV can be transmitted during childbirth, and infection acquired at birth has an exceptionally high risk of becoming chronic.

Every Pregnant Woman Should Know Her Hepatitis B Status

Screening during pregnancy allows doctors to identify women who are:

HBsAg positive.

Once identified, the next questions include:

- HBV DNA viral load,
- maternal liver disease,
- need for antiviral treatment,
- prevention plan for the newborn.

The WHO and CDC both emphasize hepatitis B screening during pregnancy.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

High Viral Load During Pregnancy

Women with high HBV DNA levels have greater risk of transmitting infection to the infant.

WHO guidance uses approximately:

HBV DNA $\geq 200,000$ IU/mL

as an important threshold for maternal antiviral prophylaxis when HBV DNA testing is available.

Tenofovir disoproxil fumarate—TDF—is the principal antiviral used for this purpose.

WHO 2024 Pregnancy Update

The WHO 2024 hepatitis B guideline expanded options for prevention of mother-to-child transmission.

Where HBV DNA or HBeAg testing is available, women with:

- high viral load,
- or HBeAg positivity under relevant criteria

can receive tenofovir prophylaxis.

Where access to such testing is limited, WHO also provides an option for broader antiviral prophylaxis among HBsAg-positive pregnant women in appropriate programmes.

This is an important public-health development.

What Should Happen to the Baby?

A baby born to a mother with hepatitis B requires:

immediate prevention.

In India, universal hepatitis B vaccination should be given:

as soon as possible and within 24 hours after birth.

For infants born to an HBsAg-positive mother, international prevention protocols include:

hepatitis B vaccine plus HBIG promptly after birth,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

commonly within the first 12 hours when available.

The infant then completes the appropriate vaccine series and receives follow-up testing.

Why Is Protection at Birth So Important?

HBV acquired during adulthood usually resolves.

HBV acquired during infancy behaves very differently.

Approximately:

90% of infected infants

may develop chronic hepatitis B.

This is why timely birth-dose vaccination is one of the most important interventions in hepatitis medicine.

Can a Mother With Hepatitis B Breastfeed?

HBV is not ordinarily considered a reason to avoid breastfeeding when appropriate neonatal immunoprophylaxis has been provided and current maternal-care recommendations are followed.

CDC does not list breastfeeding as an ordinary HBV transmission route.

Individual decisions should still be coordinated with:

- obstetric,
 - pediatric,
 - liver specialists.
-

Does Hepatitis B Cause Infertility?

The answer is:

not in every patient, and the relationship is complex.

HBV is not traditionally considered a simple direct cause of infertility in the same way that:

- bilateral tubal damage,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- severe azoospermia

are.

However, research increasingly suggests that chronic HBV infection may be associated with reproductive changes, particularly in men.

This does not mean:

“HBV-positive = infertile.”

Many people with hepatitis B conceive naturally.

Hepatitis B and Male Fertility

A 2024 systematic review and meta-analysis found associations between male HBV infection and lower:

- semen volume,
- sperm concentration,
- sperm motility,
- progressive motility,
- normal morphology.

The investigators emphasized significant variation among studies and the need for larger, better-designed research before making broad clinical management recommendations.

Another 2024 meta-analysis including more than **10,000 patients** likewise found poorer several semen parameters among HBV-positive infertile men but called for stronger evidence.

Therefore:

HBV may be relevant to semen quality, but it should not automatically be diagnosed as the sole cause of male infertility.

Should Every HBsAg-Positive Man Have a Semen Analysis?

No.

A semen analysis is appropriate when there is a fertility indication, such as:

- difficulty conceiving,

- reproductive planning before fertility treatment.

HBV positivity alone does not mean every man requires semen testing.

Should Every Infertile Man Be Tested for Hepatitis B?

Hepatitis B screening may be part of:

- preconception care,
- assisted-reproduction screening,
- general adult screening,
- risk-based evaluation.

But an abnormal semen analysis should still be evaluated for all important male causes, including:

- varicocele,
- hormonal disease,
- testicular problems,
- genetic abnormalities,
- smoking,
- obesity,
- medication,
- heat exposure.

Do not stop the infertility evaluation after finding HBsAg positivity.

Can a Man With Hepatitis B Father a Child Naturally?

Yes.

HBV infection does not automatically prevent biological fatherhood.

The first priority is to protect the female partner.

If she is susceptible:

she should be appropriately vaccinated.

Once protective immunity is established, natural conception can often be planned without treating HBV itself as an automatic indication for IVF.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Do HBsAg-Positive Men Automatically Need ICSI?

No.

IVF or ICSI should be recommended because of:

- semen abnormalities,
- female infertility,
- other genuine fertility indications.

