



PROVINCIAL STANDARDS & GUIDELINES



Hepatitis B Guideline

Last Updated March 2022

Developed by the BCR Hemodialysis Committee

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IMPORTANT INFORMATION

This BC Renal guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenal.ca for the most recent version.

For information about the use and referencing of BC Renal provincial guidelines/resources, refer to <http://www.bcrenal.ca/health-info>.



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1.0 Scope of Guideline

Applicability:

- In centre and community hemodialysis (HD) units
- Adults

This guideline provides recommendations on the screening, surveillance, vaccination and prevention of Hepatitis B.

2.0 Recommendation

Recommendation #1:

Implement the recommendations on [Table 1](#) for the screening, surveillance, vaccination and prevention of Hepatitis B.

3.0 References

Communicable Disease Control, Chapter 1 - Management of Specific Diseases, Hepatitis B (2009), BC Centre for Disease Control, www.bccdc.ca/resource-gallery/Documents/HepatitisB_Sept_2009.pdf (July 2017: Under revision)

Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management (2013), Centers for Disease Control and Prevention, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Hepatitis B FAQs for Health Professionals (no date), Centers for Disease Control and Prevention, www.cdc.gov/hepatitis/hbv/hbvfaq.htm

Guide to Elimination of Infections in Hemodialysis (2010). Association for Professionals in Infection Control and Epidemiology. www.apic.org/Resource/EliminationGuideForm/7966d850-0c5a-48ae-9090-a1da00bcf988/File/APIC-Hemodialysis.pdf

4.0 Sponsors

Developed by:

- A working group of multidisciplinary renal care providers and infection control practitioners/medical microbiologists from across BC

Reviewed by:

- BCR Pharmacy & Formulary Committee

Approved by:

- BCR Hemodialysis Committee
- BCR Medical Advisory Committee

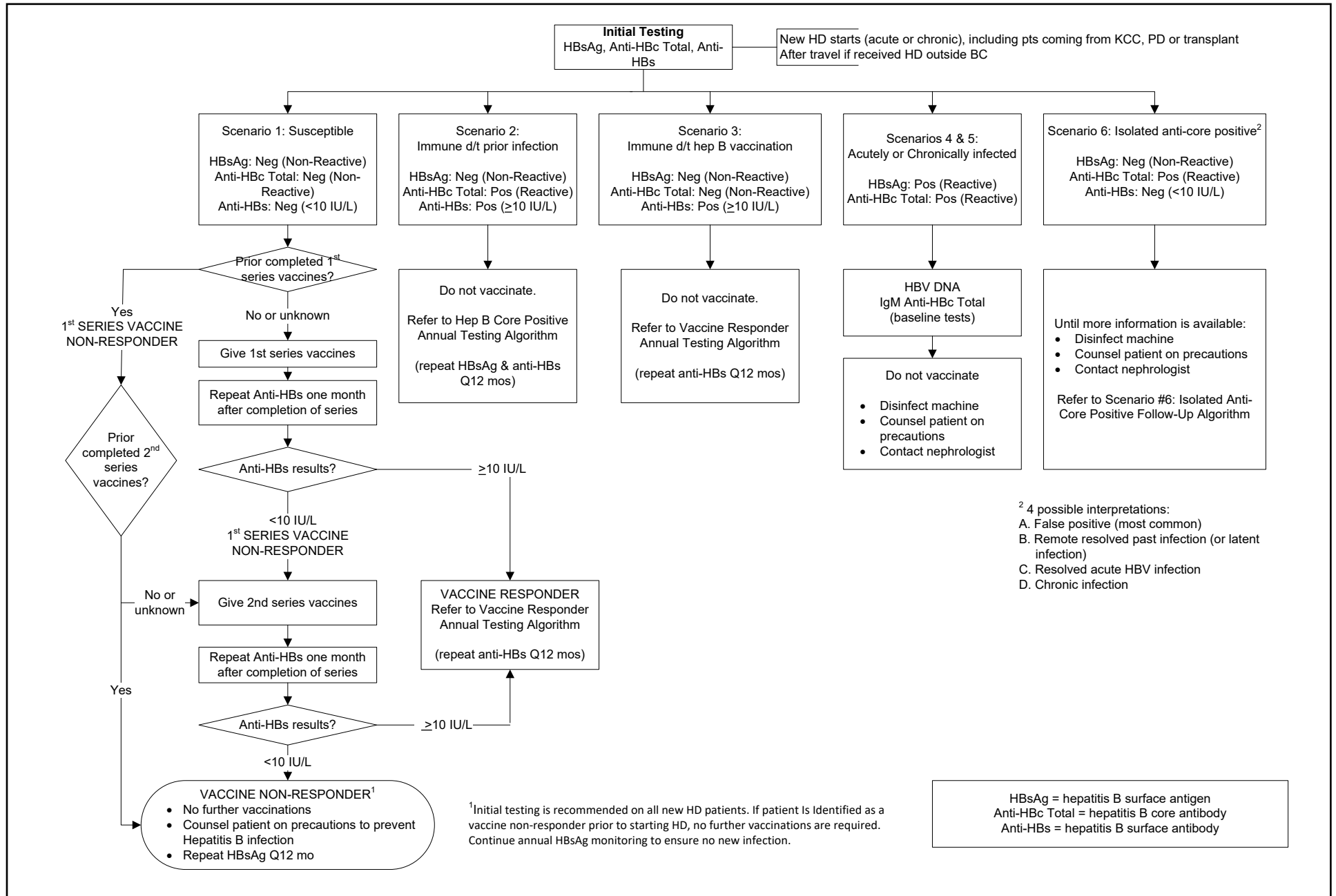
Table 1: Recommendations for the Screening, Surveillance, Vaccination and Prevention of Hepatitis B

