



June 15, 2004

ATTN: Medical Health Officers and Branch Offices

Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revised Guidelines for the Control of Hepatitis B

Please note the following revisions to the above guidelines:

(1) Page 1, Sections 1.0 "INTRODUCTION" and 2.0 "GOALS":

- Reformatting from previous guidelines, to incorporate "POLICY" statements under "GOALS"; content remains the same.

(2) Pages 1 - 3, Section 3.0 "DEFINITIONS:"

- Reformatting from previous guidelines to include both "case" and "other" definitions.
- "Percutaneous exposure" redefined for consistency with definition in Blood and Body Fluid Exposure Management guidelines.

(3) Page 3, Section 4.0 "CASE MANAGEMENT":

- Complete the Hepatitis B Enhanced Surveillance Report when there is an acute infection; submit the form to BCCDC Hepatitis Services.
- If risk factors indicate the possibility of a transfusion transmissible infection, follow the reporting process in the Transfusion Transmissible Infections chapter of the Communicable Disease Control manual.
- When a case is entered in iPHIS as "acute" and this case is determined to have become chronic after six months, enter the case as chronic in iPHIS, while maintaining the previous acute entry.

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(4) Page 4, Section 5.0 “HEPATITIS B POST-EXPOSURE MANAGEMENT”:

- Refer to the guidelines for Blood and Body Fluid Exposure Management and use the Hlth 2339 and Hlth 2340 forms for testing and follow-up.
- HBIG is available through Canadian Blood Services, or a designated health region depot.

(5) Page 5, Table 1: Hepatitis B Post-Exposure Prophylaxis:

- This table replaces the previous table in Section 8.0, and is consistent with the table in the Blood and Body Fluid Exposure Management guidelines and in Section VII, Biological Products, in the Immunization Program Manual.
- Table defines a “complete” vaccine series as 2 (grade 6 program) or 3 doses.
- Consensual adult sex with a known STW or IDU is not an indication for HBIG, nor is a community acquired needlestick injury: the risk of transmission is low and the number needed to treat to prevent infection is extremely high.

(6) Page 6, Table 2: Hepatitis B Immune Globulin:

- This table is consistent with the table in the Immunization Program manual, Section VII, Biological Products.
- HBIG is indicated for an infant at birth only when the mother is known to be hepatitis B surface antigen positive, or when the mother is at high risk for hepatitis B infection (IDU or STW) and her infectious status is unknown or negative (possible window period).

(7) Page 7, Section 7.0 “VACCINE ELIGIBILITY”:

- The list of persons eligible for publicly-funded vaccine has been deleted from the guidelines; refer to the Immunization Program manual, Section VII, Biological Products, for pre- and post-exposure indications.

(8) Page 7, Section 8.0 “SEROLOGIC TESTING FOR HEPATITIS B IN SPECIFIC GROUPS”:

- 8.1: When a prenatal test is HBsAg positive, HBeAg testing will also be done, as a measure of infectivity.
- 8.3: Students entering health care professions may be screened for anti-HBs status, when they have been previously vaccinated and there is no record of the response to that vaccination.



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- 8.4: Accountability mechanisms should be in place to ensure that every infant born to an infected mother receive HBIG, and a full course of hepatitis B vaccine, as well as testing for serologic response to vaccination.
- 8.4: Post-vaccination testing is indicated for students in health care professions and for health care workers.

(9) Page 9, Section 9.0 “BOOSTER DOSES AND RE-IMMUNIZATION”:

- Health care students are added to the list of individuals eligible to receive a second vaccine series when they fail to mount an adequate response to an initial vaccine series.

(10) Page 10, Section 10.0 “INTERPRETATION OF TESTING RESULTS”:

- Expanded definitions of terms and interpretation of reported laboratory results.

(11) Page 11, Section 11 “ISOLATED HEPATITIS B CORE ANTIBODY POSITIVE RESULTS”:

- Discusses the four possible interpretations of a HBsAg negative, anti-HBs negative, anti-HBc positive result, and expectations when the individual is challenged with hepatitis B vaccine.

