



MANITOBA RENAL PROGRAM

SUBJECT <ul style="list-style-type: none"> Adult Patient Screening and Vaccination Protocol for Hepatitis B and Hepatitis C 	SECTION 70.10 Protocols – Manitoba Renal Program General
	CODE 70.10.02
AUTHORIZATION <ul style="list-style-type: none"> Professional Advisory Committee, Manitoba Renal Program Professional Advisory Council, St. Boniface Hospital 	EFFECTIVE DATE June 1984
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PURPOSE:

- To provide guidelines for Hepatitis B and Hepatitis C screening and Hepatitis B vaccination in patients with chronic kidney disease (CKD).

POLICY:

- All patients with eGFR less than 30 ml/min/1.73m² should be screened for Hepatitis B surface antigen, Hepatitis B antibody, and Hepatitis C antibody.
- Patients should be screened for Hepatitis B surface antigen, Hepatitis B antibody, and Hepatitis C antibody prior to starting dialysis. Results of Hepatitis B virus testing should be known before the patient begins dialysis.
- Hepatitis B vaccination is recommended for all patients who are susceptible to Hepatitis B (see under "Hepatitis B Screening"). The vaccine should be administered before the patient becomes dialysis-dependent, as response rates to the vaccine are better earlier in CKD. There is no vaccine available for Hepatitis C.
- Documentation of all vaccines must be submitted to the provincial vaccination database within a month of administration.
- Patients with temporary acute renal failure should be screened for Hepatitis B and Hepatitis C as above when they begin dialysis. Patients with acute renal failure do not require Hepatitis B vaccination.
- All patient Hepatitis screening results should be monitored and recorded in a designated section of the health record and in a designated log book.

DEFINITIONS:

HBsAg	Hepatitis B surface antigen
Anti HBs	Antibody to Hepatitis B surface antigen (also called HBsAb)
Anti HCV	Antibody to Hepatitis C virus
ALT	Alanine Aminotransferase

HEPATITIS B SCREENING:

KEY POINT:

There are three possible Hepatitis B patient categories:

1. Susceptible
2. Infected
3. Immune

1. Susceptible Patients (HBsAg and Anti HBs negative):

All susceptible patients should receive Hepatitis B vaccine and follow-up testing to determine immune status. Refer to 70.10.02a Appendix A: *Algorithm for Hepatitis B Vaccination & Monitoring in Susceptible Patients.*

2. Infected Patients (HBsAg positive):

Follow 70.10.02b Appendix B: *Schedule for Routine Blood Testing for Hepatitis B & Hepatitis C Infections* under "HBsAg positive (i.e. infected patients)".

3. Immune Patients (Anti HBs positive):

Follow 70.10.02b Appendix B: *Schedule for Routine Blood Testing for Hepatitis B & Hepatitis C Infections* under "Anti HBs positive (≥ 10 mIU/mL)".

HEPATITIS C SCREENING:

There are two possible Hepatitis C patient categories:

1. Susceptible
2. Infected

1. Susceptible (Anti HCV negative):

Follow 70.10.02b Appendix B: *Schedule for Routine Blood Testing for Hepatitis B & Hepatitis C infections* under "Anti HCV negative".

- Peritoneal Dialysis and Renal Health Clinic patients do not require due to the difficulties in arranging these screening tests at the correct times.

2. Infected (Anti HCV positive):

Anti HCV positive patients are considered to have Hepatitis C infection. No further testing is necessary. Follow 70.10.02b Appendix B: *Schedule for Routine Blood Testing for Hepatitis B & Hepatitis C Infections* under "Anti HCV positive".

- There is no reliable method to determine if this infection is acute or chronic.

REFERENCES:

Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report. Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients. April 27, 2001/vol. 50/No. RR-5

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