

HEPATITIS B – RD 8

DEFINITION

Hepatitis B infections are caused by Hepatitis B (HBV) virus, transmitted by parenteral, perinatal, and exposure to blood or body fluids from an individual with a positive HBsAg. The 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. In 85%-90% of people with acute hepatitis, symptoms resolve over weeks to months. In chronic hepatitis, infection is greater than 6 months and 5% of people will never completely resolve the infection while 5%-10% will have chronic carrier status. 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 North Dakota.

SUBJECTIVE

Should include:

1. Medical, sexual, contraceptive and immunization history
2. Pregnancy status
3. May be asymptomatic; symptoms can include fatigue, poor appetite, stomach pain, nausea, and jaundice

Primary risk factors associated with HBV infection include:

1. Born in areas of high prevalence; Asia, Pacific Islands, Middle East, Mediterranean, South America, Eastern Europe, Caribbean
2. Unprotected sex with infected partner(s)
3. MSM (men having sex with men)
4. History of other STIs; HIV infection
5. Injection of illegal drugs
6. Neonatal exposure of infected mother
7. Health care providers, public service workers who have contact with infected blood/body fluids
8. Individuals in correctional facilities or drug abuse treatment centers
9. Hemodialysis patients (rare in U.S.)
10. Persons with multiple sex partners
11. Household contacts of infected persons
12. Residents and staff of facilities for developmentally disabled persons
13. Travelers to regions with intermediate or high rates of hepatitis B (HBsAg prevalence of > 2%)

OBJECTIVE

May include:

1. Jaundice
2. Tenderness with hepatomegaly or splenomegaly
3. Fever
4. Abnormal liver function tests
5. +HBsAg

LABORATORY

Should include:

1. HIV/STI testing, as indicated
2. Serologic testing for HBV
 - 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.

- d. The presence of anti-HBc alone may indicate a false positive result, acute, resolved, or chronic infection.
 - e. The presence of positive HBsAb indicates immunity from vaccination or resolved infection.
3. Pregnancy test, as indicated
- May include:
1. Liver function test
 2. Complete blood count (CBC)

ASSESSMENT

Hepatitis B Infection: Acute or Chronic

PLAN

1. Patient is infectious 4 to 6 weeks before symptoms and unpredictable after symptoms; screen sexual partners.
2. No specific therapy is available for persons with acute hepatitis B; treatment is supportive. Several antiviral medications may assist in fighting the infection and decreasing long term liver damage.
3. Two products approved for hepatitis B prevention:
 - 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.
4. Refer to CDC's Hepatitis B vaccination recommendations: [Hepatitis B Vaccination | CDC](#)
5. Acute viral hepatitis is a Category 3 or 4 in the MEC for any combined hormonal contraception. Chronic hepatitis is a category 1 for all methods of contraception.

CLIENT EDUCATION

1. Cover cuts and skin lesions to prevent spread of infection thru secretions of blood; blood spills should be cleaned with bleach and bagged independently before placed in the trash
2. Refrain from donating blood, plasma, organs or tissue and semen products
3. Counsel clients on the importance of safer sex practices for risk reduction, risks of transmission to household, sexual, & needle-sharing contacts, and the need for such contacts to receive both Hepatitis A and 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 childcare
6. Avoid or limit alcohol consumption
7. Provide information of area support groups coping with HBV infection
8. Avoid sharing toothbrushes or razors, injection supplies.
9. Refrain from starting any new medications including OTC and herbal supplements without checking with their health care provider.

CONSULT / REFER TO PHYSICIAN

1. All persons with +HBsAg results should be referred to the appropriate physician for management.

REFERENCES

1. [Hepatitis B Vaccination | CDC](#)
2. [CDC STI Guidelines](#)
3. [Hepatitis \(Viral\) | NIDDK \(nih.gov\)](#)
4. https://www.cdc.gov/hepatitis-b/hcp/provider-resources/?CDC_AAref_Val=https://www.cdc.gov/knowhepatitisb/proresources.htm
5. Buttaro, T., Trybulski, J., Polgar-Bailey, P., Sandberg-Cook, J. (2017). Primary care: A collaborative practice. (5th ed.). Elsevier: St. Louis, MO.

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