Topic	Specifics	Hepatitis B
Screening	When?	New HD starts (acute or chronic start), including pts coming from KCC, PD or transplant
	What tests?	HBsAg, anti-HBc Total, anti-HBs
Ongoing testing (surveillance)	When?	See algorithms 1, 2, 3 & 4 attached; plus <ul style="list-style-type: none"> • Test for HBsAg on return from travel outside BC. Repeat 12 weeks after return (1 - 9 week window period post-exposure; average is 4 weeks). • If patient known to have HBV infection (based on positive HBsAg), this testing is not required. • Clinical indications (e.g., unexplained abnormal liver enzymes).
	What tests?	See algorithms 1, 2, 3 & 4 attached
Prevention of disease transmission	Transmission-based precautions <ul style="list-style-type: none"> • HBsAg+ • Isolated core positive: Anti-HBc+ and anti-HBs <10 UI/L • Status unknown 	<ol style="list-style-type: none"> 1. Contact precautions. 2. External surface disinfection of the dialysis area and HD machine after every patient. 3. Internal cleaning of the HD machine after every patient. Refer to BCPRA guideline on Cleaning and Disinfecting HD Machines and Stations: www.bcrenal.ca/health-professionals/clinical-resources/hemodialysis <p>Note: Segregation of HBV+ patients in a private room or cohorting together in a separate area IS NOT necessary if the screening, surveillance and precautions outlined in this guideline are followed.</p>
	Reporting	HD Unit to contact the public health unit in the patient’s health authority re appropriate public health interventions (i.e., contact tracing) for acute & chronic HBV infections.
Vaccination		See algorithms 1, 2, 3 & 4 attached