Not simply because a man is HBsAg positive.

A 2025 systematic review and meta-analysis of paternal HBV in assisted reproduction found no significant overall reduction in clinical pregnancy or live-birth rates in couples undergoing ART.

Hepatitis B and Female Fertility

The evidence is less straightforward.

Research has explored possible relationships between chronic HBV and:

- ovarian biology,
- tubal infertility,
- assisted-reproduction outcomes.

However, results have been inconsistent.

A 2026 systematic review of women undergoing IVF found that maternal HBV was **not significantly associated with lower clinical pregnancy or live-birth rates overall**, although an increased rate of preterm delivery was observed.

Therefore:

a woman should not be labelled infertile simply because she is HBsAg positive.

What If a Woman With Hepatitis B Is Infertile?

She should receive the same systematic fertility evaluation as other patients.

This may include:

- age,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- ovulation,
- ovarian reserve where appropriate,
- uterine assessment,
- tubal patency,
- male partner semen analysis.

At the same time, her HBV status requires:

- liver assessment,
- viral-load evaluation,
- reproductive counselling.

These two pathways should be coordinated.

Hepatitis B and IVF

HBV positivity does not automatically prevent:

- IVF,
- ICSI.

A fertility centre may use specific infection-control and laboratory procedures.

Current evidence suggests ART outcomes are often broadly comparable, although some subgroups with active viral replication may differ and data remain under study.

A hepatology plan and reproductive-medicine plan should therefore be coordinated.

Can an HBsAg-Positive Couple Have Healthy Children?

Yes.

The most important steps are:

- appropriate hepatitis evaluation,
- vaccination of the susceptible partner,
- maternal screening,
- maternal viral-load assessment if the woman is infected,
- neonatal vaccination and immunoprophylaxis.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Modern prevention can dramatically reduce transmission.

Should HBV-Positive People Donate Semen?

CDC advises HBsAg-positive people not to donate:

- blood,
- organs,
- tissue,
- semen.

This should not be confused with using one's own sperm within medically supervised fertility treatment, where specialised protocols may apply.

Hepatitis B and Sexual Dysfunction

Hepatitis B usually does not directly damage the physiological mechanism of erection.

However, a diagnosis can produce:

- anxiety,
- fear of infecting the partner,
- loss of sexual confidence,
- avoidance of intercourse,
- relationship tension.

These psychological and relational factors can contribute to:

- erectile dysfunction,
- performance anxiety,
- reduced libido.

Because my practice focuses on **Sexual Disorders & Infertility**, I consider this part of comprehensive management.

Treating the liver while leaving the patient afraid of intimacy is incomplete care.

Hepatitis B and Marriage

HBV infection does not medically prevent marriage.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

A responsible marriage or long-term partnership plan includes:

testing the other partner.

If susceptible:

vaccinate the other partner.

Until adequate protection is established:

use appropriate barrier protection.

The infected partner should remain under medical follow-up.

With this approach, HBV need not prevent:

- marriage,
- sexual intimacy,
- family planning.

Does a Positive HBsAg Test Prove Recent Sexual Transmission?

No.

HBsAg tells us that infection is currently present.

It does not automatically tell us:

- when the infection occurred,
- from whom it was acquired.

Many chronic HBV infections were acquired:

- during childbirth,
- during childhood,
- many years earlier.

Therefore:

HBV positivity should never automatically be interpreted as proof of recent infidelity.

The Unani Perspective on Hepatitis B



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

As a physician trained in **Unani medicine** and focused on **Sexual Disorders & Infertility**, I consider liver health extremely important to general and reproductive wellbeing.

In traditional Unani literature, liver disorders are discussed within concepts involving:

- **Kabid — the liver,**
- temperament or **Mizaj,**
- digestion,
- nutrition,
- systemic balance.

Traditional Unani management may focus on:

- appropriate diet,
- digestive wellbeing,
- general physical strength,
- liver-supportive care.

CCRUM has conducted research into:

- infective hepatitis,
- traditional hepatoprotective formulations,
- chronic liver disease.

This research provides a scientific basis for continued investigation of Unani approaches to supportive liver care.

However, hepatitis B presents a special challenge:

it is caused by a persistent DNA virus.

Therefore, supportive improvement in:

- appetite,
- bilirubin,
- ALT,
- AST,
- general symptoms

should not automatically be interpreted as:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

eradication of HBV.

Research on Unani Medicine and Hepatitis B

Some direct Unani research has been published.

A small 2013 comparative study from Ajmal Khan Tibbiya College, Aligarh Muslim University, evaluated a Unani formulation known as **Kabdeen** against other treatments in patients with hepatitis B.