Please remove and destroy the following pages from the Communicable Disease Control Manual:

Hepatitis B
Pages 1 -13

Dated July 2001

Insert the following replacement:

Hepatitis B
Table of Contents
Pages 1 – 13

Dated June 2004





Re: Revisions to Immunization Program Manual

(1) Section VII, BIOLOGICAL PRODUCTS

- Page 11, HEPATITIS B IMMUNE GLOBULIN:
HBIG is not indicated when the father, primary caregiver (other than mother) or household contact of a neonate has a **chronic** hepatitis B infection.
- Page 16, HEPATITIS B VACCINE PRE-EXPOSURE (ENGERIX®-B):
hepatitis B vaccine is indicated at birth when the father, primary caregiver (other than mother) or household contact of a neonate has a chronic hepatitis B infection.
- Page 18, HEPATITIS B VACCINE PRE-EXPOSURE (RECOMBIVAX®): as above, hepatitis B vaccine indicated at birth when the father, primary caregiver (other than mother) or household contact of a neonate has a chronic hepatitis B infection.
Thimerosal free vaccine is used for infants and children to 15 years of age, including students in the routine grade 6 vaccination program.
Only the Recombivax® 3mL vial presentation contains thimerosal.
- Page 19, HEPATITIS B POST-EXPOSURE INDICATIONS: HBIG is not indicated when the father, primary caregiver or household contact of an infant has a chronic hepatitis B infection.
HBIG may be indicated for an infant who is the household contact of an **acute** hepatitis B case, considering the immunization history of the infant; refer to the Post-Exposure Prophylaxis table.
- Page 22, HEPATITIS B VACCINE POST-EXPOSURE (RECOMBIVAX®):
Thimerosal free vaccine is used for infants and children to 15 years of age.

(2) Section X, Appendices

- Page 1, “PERINATAL PROTOCOLS FOR HEPATITIS B”: current process for perinatal testing for hepatitis B at BCCDC Laboratory Services, and notification of physician, hospital Blood Bank and Public Health. All HBsAg positive specimens are tested for HBeAg. Mechanisms should be in place to ensure that infants born to hepatitis B infected mothers receive HBIG and a full course of vaccine, as well as testing for serologic response to the vaccine.



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- Page 2, “PROPHYLAXIS RECORD for INFANTS at HIGH RISK of HEPATITIS B” to be used when there is no record of prenatal testing or there are other factors that indicate a need for hepatitis B prophylaxis at birth.
- Page 3, ‘HIGH RISK NEONATAL HEPATITIS B IMMUNIZATION PROGRAM’ sample of the letter sent by Laboratory and Epidemiology Services, BCCDC, when there is a positive HBsAg prenatal screening result. Replaces previous letter from Canadian Blood Services.
- Page 5, “HEPATITIS B VACCINATION GUIDELINES FOR PATIENTS WITH CHRONIC KIDNEY DISEASE” table developed by BCCDC Vaccine and Pharmacy, Epidemiology, and Hepatitis Services as a guideline for management of predialysis/dialysis clients.
- Page 7, “ALGORITHM FOR HEPATITIS B VACCINE FOR CLIENTS WITH CHRONIC RENAL DISEASE” developed by BCCDC Vaccine and Pharmacy Services to assist in management of predialysis/dialysis clients.

Please remove and destroy the following pages from the Immunization Program Manual:

Section VII, Biological Products:

Pages 11, 16, 19 and 22

Dated November 2002

Page 18

Dated August 2003

Section X, Appendices:

TOC and pages 1 – 6

Dated November 2002

Insert the following pages:

Section VII, Biological Products:

Pages 11, 16, 18, 19 and 22

Dated June 2004

Section X, Appendices:

TOC and pages 1 – 6

Dated June 2004





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If you have any questions or concerns, please contact Cheryl McIntyre, Associate Nurse Epidemiologist, or Dr. Jane Buxton at telephone (604) 660-6061, fax (604) 660-0197 or by e-mail to cheryl.mcintyre@bccdc.ca or to jane.buxton@bccdc.ca

Sincerely,

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