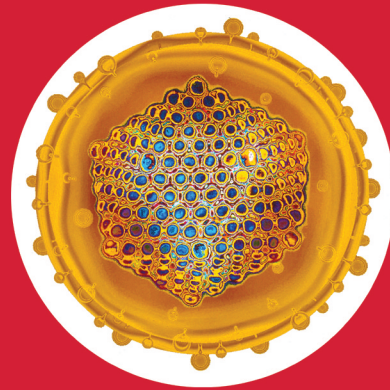


Guidelines for STD and HIV/AIDS Clinics

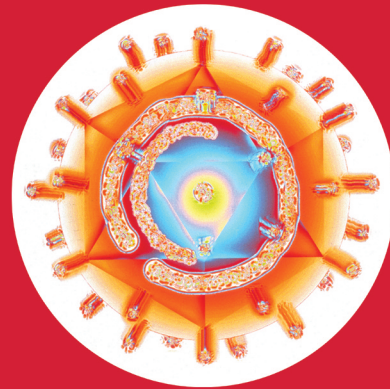
adult hepatitis
A and B vaccine

B and C testing
(program code 09)

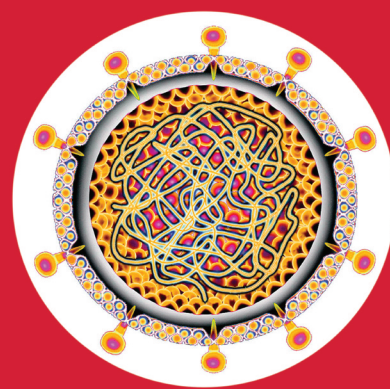
A



B



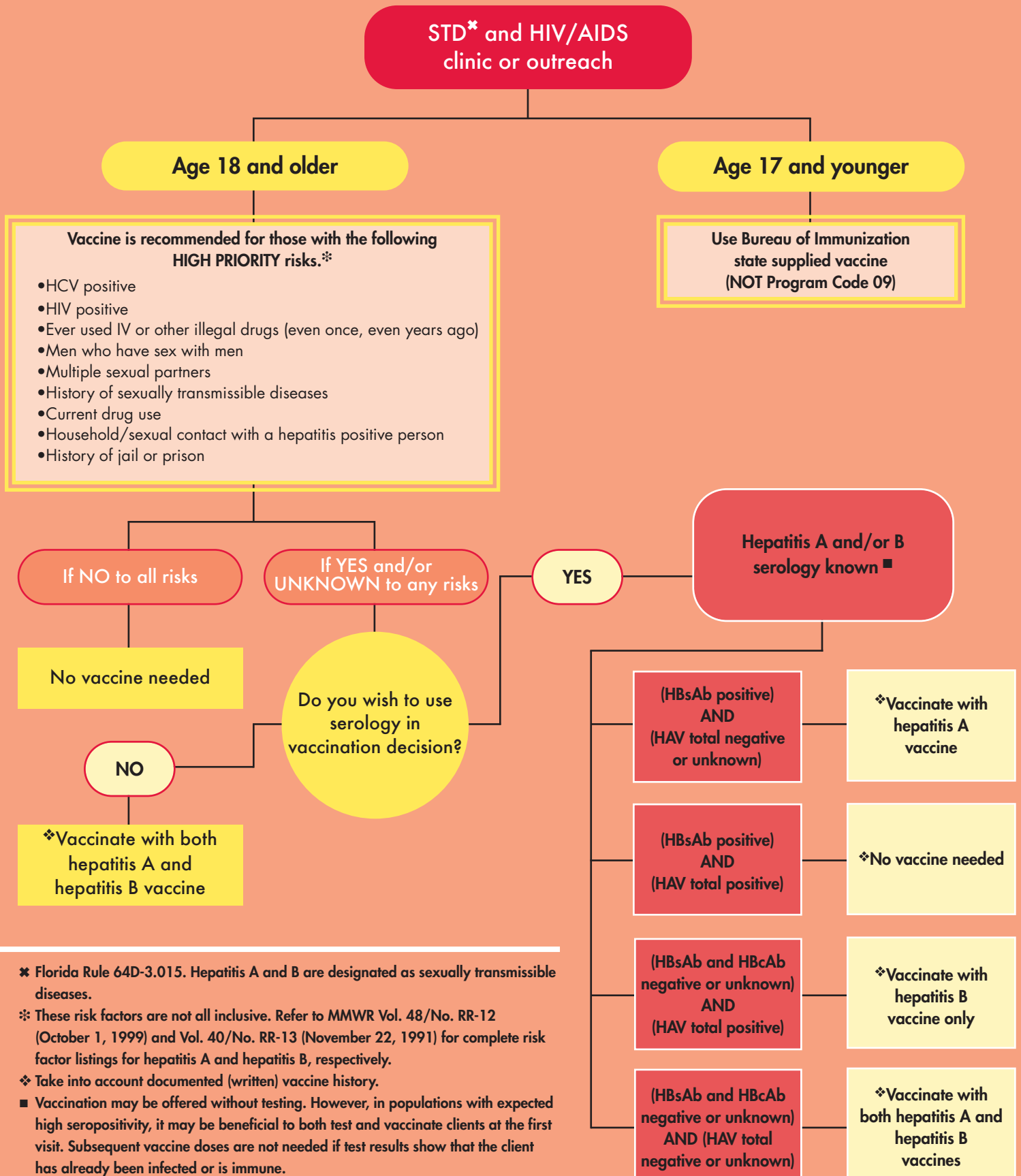
C



prepared by the
Hepatitis Prevention Program, Division of Disease Control, Florida Department of Health

Guidelines for Adult Hepatitis A and Hepatitis B Vaccine Program (Program Code 09)