The study included only:

30 patients,

with ten people per group and approximately 60 days of treatment.

It reported improvements in clinical symptoms and liver-function measures and described HBsAg clearance in some participants.

This study is interesting and demonstrates that Unani treatment of hepatitis B has been subjected to clinical investigation.

However, its limitations are substantial.

It was:

- very small,
- short-duration,
- performed before current WHO HBV DNA-based management standards,
- not sufficient to establish viral cure.

Therefore:

it should be regarded as preliminary research, not evidence that Unani medicine can replace modern HBV antiviral therapy.

Unani Research in HBV-Related Cirrhosis

CCRUM-linked investigators also published a small case series involving:

seven patients

with HBV-related compensated cirrhosis who received a Unani treatment programme.

The researchers assessed:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- inflammatory cytokines,
- liver function,
- HBV DNA,
- FibroScan findings.

They reported potentially beneficial immunomodulatory and liver-related changes.

Again, this research is useful as:

hypothesis-generating evidence.

But a seven-patient uncontrolled case series cannot establish that Unani treatment:

- cures chronic HBV,
- replaces tenofovir,
- replaces entecavir,
- eliminates liver-cancer risk.

Larger controlled trials using modern virological endpoints are needed.

Why Viral Load Matters More Than Symptom Improvement

Suppose an HBV-positive patient's:

- appetite improves,
- fatigue disappears,
- liver enzymes normalize.

That is encouraging.

But hepatitis B may still be replicating.

Modern HBV treatment decisions rely on a combination of:

- HBV DNA,
- ALT,
- fibrosis,
- cirrhosis,
- coinfections,
- other risk factors.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

WHO's 2024 guideline specifically emphasizes these objective parameters.

Therefore:

feeling better does not prove the virus is gone.

Can Unani Medicine Cure Chronic Hepatitis B?

At present:

there is insufficient high-quality evidence that Unani medicine can reliably eradicate chronic HBV infection.

This means I would not responsibly claim that an herbal or Unani formulation can guarantee:

- permanent HBsAg clearance,
- permanent HBV DNA eradication,
- prevention of all cirrhosis,
- prevention of all liver cancer.

No patient should be asked to stop effective HBV antiviral therapy solely because:

- symptoms improved,
 - a herbal treatment was started.
-

How Unani Medicine Can Be Useful

The most responsible role is:

individualized supportive and integrative care.

Depending on the patient, Unani treatment may focus on:

- appetite and nutritional wellbeing,
- digestion,
- general physical wellbeing,
- sleep,
- metabolic health,
- sexual health,
- reproductive wellbeing.

This can be valuable.

A patient is more than:

- HBsAg,
- HBV DNA.

However:

HBV antiviral management and liver monitoring must continue according to evidence-based standards.

Hepatoprotective Treatment Is Not the Same as Antiviral Treatment

This distinction is especially important.

A medicine can potentially improve:

- liver enzymes,
- inflammation,
- symptoms

without necessarily preventing:

hepatitis B viral replication.

For chronic hepatitis B, both questions matter:

How is the liver functioning?

and:

What is the virus doing?

Good care addresses both.

Special Treatment Planning by Dr. Nizamuddin Qasmi

When a patient with hepatitis B consults me regarding sexual health or fertility, I do not begin with one fixed formulation.

I ask:

Is HBsAg truly positive?

Is this acute or chronic infection?

Has HBV DNA been measured?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

How are ALT and AST?

Has fibrosis been assessed?

Is there cirrhosis?

Has the sexual partner been tested?

Is the partner vaccinated?

Is protective anti-HBs documented where appropriate?

Has unprotected sex occurred recently?

Is pregnancy planned?

Is the woman already pregnant?

Does the couple have infertility?

What does the semen analysis show?

This allows the patient to receive treatment for the:

actual problem,

rather than receiving a generic “liver tonic.”

What “Special Treatment” Means at Saira Health Care

In my practice, specialized care means:

accurate diagnosis + partner protection + reproductive counselling + infertility assessment where necessary + safe integrative Unani support + coordination with hepatology.

The plan may be completely different from one patient to another.

Patient One — HBsAg-Positive Husband, Wife Not Vaccinated

The first priority is:

protect the wife.

She should receive appropriate hepatitis B testing.

If susceptible:

begin vaccination.

After a recent qualifying sexual exposure, urgent assessment for:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- HBV vaccine,
- HBIG

may also be necessary.

This is more important than prescribing a fertility medicine immediately.

Patient Two — HBsAg-Positive Husband, Wife Already Immune

If the wife has demonstrated protective vaccine immunity, the couple's sexual-health situation is very different.

