



HEPATITIS TYPE B (HBV)

(Serum hepatitis; Australia antigen hepatitis [both terms are obsolete]. See also **HEPATITIS TYPE B, PERINATAL**)

1. **Agent:** Hepatitis B virus (HBV), several subtypes.
2. **Identification:**
 - a. **Symptoms:** Onset is often insidious. Symptoms include fatigue, anorexia, vague abdominal discomfort, joint pain, nausea, vomiting, and jaundice; when present, fever may be mild. Many cases are asymptomatic.
 - b. **Differential Diagnosis:** Other causes of viral and non-viral hepatitis.
 - c. **Diagnosis**

Acute: HBc IgM positive or new positive test for HBsAg *and* evidence of illness with (1) discreet onset of symptoms *and* (2) jaundice *or* elevated aminotransferase levels..

Chronic: HBsAg positive in the absence of clinical or laboratory evidence of recent (previous 6 months) onset of infection.
3. **Incubation:** From 45-180 days; usually 60-90 days.
4. **Reservoir:** Human.
5. **Source:** Primarily blood to blood and sexual contact.
6. **Transmission:** By parenteral inoculation or mucosal membrane exposure to human blood or blood products. Susceptible sexual partners of infected persons are at risk. Perinatal transmission is likely to unprotected (no HBIG or vaccine) infants of HBsAg-positive mothers.
7. **Communicability:** Blood is potentially infective before and after onset of symptoms. Two-ten percent of acute adult cases become carriers. Ninety percent of infected infants become carriers.

8. **Specific Treatment:** None for acute stage. Antiviral medications may be beneficial for chronic disease.
9. **Immunity:** Lifelong

REPORTING PROCEDURES

1. Reportable, *California Code of Regulations*, Section 2500.
2. **Report Form: Viral Hepatitis Case Report (Hepatitis ABCDE-acd hep.pdf).** In addition, for the rare case associated with administration of blood or blood products during the 6-month period prior to onset, use Supplemental Data Sheet, **TRANSFUSION-ASSOCIATED HEPATITIS CASE RECORD (DHS 8376).**
3. **Epidemiologic Data:**
 - a. Appropriate laboratory tests to confirm the diagnosis of acute hepatitis B.
 - b. Reason for medical visit leading to diagnoses. This may be helpful in determining if case is acute or chronic hepatitis B.
 - c. Medical or dental treatment within past 6 months, including types of procedures performed.
 - d. Percutaneous exposure: admitted or suspected self-injections, tattooing, ear or body piercing, acupuncture, electrolysis, skin-piercing procedures, etc.
 - e. Transfusions of blood or blood products: Places, dates, lot numbers, manufacturer, and donor identification.
 - f. Occupational history, especially medical-dental personnel, workers or inmates in institutions, and those exposed to blood or blood products.



- g. Sexual contact with diagnosed case of viral hepatitis, jaundiced person or known HBsAg carrier during past 6 months.
- h. Contact with or injection of contaminated blood; accidental inoculation by needle (laboratory), accidental splash into the eye.
- i. Patient or employee of a renal dialysis unit.
- j. For infant cases, HBV status of mother should be evaluated.
- k. Sexual orientation and number of partners
- l. Blood, plasma or organ donation in prior 6 months.

CONTROL OF CASE, CONTACTS & CARRIERS

Investigate acute cases within 3 days. The **Viral Hepatitis Case Report (Hepatitis ABCDE-acc hep.pdf)** is for acute cases only. For chronic carriers submit a CMR only.

CASE:

No restrictions.

CONTACTS:

Persons exposed to blood of an infected person, regular sexual partners and household contacts.

1. No restrictions.
2. Hepatitis B immune globulin (HBIG) is indicated in non-immune persons for post-exposure prophylaxis following accidental needle stick or mucosal (eye or mouth) exposure to blood positive for HBsAg. For specific details, refer to *MMWR*, December 26, 1997, Vol. 46, No. RR-18. Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC).
3. Acute hepatitis B or an asymptomatic carrier state during pregnancy or during the first 2 months postpartum is frequently associated with later infections in the newborn infant. Refer to *Recommendations for Use and*

Storage of Common Immunobiologics and Other Prophylactic Agents (B-71) for prophylaxis details.