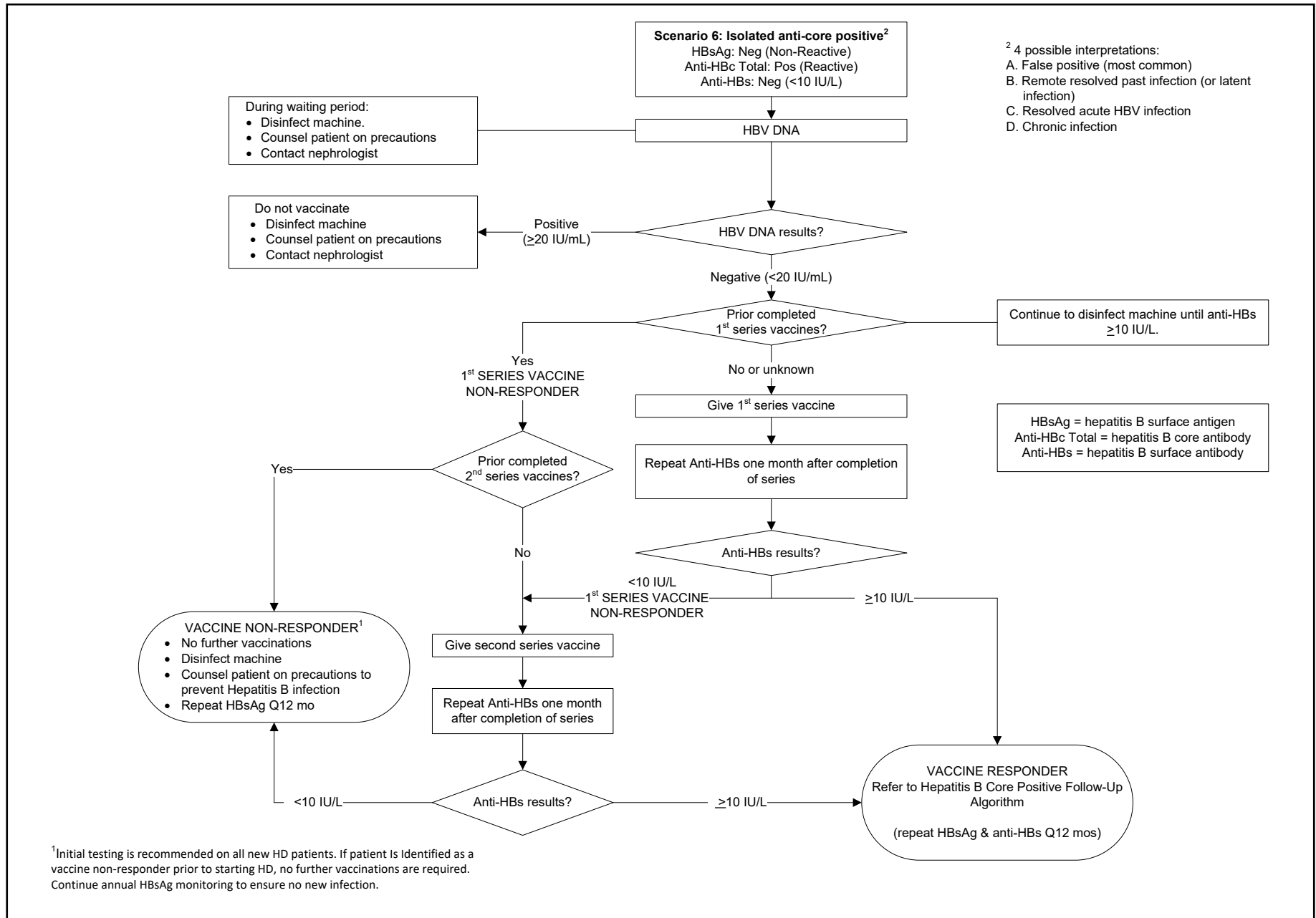
Algorithms attached:

1. Algorithm: Initial Hepatitis B Testing
2. Algorithm: Scenario #6: Isolated Anti-Core Positive Follow-Up Testing
3. Algorithm: Vaccine Responder Annual Testing
4. Algorithm: Hep B Core Positive Annual Testing