This page of the pamphlet (version 6/2006) may be used to assist county health departments with implementing CHD Guidebook/TA STD-20. Please note, however, that this pamphlet addresses many more components of the Hepatitis Program (HCMS Program Code 09) than are currently referenced in the CHD guidebook.



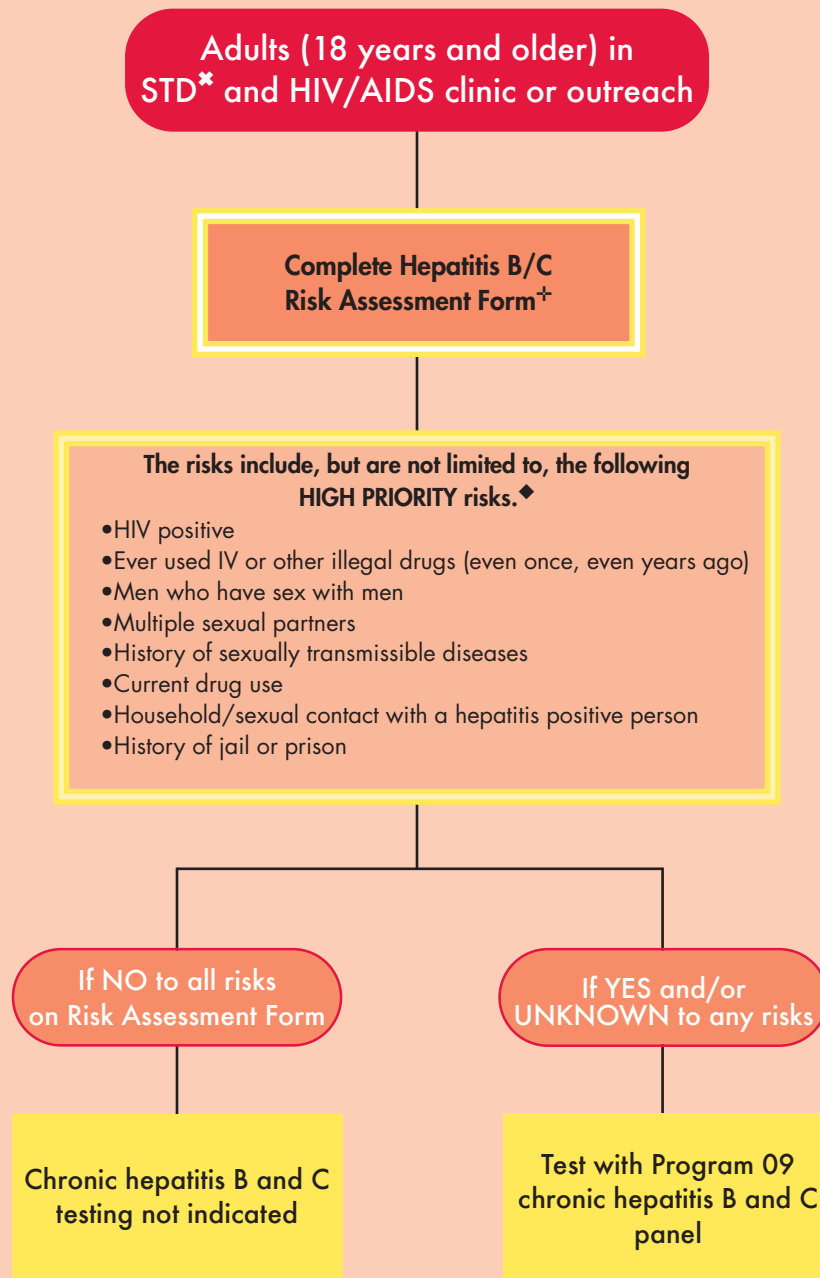
* Florida Rule 64D-3.015. Hepatitis A and B are designated as sexually transmissible diseases.