The husband's chronic HBV still requires liver assessment.

But the wife is no longer managed as an unprotected susceptible partner.

Patient Three — Newly Diagnosed HBsAg-Positive Woman Planning Pregnancy

I want to know:

- HBV DNA,
- liver status,
- treatment eligibility.

If pregnancy occurs, maternal viral load can determine whether antiviral prophylaxis is needed to reduce mother-to-child transmission.

The birth team must also plan:

- immediate neonatal hepatitis B prevention.
-

Patient Four — HBsAg-Positive Man With Low Sperm Count

I do not automatically tell him:

“Your sperm is low because of hepatitis B.”

Current research suggests an association between HBV and poorer semen quality in some populations, but there are many other possible causes.

I still evaluate:

- varicocele,
- hormones,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- testicular factors,
 - lifestyle,
 - genetic factors where indicated.
-

Patient Five — HBV-Positive Woman With Infertility

I do not assume hepatitis B is the sole cause.

She needs a complete fertility assessment.

Her HBV requires:

- hepatology management,

while infertility requires:

- reproductive evaluation.

Both can proceed together.

Patient Six — Patient Taking Tenofovir Who Wants to Stop and Use Herbal Medicine

I would strongly advise:

do not stop prescribed antiviral treatment without the hepatitis specialist.

The disappearance of symptoms or normalization of ALT does not prove viral eradication.

Stopping therapy inappropriately can lead to:

- viral rebound,
 - hepatitis flare,
 - liver injury.
-

Saira Health Care's Contribution to Sexual Disorders & Infertility

At **Saira Health Care**, my contribution is particularly focused on areas that can be overlooked when hepatitis B is treated only as a liver disease.

These include:

- sexual transmission counselling,
- partner vaccination,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- interpretation of immunity,
- anxiety surrounding intimacy,
- marriage counselling,
- preconception planning,
- male infertility,
- female infertility,
- sexual dysfunction.

A patient may receive good liver treatment yet remain frightened to touch their spouse.

That is not complete healthcare.

The patient should understand:

what is dangerous and what is not.

Sexual Anxiety After Hepatitis B Diagnosis

Some patients stop all sexual activity after a positive HBsAg result.

This can lead to:

- marital distress,
- erectile dysfunction,
- performance anxiety,
- reduced libido,
- unnecessary infertility.

The solution is not permanent sexual avoidance.

The solution is:

partner testing + vaccination + appropriate protection + informed counselling.

Can Hepatitis B Affect Sexual Desire?

HBV itself does not automatically cause reduced libido.

However, chronic liver disease can affect:

- energy,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- hormones,
- general health.

Psychological factors such as:

- anxiety,
- stigma,
- fear of infection

can also reduce sexual desire.

Each factor should be evaluated separately.

Can Chronic Liver Disease Affect Hormones?

Advanced chronic liver disease can disturb endocrine function and sexual health.

This may contribute to:

- reduced libido,
- erectile dysfunction,
- altered reproductive hormones.

Therefore, sexual symptoms in a patient with advanced liver disease deserve:

- medical,
 - endocrine,
 - sexual-health assessment.
-

What Should a Hepatitis B Patient Avoid?

Patients should avoid assuming that:

- no symptoms means no transmission;
- one normal liver-function test means HBV has disappeared;
- every HBsAg-positive patient needs the same antiviral;
- an herbal medicine that lowers ALT has cured HBV;
- the spouse must permanently avoid intimacy;
- hepatitis B automatically means infertility;



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- an infected person cannot marry;
- a woman with HBV cannot have a healthy child.

They should also avoid:

- sharing razors,
- sharing toothbrushes,
- unsafe needles,
- blood donation while infectious,
- unnecessary alcohol,
- unreviewed potentially hepatotoxic supplements.

Frequently Asked Questions

Is hepatitis B sexually transmitted?

Yes.

Sexual contact with an infected partner is an important route of HBV transmission.

Is hepatitis B more than a liver disease?

Yes.

It is a viral liver infection that can also be transmitted through:

- sex,
- blood,
- childbirth.

Can I get hepatitis B from my husband or wife?

Yes, if your partner is infectious and you are susceptible.

Vaccination can protect you.

My husband is HBsAg positive. Should I get tested?

Yes.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

A sexual partner should be assessed for:

- current infection,
- previous infection,
- vaccine immunity.

The triple panel can be particularly informative.

Which tests are in the triple panel?

- HBsAg
 - anti-HBs
 - total anti-HBc
-

What does HBsAg positive mean?

It usually indicates current hepatitis B infection.