4. Regular sexual partners are at increased risk of acquiring HBV infection. Refer to B-71 *Recommendations for Use and Storage of Common Immunobiologics and Other Prophylactic Agents* for prophylaxis details.
5. Hepatitis B vaccine is part of routine childhood vaccination series. Hepatitis B vaccine is recommended for people in high-risk situations and occupations. Refer to B-71, *Recommendations for Use and Storage of Common Immunobiologics and Other Prophylactic Agents*, for details.

CARRIERS:

Defined as any person remaining positive for HBsAg for at least 6 months.

1. Pregnant women who test positive for HBsAg should be referred to Perinatal Hepatitis B Prevention Unit.
2. No restrictions. Carriers are not to be excluded from work or school solely on the basis of a positive HBsAg (including health care work).
3. A carrier of HBsAg may or may not be symptomatic.
4. Those with a positive HBsAg test should be informed, evaluated for the presence of liver disease, and followed to determine persistence of antigen.
5. Stress routine precautions, such as those applying to prevention of transmission via percutaneous and sexual routes.
6. Recommend evaluation of contacts for immunity and vaccination of susceptibles.

PREVENTION-EDUCATION

1. Advise that disease may be transmitted by shared articles that become contaminated with blood (needles, syringes, razors, toothbrushes).
2. Advise that regular sexual partners may be at increased risk for hepatitis B. Advise of need for HBIG and/or vaccine. Use of condoms may



reduce the risk to sexual partners. A county sponsored vaccine program is available to contacts <19 years.

3. Individuals at continued risk for acquiring hepatitis B infection (occupation, male homosexuals) should be recommended to receive hepatitis B vaccine if not immune. See *Recommendations for Use and Storage of Common Immunobiologics and Other Prophylactic Agents* (B-71).
4. Usage of HBIG based on exposure (type and time) and susceptibility.
5. Instruct on sanitary disposal of blood and other body secretions.
6. Advise patient that persons with a history of viral hepatitis are excluded from blood donor programs.
7. Advise case that HBsAg test should be repeated at 3 and 6 months. If still positive after 6 months, then the patient is considered a carrier and should be evaluated for the possibility of active liver disease.

DIAGNOSTIC PROCEDURES

Clinical and epidemiological history required to aid laboratory in test selection.

Serology:

Container: VR serology - contains a serum separator tube (SST, a red-gray top vacutainer tube) and a **VIRAL, RICKETTSIAL AND CHLAMYDIAL DISEASE EXAMINATION FORM (H-789)**.

Examination Requested: Hepatitis B (indicate if previously positive).

Material: Whole clotted blood.

Amount 8-10 ml.

Storage: Refrigerate.



HEPATITIS B SEROLOGY TERMINOLOGY

Serologic Component	Interpretation
HBsAg = Surface antigen	Infectious, acute or chronic.
anti-HBs = Antibody to surface antigen	Resolved infection or vaccine response.
anti-HBc total = Total antibodies (IgG+IgM) to core protein antigen	Either acute, chronic, or resolved disease.
anti-HBc IgM = IgM antibodies to core protein	Acute or recently infected. Rarely positive in chronic carriers.
HBeAg = e-enzyme antigen	Highly infectious, acute or chronic.
anti-HBe = total antibodies to e-enzyme antigen (no distinction made for IgM and IgG)	Useful only for +HBsAg cases: if anti-HBe present, less infectious.



TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed person	Treatment when source is		
	Source HBsAg * positive	Source HBsAg negative	Source unknown or not available for testing
Unvaccinated:	HBIG + x 1; initiate HB vaccine series &	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated:			
Known responder @	No treatment	No treatment	No treatment
Known non-responder	HBIG x 1 and initiate revaccination or HBIG X 2	No treatment	If known high-risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs ** 1. If adequate @, no treatment is necessary 2. If inadequate @, HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate @, no treatment is necessary 2. If inadequate @, administer vaccine booster and recheck titer in 1-2 months

* Hepatitis B surface antigen.

+ Hepatitis B immune globulin; dose 0.06 mL/kg intramuscularly.

& Hepatitis B vaccine.

@ Responder is defined as a person with adequate levels of serum antibody to hepatitis B surface antigen (i.e., anti-HBs** \geq 10 mIU/mL); inadequate response to vaccination defined as serum anti-HBs <10 mIU/mL.

** Antibody to hepatitis B surface antigen.

MMWR December 26, 1997 / 46(RR-18);1-42. Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), table 3.