❖ These risk factors are not all inclusive. Refer to MMWR Vol. 48/No. RR-12 (October 1, 1999) and Vol. 40/No. RR-13 (November 22, 1991) for complete risk factor listings for hepatitis A and hepatitis B, respectively.

❖ Take into account documented (written) vaccine history.

■ Vaccination may be offered without testing. However, in populations with expected high seropositivity, it may be beneficial to both test and vaccinate clients at the first visit. Subsequent vaccine doses are not needed if test results show that the client has already been infected or is immune.

Guidelines for Adult Hepatitis B and Hepatitis C Testing Program (Program Code 09)



✘ Florida Rule 64D-3.015. Hepatitis A and B are designated as sexually transmissible diseases.

† Hepatitis B and C Risk Assessment Form (see form attached to this guidance pamphlet) must be completed by either client or CHD personnel prior to testing. A copy of the completed risk assessment form must be sent to Department of Health Hepatitis Program at: Hepatitis Program; Bureau of HIV/AIDS; 4052 Bald Cypress Way, Bin A-09; Tallahassee, Florida 32399-1715

◆ These risk factors are not all inclusive. Refer to MMWR Vol. 40/No. RR-13 (November 22, 1991) and Vol. 47/No. RR-19 (October 16, 1998) for complete risk factor listings for hepatitis B and hepatitis C, respectively.

Sentinel Counties:

Send a copy of the completed form to: Hepatitis Program; Bureau of HIV/AIDS; 4052 Bald Cypress Way, Bin A-09; Tallahassee, FL 32399-1715

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Date of Birth (mm/dd/yyyy): _____ Age: _____ Sex: M F

Race: W B Asian/PI American Indian/Alaskan Native Other Unknown Ethnicity: Hispanic Haitian

Test and vaccination history (Check all that apply)

1. Have you ever had hepatitis? Yes No Unknown
If yes, what kind? A B C Other Unknown
2. Have you ever been told that you tested positive for hepatitis? Yes No Unknown
If yes, what kind? A B C Other Unknown
3. Have you ever received the hepatitis A vaccine?*: Yes No Unknown
If yes, how many doses? 1 2 Unknown
4. Have you ever received the hepatitis B vaccine?*: Yes No Unknown
If yes, how many doses? 1 2 3 Unknown

*This can be either the individual A or B vaccines or the A and B combined vaccine.