Additional testing distinguishes:

- acute,
 - chronic infection.
-

What does anti-HBs positive mean?

It usually indicates immunity after:

- vaccination,
- previous resolved infection,

depending upon the other markers.

What anti-HBs level means vaccine protection?

At least approximately **10 mIU/mL** after an appropriately completed vaccine series is generally considered a protective response in settings where testing is indicated.

Can an infected husband and vaccinated wife have normal sexual relations?



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Yes, once appropriate protection has been established.

Until immunity is confirmed where indicated, condoms are recommended for susceptible partners of HBsAg-positive people.

We already had unprotected sex. What should we do?

Seek medical evaluation promptly.

If the exposed partner is susceptible and the source is HBsAg positive, post-exposure prevention may involve:

- hepatitis B vaccine,
 - HBIG.
-

What is HBIG?

Hepatitis B immune globulin provides immediate passive antibodies after selected high-risk exposures.

Is HBIG the same as the vaccine?

No.

HBIG gives temporary immediate protection.

Vaccination builds longer-lasting active immunity.

Does post-exposure treatment work if I wait for jaundice?

Prevention should be assessed immediately after a significant exposure.

Do not wait for symptoms.

Can hepatitis B spread through kissing?

Ordinary kissing is not considered a normal transmission route.

Can I catch hepatitis B by sharing food?

No.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Can I catch it by using the same toilet?

Not through ordinary toilet use.

Can we share a toothbrush?

No.

Toothbrushes can become contaminated with microscopic blood and should not be shared.

Can we share a razor?

No.

Can HBV spread through semen?

Yes.

Semen is one of the body fluids through which HBV can be transmitted.

Can someone spread hepatitis B without symptoms?

Yes.

Many infected people have no symptoms.

Does hepatitis B always become lifelong?

No.

Most adults who acquire acute hepatitis B clear the infection.

Chronicity is much more common when infection occurs during infancy or early childhood.

Can hepatitis B cause liver cancer?

Yes.

Chronic hepatitis B is an important cause of hepatocellular carcinoma.

Can someone get liver cancer without first having obvious cirrhosis?

Yes.

HBV-related liver cancer can occur even in some patients without clinically obvious cirrhosis.

This is why selected chronic HBV patients require liver-cancer surveillance based on individual risk.

Can hepatitis B be cured permanently?

Acute adult infection often clears naturally.

Chronic HBV can be suppressed extremely effectively with antiviral medicines, but complete functional cure is not achieved in most treated patients.

Which medicines are used for chronic hepatitis B?

Major WHO-recommended first-line options include:

- tenofovir,
- entecavir.

Does every HBsAg-positive person need tenofovir?

No.

Treatment depends upon:

- fibrosis or cirrhosis,
- HBV DNA,
- ALT,
- coinfections,
- additional clinical risk factors.

If my HBV DNA becomes undetectable, can I stop medicine?

Not without specialist advice.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Undetectable viral DNA does not automatically mean the infection has been eradicated.

Is there an HBV version of HIV's U=U?

No equivalent principle should be assumed for hepatitis B sexual counselling.

Partner vaccination and immunity are central prevention tools.

Can hepatitis B cause infertility in men?

Research suggests HBV infection may be associated with poorer:

- sperm concentration,
- motility,
- morphology

in some men, but evidence is heterogeneous and HBV should not automatically be considered the sole cause of infertility.

Can an HBV-positive man father a child?

Yes.

Many men with hepatitis B have normal fertility.

Does an HBV-positive man automatically need IVF or ICSI?

No.

ART should be used for an actual fertility indication.

A 2025 meta-analysis did not find a significant overall reduction in pregnancy or live-birth rates from paternal HBV during ART.

Can hepatitis B cause infertility in women?

It is not correct to assume every HBV-positive woman is infertile.

Research regarding fertility effects remains mixed.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Can a woman with hepatitis B undergo IVF?

Yes, where appropriate.

Her HBV and liver condition should be evaluated and coordinated with fertility care.

Does maternal HBV reduce IVF success?

A 2026 systematic review did not find a significant overall reduction in clinical pregnancy or live birth among HBV-positive women undergoing IVF, although preterm-delivery risk was modestly increased.

Can a woman with hepatitis B have a healthy baby?

Yes.

Appropriate maternal assessment, antiviral prophylaxis when required and prompt infant immunoprophylaxis can greatly reduce transmission.

When should a pregnant woman be tested?

HBsAg testing should be performed during pregnancy according to antenatal screening recommendations.

Why is HBV DNA tested in pregnancy?

Maternal viral load helps identify women at increased risk of transmitting HBV to the infant and who may benefit from tenofovir prophylaxis.

