

10.7 HEPATITIS B

| TITLE | DESCRIPTION |
|-------------|--|
| DEFINITION: | <p>Hepatitis B infections are caused by Hepatitis B (HBV) virus, transmitted by exposure to blood or body fluids from an individual with a positive HBsAg. Incubation period from time of exposure to onset of symptoms may vary from 6 weeks to 6 months. HBV may present as 2 possible phases; acute and chronic. Acute hepatitis B refers to newly acquired infection and 90-95% of most people with acute hepatitis symptoms resolve over weeks to months. In chronic hepatitis, infection is greater than 6 months and will never completely resolve the infection. Chronic hepatitis B may result in life threatening conditions such as liver cancer and liver disease. Hepatitis B is considered a reportable condition in the state of Montana.</p> |
| SUBJECTIVE: | <p>Must Include:</p> <ol style="list-style-type: none"> 1. Sexual Health Assessment 2. Immunization History <p>Should Include:</p> <ol style="list-style-type: none"> 1. Medical history, including contraceptive history. 2. Pregnancy status. 3. Symptoms (frequently compared to flu symptoms): fever, loss of appetite, fatigue, nausea and vomiting, pruritus, pain over the liver, joint and muscle pain, skin appears yellow, urine becomes dark, and clay colored stools. 4. Primary risk factors associated with HBV infection include: <ol style="list-style-type: none"> a. Unprotected sex with infected partner(s). b. MSM (men having sex with men). c. History of other STIs. d. Injection of illegal drugs. e. Neonatal exposure of infected mother. f. Health care providers, public service workers who have contact with infected blood/body fluids. g. Individuals in correctional facilities or drug abuse treatment centers. h. Hemodialysis clients. |
| OBJECTIVE: | <p>May Include:</p> <ol style="list-style-type: none"> 1. Jaundice. 2. Tenderness with hepatomegaly. 3. Fever. 4. Abnormal liver function tests. 5. +HBsAg. |
| LABORATORY: | <p>Should Include:</p> <ol style="list-style-type: none"> 1. HIV/STI testing, as indicated. 2. Serologic testing for HBV. <ol style="list-style-type: none"> a. Positive HBsAg can be present in both acute and chronic infection. b. The presence of IGM antibody to HBV core antigen (IgM anti-HBc) is diagnostic of acute or recently acquired HBV infection. c. The presence of HBsAg and total anti-HBc with a negative test for core antigen (IgM anti-HBc) indicates chronic HBV infection. |

| TITLE | DESCRIPTION |
|-------------------------------|--|
| | <p>d. The presence of anti-HBc alone may indicate a false positive result, acute, resolved, or chronic infection.</p> <p>3. Pregnancy test, as indicated.</p> <p>May Include:</p> <ol style="list-style-type: none"> 1. Liver function test. 2. Complete blood count (CBC). |
| ASSESSMENT: | Hepatitis B Infection: Acute or Chronic. |
| PLAN: | <ol style="list-style-type: none"> 1. No specific therapy is available for persons with acute hepatitis B; treatment is supportive. 2. Two products approved for hepatitis B prevention: <ol style="list-style-type: none"> a. Hepatitis B immune globulin (HBIG) provides temporary protection (approximately 3 months) from HBV and is used as a post exposure prophylaxis (PEP) in unvaccinated persons or in persons who have not responded to vaccination. b. Hepatitis B vaccine, along with HBIG should be given to clients as a pre-exposure vaccination and for PEP. 3. Refer to the CDC's Hepatitis B vaccination recommendations: (https://www.cdc.gov/vaccines/vpd/hepb/index.html). |
| EDUCATION: | <ol style="list-style-type: none"> 1. Cover cuts and skin lesions to prevent spread of infection thru secretions of blood. 2. Refrain from donating blood products. 3. Counsel clients on the importance of safer sex practices for risk reduction; risks of transmission to household, sexual, and needle-sharing contacts; and the need for such contacts to receive hepatitis B vaccination, as indicated. 4. HBV is not usually spread by hugging, coughing, food, or water. 5. Clients do not need to be excluded from work, school, or child care. 6. Avoid or limit alcohol consumption. 7. Provide information of area support groups coping with HBV infection. 8. Avoid sharing toothbrushes or razors. |
| REFERRAL TO MEDICAL PROVIDER: | All persons with +HBsAg results should be referred to appropriate physician for management. |
| REFERENCES: | <ol style="list-style-type: none"> 1. Hepatitis B Vaccination. (https://www.cdc.gov/vaccines/vpd/hepb/index.html). 2. North Dakota Department of Health: HIV, STD, TB, Viral Hepatitis Program. (http://www.ndhealth.gov/Disease/Hepatitis/). 3. Hepatitis (Viral). (https://www.niddk.nih.gov/health-information/liver-disease/viral-hepatitis). 4. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015; 64 (No.RR-3): Pp. 95-100. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf). |