Risk Exposures: CDC defined high risk groups for HCV infection

1. Have you ever received a transfusion of blood or blood components? Yes No Unknown
If yes, any before July 1992? Yes No Unknown
2. Have you ever received clotting factor concentrates? Yes No Unknown
If yes, any before July 1987? Yes No Unknown
3. Have you ever received an organ transplant? Yes No Unknown
If yes, any before 1992? Yes No Unknown
4. Have you ever been told that you received blood, blood components, or organs from a person who later tested positive for hepatitis C?
 Yes No Unknown

Please complete questions 5–7.

5. Have you ever been told that you had liver enzyme results higher than normal? Yes No Unknown
6. Have you ever received hemodialysis? Yes No Unknown
7. Have you ever, even once, injected drugs to get high? Yes No Unknown

8. Why do you want to be tested for hepatitis C? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Risk factor listed above (#1–7) | <input type="checkbox"/> Long term sexual partner with hepatitis C | <input type="checkbox"/> Jails–inmate |
| <input type="checkbox"/> Shared needles for vitamins/medications | <input type="checkbox"/> Tattoos | <input type="checkbox"/> Prisons–inmate |
| <input type="checkbox"/> Born to a mother with hepatitis C | <input type="checkbox"/> Previous HCV positive | <input type="checkbox"/> Sex for money |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Occupational risk | <input type="checkbox"/> Snorting Drugs |
| <input type="checkbox"/> Needle stick injury | <input type="checkbox"/> Household contact of a person with hepatitis C | <input type="checkbox"/> Multiple sexual partners |
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Sexual Preference | <input type="checkbox"/> Other _____ |