What viral load is important in pregnancy?

WHO uses approximately:

200,000 IU/mL

as an important threshold when determining antiviral prophylaxis based on HBV DNA.

Which antiviral is commonly used in pregnancy?

Tenofovir disoproxil fumarate—TDF—is the major recommended agent for preventing mother-to-child transmission in women with high viral load.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

When should the baby receive hepatitis B vaccine?

In India's programme, the hepatitis B birth dose should be given as soon as possible and within:

24 hours after birth.

What if the mother is HBsAg positive?

The infant needs urgent neonatal prophylaxis.

Protocols include hepatitis B vaccine plus HBIG promptly after birth, usually within 12 hours where HBIG is available.

Why is newborn prevention so important?

An infected infant has approximately a 90% risk of developing chronic HBV.

Can a mother with hepatitis B breastfeed?

Breastfeeding is not generally considered a normal HBV transmission route after appropriate neonatal prevention.

Should people with hepatitis B be tested for hepatitis D?

Selected HBsAg-positive patients should be assessed for HDV according to current WHO guidance because hepatitis D can accelerate liver disease.

Can Unani medicine cure hepatitis B?

There is currently insufficient high-quality evidence that Unani medicine reliably eradicates chronic HBV infection.

Has Unani medicine been scientifically studied for hepatitis B?

Yes.

Small clinical studies and case series have investigated Unani formulations in hepatitis B and HBV-related liver disease.

However, the evidence is not strong enough to replace current WHO-recommended antiviral therapy.

Can Unani medicine help liver health?

Individualized Unani care may be useful supportively for:

- nutrition,
- appetite,
- digestion,
- general wellbeing,
- selected liver-health symptoms.

Its role should be coordinated with objective monitoring of:

- HBV DNA,
 - liver function,
 - fibrosis.
-

Can improvement in ALT prove that Unani treatment removed HBV?

No.

ALT improvement reflects liver inflammation.

It does not prove elimination of hepatitis B virus.

Can I stop tenofovir after starting Unani medicines?

Not without specialist approval.

Stopping antivirals incorrectly can cause viral rebound and potentially serious hepatitis flares.

A Message From Dr. Nizamuddin Qasmi to Patients

If you have recently been told:

“Your HBsAg is positive,”

do not panic.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

And do not immediately assume:

- you have liver cancer;
- your marriage is in danger;
- your spouse will definitely become infected;
- you cannot have children;
- you are infertile.

Instead, take the diagnosis step by step.

First:

confirm and characterize the infection.

Then:

assess the liver.

Then:

protect the spouse or partner.

Then:

decide whether antiviral treatment is required.

And when fertility or pregnancy is part of your life plan:

integrate reproductive care with hepatitis care.

This approach is far more useful than fear.

What I Tell an HBsAg-Positive Husband

I explain:

“Your first responsibility is not to avoid your wife forever.”

It is to ensure that she knows her hepatitis B status.

If she is susceptible:

vaccinate her.

If there has been a recent unprotected exposure:

seek urgent advice about post-exposure prophylaxis.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Once immunity is appropriately established, the couple can make sexual and reproductive decisions with much greater confidence.

What I Tell an HBsAg-Positive Woman Planning Pregnancy

I explain:

“You can have children.”

But pregnancy should be planned responsibly.

Before or early in pregnancy, we need to understand:

- your liver status,
- HBV viral load,
- whether antiviral treatment is indicated.

The obstetric team also needs to plan:

- neonatal vaccination,
- HBIG where indicated.

With proper care, mother-to-child transmission can be greatly reduced.

What I Tell Infertile Couples With Hepatitis B

I do not automatically say:

“The virus is causing the infertility.”

I evaluate fertility systematically.

For the male partner:

- semen analysis,
- varicocele assessment,
- hormones,
- other appropriate testing.

For the female partner:

- age,
- ovulation,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- ovarian reserve,
- uterus,
- tubes.

Meanwhile, hepatitis B is managed in parallel.

This is particularly important because both conditions can coexist without one necessarily causing the other.

What I Tell Patients About Unani Treatment

As a Unani physician, I value traditional principles of liver and systemic health.

Unani medicine has a historical and research interest in:

- liver disorders,
- infective hepatitis,
- supportive hepatoprotective treatment.

However, good Unani medicine should also respect modern virology.

A patient with chronic HBV requires objective evidence regarding:

- viral replication,
- fibrosis,
- liver-cancer risk.

Therefore:

I do not equate symptomatic improvement with viral cure.

The safest integrative model is:

modern hepatitis diagnosis and antiviral care where required + careful individualized Unani supportive treatment for broader wellbeing.

