*Date* **Confidential**

*Physician Address*

Dear:

RE: *patient name* DOB: PHN:

We have recently received an isolated hepatitis B core antibody result (anti-HBc positive, HBsAg negative and anti-HBs negative) for this patient. These findings may have 4 possible interpretations:

1. ***False positive Anti-HBc***

This is the most likely scenario in BC, where HBV prevalence is low. Client is susceptible to HBV infection.

**Recommendation**: Offer one complete hepatitis B vaccine series. No routine follow-up is required. If there is an ongoing risk of infection, test for anti-HBs 4 weeks after series completion.

1. ***Remote resolved infection with persistence of anti-HBc and undetectable anti-HBs level***

***(latent HBV infection)***

More commonly seen in clients from HBV endemic countries and immunosuppressed clients with HIV infection. This scenario is not easily distinguished from a false positive anti-HBc result.

**Recommendation**: Offer one complete hepatitis B vaccine series. No routine follow-up is required. If there is ongoing risk of infection, test for anti-HBs 4 weeks after series completion. If immunosuppressed, reactivation of latent HBV infection can occur.

1. ***Resolved acute HBV infection prior to the appearance anti-HBs***

**Recommendation**: If acute HBV infection is suspected, test for anti-HBc IgM and repeat HBV screening tests (anti-HBc, HBsAg and anti-HBs) in 2 to 4 weeks. Given the high level of hepatitis B immunization in BC, acute HBV infections are rare.

1. ***Chronic infection with undetectable HBsAg level***

Patient may have a low level of viremia and could be infectious. This scenario is very rare.

**Recommendation:** If there is evidence of HIV infection, HIV/hepatitis C co-infection, immunosuppression or liver disease, recommend HBV DNA and ALT testing for further evaluation. If immunosuppressed, reactivation of latent HBV infection with detectable HBsAg can occur.

If a chronic HBV infection is present, offer Hepatitis A vaccine, Pneumococcal vaccine and an annual Influenza vaccine. Offer household and sexual contacts hepatitis B vaccine.

HIV and hepatitis C testing is also recommended, as isolated core results are seen more frequently in the presence of HIV infection or HIV/HCV co-infection. Please see the BCCDC Hepatitis B Guidelines for further information (<http://goo.gl/Jq8Dkk>).

The vaccines are available by *{enter method the jurisdiction prefers vaccines be administered}*.

Sincerely,

*{First Name Last Name}*

*{Position}*

     

May 2017