



Hepatitis B

DEFINITION	Hepatitis B infections are caused by Hepatitis B (HBV) virus, efficiently transmitted by percutaneous or mucous membrane 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 to completely resolve the infection. Chronic hepatitis B may result in life threatening conditions such as liver cancer and liver disease.
SUBJECTIVE	<p>.</p> <p>Subjective date must include:</p> <ol style="list-style-type: none">1. Medical Hx.2. Sexual Hx.3. Contraceptive Hx.4. Immunization Hx. <p>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.</p> <p>Primary risk factors associated with HBV infection include:</p> <ol style="list-style-type: none">1. Unprotected sex with infected partner(s)2. MSM (men having sex with men)3. History of other STIs4. Injection of illegal drugs5. Neonatal exposure of infected mother6. Health care providers7. Individuals in correctional facilities or drug abuse treatment centers.
OBJECTIVE	<ol style="list-style-type: none">1. Jaundice2. Tenderness with hepatomegaly3. Fever4. Abnormal liver function tests and +HBsAg

LABORATORY	<p>Laboratory testing including:</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. d. The presence of anti-HBc alone might indicate a false positive results, acute, resolved, or chronic infection. <p>May include:</p> <ol style="list-style-type: none"> 3. Liver Function Tests 4. 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 from HBV and is used as 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 PEP. 3. All persons with +HBsAg lab results should be reported to the state health department. 4. To verify the presence of chronic HBV infection, +HBsAg persons should be retested. 5. Identify the immune status of sex partners of the +HBsAg client and the need for such contacts to receive hepatitis B vaccination as indicated. <ol style="list-style-type: none"> a. Anti-HBc is the test of choice for prevaccination testing; persons who are anti-HBc positive should be tested for HBsAg. 6. Hepatitis B vaccination is recommended for all unvaccinated individuals at risk for HBV infection, and all individuals seeking protection from HBV infection.
CLIENT 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 +HBsAg clients the importance of barrier method for risk reduction, risks of transmission to household, sexual, & 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. +HBsAg clients do not need to be excluded from work, school, or child care. 6. Avoid or limit alcohol consumption 6. Provide information of area support groups coping with HBV infection.

CONSULT / REFER TO PHYSICIAN	1. All persons with +HBsAg results should be referred to appropriate physician for management.

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References:

1. CDC Sexually Transmitted Diseases Treatment Guidelines, 2010. Vol. 59, No RR-12. pp. 80-85.
2. Family Practice Notebook, LLC 2012, www.fpnotebook.com, Hepatitis B.