My Clinical Philosophy at Saira Health Care

My approach to hepatitis B in sexual and fertility practice can be summarized as:

Identify infection → assess liver disease → test and vaccinate the partner → provide urgent post-exposure prevention where required → manage chronic HBV according



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

**to modern guidelines → plan pregnancy safely → investigate infertility independently
→ integrate responsible Unani supportive care.**

This is especially relevant to my focused practice in:

Sexual Disorders & Infertility.

The objective is not simply:

“lower the liver enzymes.”

The objective is to protect:

- the liver,
- the spouse,
- future children,
- reproductive health,
- sexual confidence.

Latest Medical Understanding — 2026 Update

1. Hepatitis B remains a major global health problem

WHO's July 2026 estimate places the number of people living with chronic hepatitis B at approximately **240 million**, with approximately **1.1 million deaths in 2024**.

2. Sexual transmission is preventable

HBV is transmitted through semen and vaginal secretions, but vaccination provides powerful protection.

3. Triple-panel testing gives a much clearer picture of HBV status

HBsAg, anti-HBs and total anti-HBc together help distinguish current infection, previous infection, vaccination and susceptibility.

4. Sexual partners of HBV-positive people should be protected

CDC recommends vaccination for susceptible sex partners and condom use until immunity is established.

5. Post-exposure prophylaxis can prevent infection

Following appropriate exposure to an HBsAg-positive person, susceptible individuals may need hepatitis B vaccine plus HBIG.

6. WHO has expanded hepatitis B treatment eligibility



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

The 2024 guidelines recommend treating substantially more adults and adolescents based on liver fibrosis, HBV DNA, ALT and additional clinical risk factors.

7. WHO consolidated hepatitis guidance further in 2026

The new 2026 implementation handbook integrates recommendations on prevention, testing, treatment and monitoring for hepatitis B and C and incorporates hepatitis D testing strategies.

8. Pregnancy-related prevention has become more comprehensive

Maternal viral-load testing, tenofovir prophylaxis in appropriate women and immediate neonatal immunization together greatly reduce mother-to-child HBV transmission.

9. HBV may be associated with altered semen quality

Recent meta-analyses report lower sperm concentration, motility and morphology among HBV-positive men in studied populations, although heterogeneity prevents assuming direct causation in an individual man.

10. Assisted reproduction remains possible

Recent evidence is broadly reassuring regarding pregnancy and live-birth outcomes in many HBV-positive couples undergoing ART.

Conclusion

Hepatitis B is both a liver disease and an important sexual and reproductive-health condition.

The hepatitis B virus can be transmitted through:

- blood,
- semen,
- vaginal secretions,
- childbirth.

Sexual transmission is therefore possible.

But hepatitis B has one major advantage from the preventive perspective:

a safe and highly effective vaccine is available.

If one partner has hepatitis B, the other partner should be appropriately:
tested.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

If susceptible:

vaccinated.

Until immunity is established:

condoms should be used.

After a recent high-risk exposure to an HBsAg-positive partner, a susceptible person may also require:

hepatitis B immune globulin plus vaccination.

A positive HBsAg result should lead to proper evaluation—not panic.

Modern assessment can include:

- HBsAg,
- anti-HBs,
- anti-HBc,
- HBV DNA,
- ALT,
- liver-fibrosis assessment.

WHO's updated 2024 recommendations now allow substantially more people with clinically important chronic hepatitis B to receive effective antiviral treatment.

The principal first-line antiviral medicines include:

tenofovir

and:

entecavir.

These medicines can suppress HBV and greatly reduce the risk of:

- cirrhosis,
- liver failure,
- liver cancer.

However:

suppression does not usually mean complete viral eradication.

Pregnancy is also possible.

Women with hepatitis B can become mothers and deliver healthy children.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

The critical steps are:

- maternal HBsAg screening,
- HBV DNA assessment,
- tenofovir prophylaxis where indicated,
- rapid vaccination of the infant,
- HBIG where appropriate.

India's Universal Immunization Programme requires the hepatitis B birth dose:

as soon as possible and within 24 hours after delivery.

Regarding fertility, hepatitis B should not automatically be blamed for infertility.

Recent research suggests that HBV may be associated with poorer semen parameters in some men.

However:

most HBV-positive men are not automatically infertile.

Similarly, HBV-positive women can conceive naturally and can undergo assisted reproduction when required.

A 2026 systematic review found no significant overall reduction in IVF clinical-pregnancy or live-birth rates among women with chronic viral hepatitis B, although some pregnancy risks require continued study.

From the **Unani perspective**, traditional attention to:

- Mizaj,
- liver health,
- digestion,
- nutrition,
- general physical wellbeing

can contribute meaningfully to supportive integrative care.