Test Type: Serological Home Test Kit in clinic Home Test Kit Refused

Interviewer's name: _____ Date: _____ County: _____

Clinic/Site (e.g., STD, HIV/AIDS, jail): _____

Hepatitis Facts

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
Methods of Transmission	<p>Oral contact with feces from an infected person</p> <ul style="list-style-type: none"> • Oral-anal sexual practices • Eating food prepared by an infected person who did not clean hands properly • Drinking contaminated water • Eating contaminated shellfish 	<p>Bloodborne pathogen transmitted through contact with infected person's blood/body fluids</p> <ul style="list-style-type: none"> • Sharing injection drug equipment • Unprotected anal, vaginal, or oral intercourse • Infected mother to her infant during pregnancy, delivery, or breastfeeding • Household contact • Occupational exposure through needle stick 	<p>Bloodborne pathogen transmitted through contact with infected person's blood</p> <ul style="list-style-type: none"> • Sharing injection drug equipment • Blood transfusion before 1992 • Infected mother to her infant during pregnancy or delivery • Occupational exposure through needle stick • Sexual transmission can occur, but is unlikely.
Prevention Messages	<ul style="list-style-type: none"> • Avoid sexual practices that result in oral-anal and oral-fecal contact; or, use a latex barrier between the mouth and anus • CDC recommends HAV vaccination for active injection drug users (IDUs), men who have sex with men (MSMs), and certain travelers to endemic areas • County health departments provide information about local outbreaks of HAV • Due to compromised immune systems, people with HIV should be aware of local HAV outbreaks 	<ul style="list-style-type: none"> • Avoid sharing injection drug equipment • Avoid unprotected oral, vaginal, or anal intercourse • Avoid sharing tattooing equipment, razors, toothbrushes • Vaccine recommended for all active IDUs, MSMs, non-monogamous adults, and health care workers • Pregnant women screened for HBV and routine vaccination for all exposed infants • Use standard precautions in occupations which involve possible exposure to blood 	<ul style="list-style-type: none"> • Avoid sharing injection drug equipment • Avoid sharing tattooing equipment, razors, and toothbrushes with those who are infected • Follow standard precautions in occupations which involve possible exposure to blood • Infected individuals should not consume alcohol
Implications for Prevention Programs and Health Care Providers	<ul style="list-style-type: none"> • HIV/AIDS service providers should revise their prevention education curricula and activities to include information about HAV • Educate active IDUs, MSMs about vaccination • Educate and counsel regarding risk reduction or elimination of oral-anal sexual practices 	<ul style="list-style-type: none"> • HIV/AIDS service providers should revise their prevention education curricula and activities to include information about HBV • Recommend screening and vaccination for all active IDUs, MSMs, and non-monogamous adults • Provide same prevention messages as HIV • Routine early childhood vaccination began in 1991 	<ul style="list-style-type: none"> • HIV/AIDS service providers should revise their prevention education curricula and activities to include information about HCV • Educate about the option of screening for those at risk and interested in their HCV status
Initial Symptoms	Jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, diarrhea; in many cases symptoms may be absent or very mild	Symptoms, if present, similar to HAV; severe disease can lead to liver failure and may be fatal	Symptoms similar to HAV and are usually absent or very mild; initial presentation may be that of chronic disease 10–30 years following infection
Chronic Illness	Virtually all patients have complete recovery within three to six months; never chronic; life-long immunity to HAV	90% of those infected will recover fully and have life-long immunity to HBV; 10% do not clear the infection and develop either mild chronic persistent HBV or more aggressive chronic active HBV which can lead to cirrhosis and liver cancer	75–85% of persons infected with HCV become chronically infected carriers; of these, 10–20% will develop significant liver disease that can lead to cirrhosis and liver cancer; disease develops slowly, often without symptoms for 10–30 years; HCV reinfection is possible
Treatment	Initial illness usually managed at home; rest; avoid alcohol; no specific dietary restrictions; no treatment except management of symptoms	Initial illness manages similarly to HAV, although hospitalization may be required; medications are available for chronic illness and have a success rate of 30–40%	Initial illness is managed similarly to HAV; medication is available to treat chronic illness and has a success rate of 25–50%; avoidance or reduction of alcohol is especially important; new drugs are under development
Prophylaxis	Vaccine available and recommended for IDUs, MSMs, persons with HCV, and some travelers; immunoglobulin available for post-exposure prophylaxis for unvaccinated close contacts	Vaccine recommended as part of early childhood immunization, for health care workers, IDUs, household contacts of persons with HBV, and non-monogamous adults; immunoglobulin and vaccine are recommended after recent known exposure has occurred	No vaccine

Hepatitis Services and Codes

SERVICE	CODE	SPECIAL INSTRUCTIONS
Hepatitis Test	0587	Testing for all hepatitis types
Nursing Assessment & Counseling	5000	No FTTY is used
Medical Management	6000	
Hepatitis Risk Screening (Initial)	8033	Screening for all hepatitis types—provides client count (coded to PC 02, 03, or 09)
Hepatitis Follow up	8037	Subsequent screening for clients (coded to PC 02, 03, or 09)
Hepatitis Post-Test Counseling	8038	Post-test counseling for negative, indeterminate, & positive test results
Hepatitis Referral	8039	Indicates referral for any positive hepatitis test
Hepatitis A Vaccines 2 Dose	01U1 01U2	Coded to PC 09
Hepatitis B Vaccine 3 Doses	01L1 01L2 01L3	Coded to PC 09
Hepatitis A & B Vaccine Combined 3 Doses	0UL1 0UL2 0UL3	Coded to PC 09
Hepatitis A Immune Globulin	01T1	Coded to PC 09
Hepatitis B Immune Globulin	01W1	Coded to PC 09

SPECIAL NOTES: Client Count by unique Client ID

Only staff working in county health departments that are using hepatitis vaccines and testing through the Hepatitis Prevention Program should code employee time to Program Component 09. All counties must use appropriate service codes to properly account for clients served, vaccine and other hepatitis services administered.