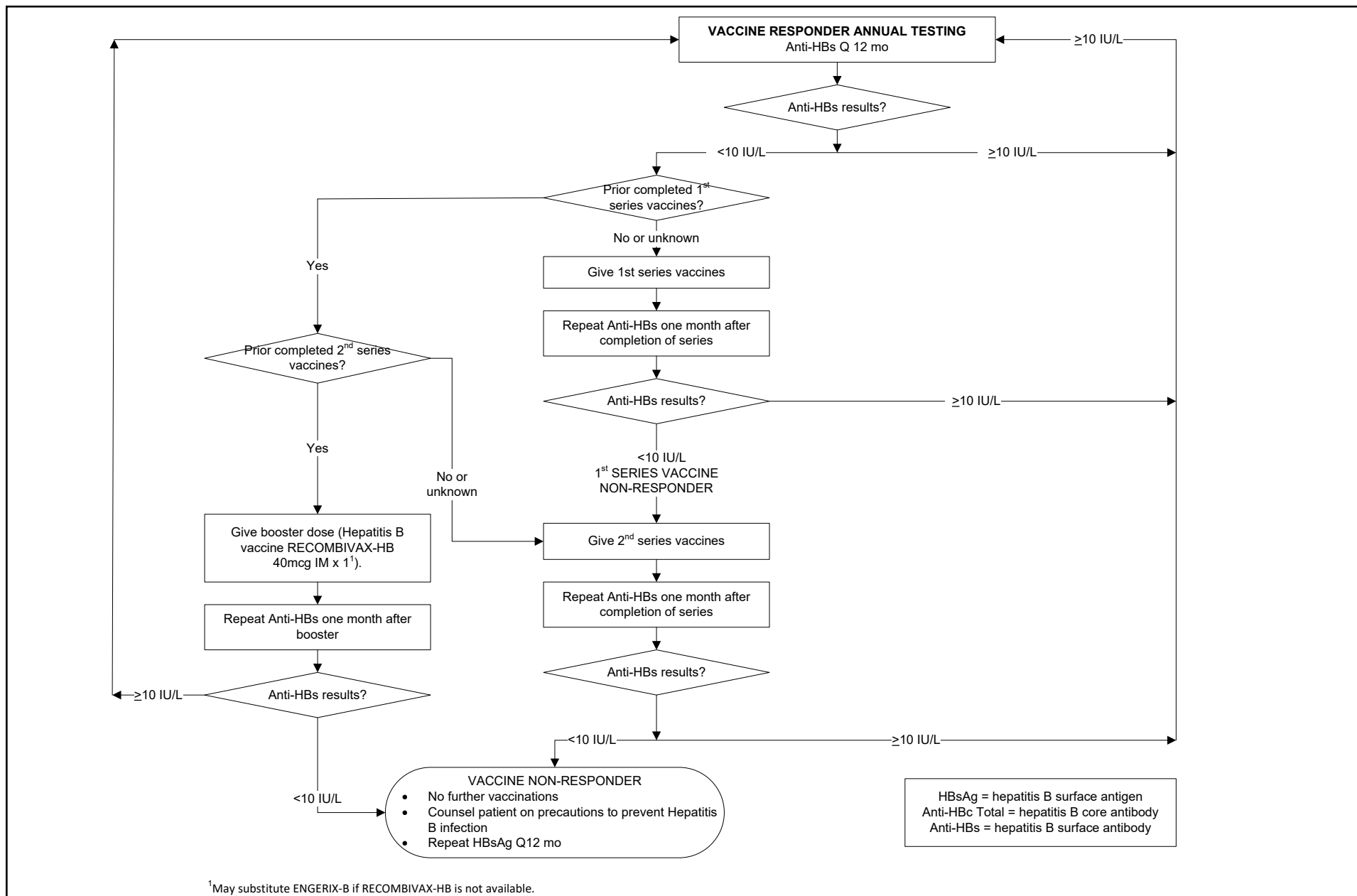
Algorithm: Initial Hepatitis B Testing



Algorithm: Scenario #6: Isolated Anti-Core Positive Follow-Up Testing

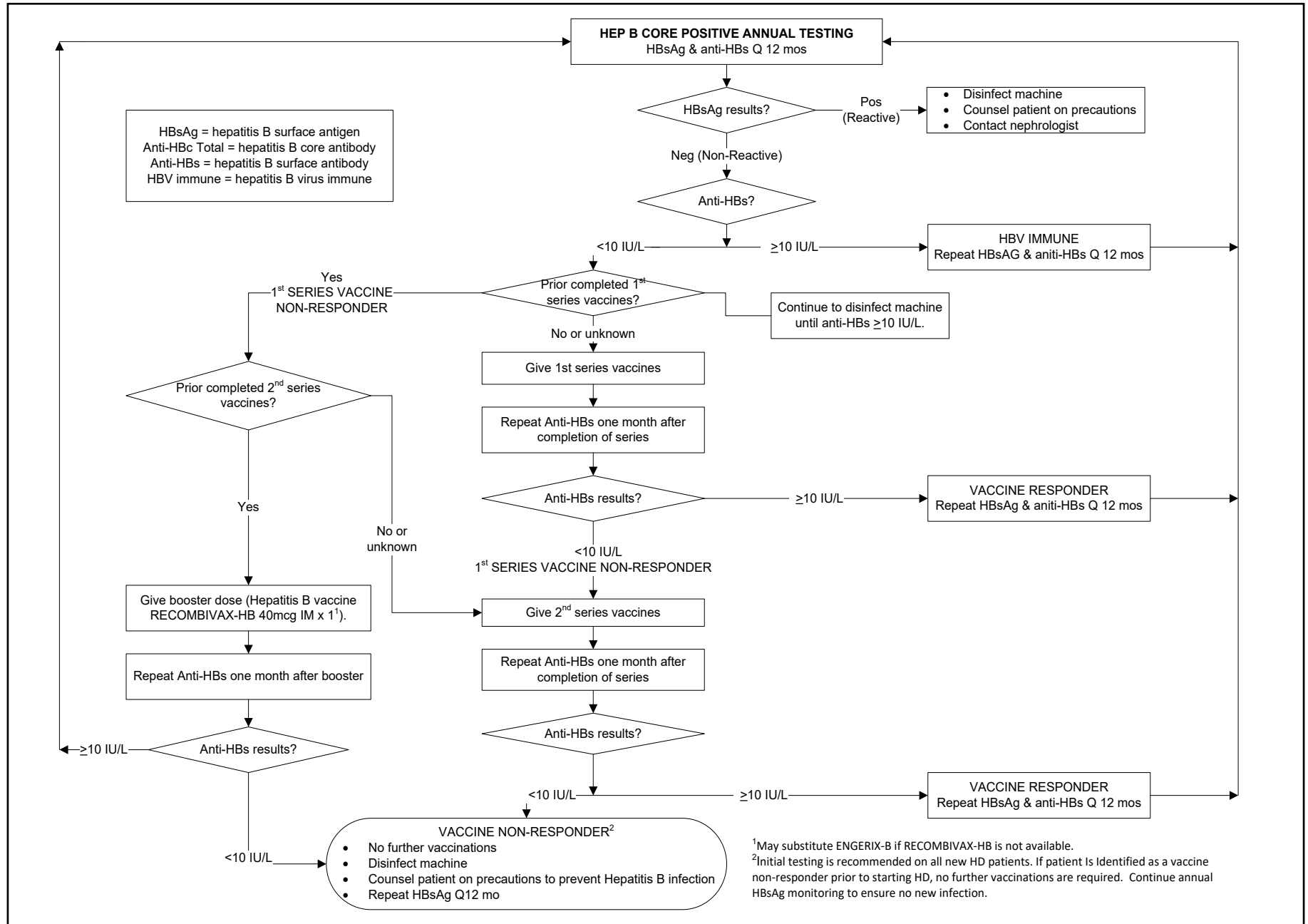


Algorithm: Vaccine Responder Annual Testing



¹ In the event of a shortage, ENGERIX-B may be substituted for RECOMBIVAX-HB but note that the vaccination schedules are different.

Algorithm: Hep B Core Positive Annual Testing



¹ In the event of a shortage, ENGERIX-B may be substituted for RECOMBIVAX-HB but note that the vaccination schedules are different.