Small Unani clinical investigations have reported improvements in symptoms, liver-function parameters and selected virological or immunological measures in hepatitis B and HBV-associated liver disease.

These findings justify further research.

But:

they are not strong enough to establish Unani medicine as a replacement for WHO-recommended antiviral therapy.

At **Saira Health Care**, my preferred approach is therefore:

protect the partner through testing and vaccination, accurately assess the infected patient, coordinate antiviral treatment where necessary, prevent transmission during pregnancy, investigate fertility properly, address sexual anxiety and relationship concerns, and integrate individualized Unani supportive care without replacing proven hepatitis B management.

My most important message to patients is:

Hepatitis B can be sexually transmitted—but it does not mean the end of marriage, intimacy, fertility or parenthood.

With:

vaccination + proper testing + appropriate treatment + pregnancy planning,
hepatitis B can be managed safely and responsibly.

About the Author

Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

Qualifications & Professional Training

BUMS — Hamdard University, Delhi

MD

CGO

Certificate in Infertility — MGBIMS, Delhi

Certificate in Urology — London, UK

Masters in Male Infertility — MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health — ISRH, UNFPA

Dr. Nizamuddin Qasmi is a well-qualified physician whose clinical practice at **Saira Health Care** has a focused emphasis on:

- sexual disorders,
- male infertility,
- female infertility,



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- sexual and reproductive health.

His approach to hepatitis B in sexual and reproductive practice focuses particularly on the questions that couples often struggle to have answered:

Can I safely have sexual relations with my spouse?

Should my partner be vaccinated?

What should we do after an unprotected exposure?

Can we attempt pregnancy?

Can hepatitis B affect sperm or fertility?

Do we need IVF?

How can pregnancy and the newborn be protected?

Depending on the individual situation, his clinical assessment may include:

- review of hepatitis B serology,
- partner-protection counselling,
- vaccination guidance,
- referral for post-exposure prophylaxis when appropriate,
- interpretation of reproductive and sexual concerns,
- semen analysis and male infertility assessment,
- female infertility assessment,
- preconception counselling,
- sexual-dysfunction assessment,
- coordination with hepatology, infectious-disease, gynecological and reproductive-medicine specialists.

Where clinically appropriate, individualized Unani principles may be incorporated to support:

- nutritional wellbeing,
- digestion,
- physical health,
- sexual wellbeing,
- reproductive health



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

without replacing antiviral treatment, vaccination or objective hepatitis monitoring.

Hepatitis B Services in India

India's **National Viral Hepatitis Control Programme—NVHCP** provides a national framework for hepatitis:

- prevention,
- screening,
- diagnosis,
- counselling,
- treatment.

The programme states that hepatitis B and C diagnosis and treatment services are being made available free through public healthcare facilities in a phased manner.

The NVHCP also maintains a current list of designated hepatitis-treatment facilities throughout India.

For programme-related questions, the NVHCP currently lists the national helpline:

1800 11 6666

Medical Disclaimer

This article is intended for public education and general health awareness. It does not establish an individual diagnosis and does not replace evaluation by an appropriately qualified physician, hepatologist, gastroenterologist, infectious-disease specialist, obstetrician or reproductive-medicine professional.

A positive HBsAg test requires appropriate medical evaluation.

A person who has recently had sexual or blood exposure to a confirmed hepatitis B-positive source and is not known to be immune should seek medical evaluation promptly for:

- hepatitis B vaccination,
- hepatitis B immune globulin where indicated.

Do not wait for jaundice or other symptoms.

Chronic hepatitis B can remain asymptomatic while liver damage develops.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Antiviral treatment should be selected according to current clinical criteria and should not be started, stopped or changed without appropriate medical supervision.

No Unani, herbal or dietary formulation should currently be advertised as a guaranteed permanent cure for chronic hepatitis B.

Unani supportive treatment may be used where clinically appropriate, but it should not replace:

- hepatitis B vaccination,
- HBIG after qualifying exposure,
- HBV DNA testing,
- fibrosis assessment,
- recommended antiviral treatment,
- liver-cancer surveillance,
- appropriate pregnancy prevention of mother-to-child transmission.

Patients taking herbs or supplements should disclose them to their hepatitis-care clinician because some products may cause liver toxicity or interact with prescribed medicines.

Pregnant women who are HBsAg positive should receive appropriate HBV assessment during pregnancy, and a clear newborn immunoprophylaxis plan should be arranged before delivery.

Couples experiencing infertility should undergo a complete couple-based fertility assessment rather than assuming hepatitis B is the sole cause.

