

C M H C INFECTION CONTROL MANUAL	Effective Date: 04/12/18	NUMBER: B-14.13.1 Page <u>1</u> of <u>2</u>
	Replaces:04/13/17	
	Formulated: 11/2013	
HEPATITIS A POLICY		

This policy is not intended to delineate all aspects of the care of an offender with hepatitis A. In particular, the minimal requirements in this policy are intended only to help gather necessary information for a provider to make an appropriate clinical decision about the management of each patient. In addition, please be aware that the guidelines listed below are subject to change based on new information as it becomes available.

POLICY: To provide guidance regarding the modes of transmission, screening, prevention, clinical management, housing, and work assignment of offenders with Hepatitis A (HAV)

PROCEDURES:

I. Transmission

- A. Person-to-person through the fecal-oral route
- B. Exposure to fecally contaminated food or water

II. Screening

- A. Screening with an anti-HAV total antibody test must be done on offenders who are newly diagnosed with HIV or chronic hepatitis B or C.

III. Prevention

- A. Encourage good hand washing and good general personal hygiene.
- B. Vaccinate susceptible offenders who have HIV infection, chronic liver disease including chronic hepatitis B or chronic hepatitis C, clotting factor disorders, and men who have sex with men.

IV. Management of cases

A. Housing

1. Contact isolation in inpatient settings, until 2 weeks after onset of symptoms, and diarrhea, if any, is resolved.
2. Outpatients must be assigned to a single cell for two weeks after onset of symptoms or two weeks after diagnosis, if asymptomatic. The cell must undergo cleaning and disinfection after the period of isolation is finished, before any other offender occupies the cell.

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B. Work restrictions

1. Food handlers must be excluded from work until two weeks after onset of symptoms or until resolution of jaundice, whichever is later.

V. Management of contacts

- A. All cellmates or dormitory mates (persons sharing toilet facilities) must be tested for anti-HAV total antibody if not already known to be anti-HAV positive. In addition, sexual contacts and close contacts who shared eating utensils during the infectious period must be identified and tested.
- B. Contacts who are anti-HAV antibody negative should receive 0.02 mL/kg of immune globulin IM within 14 days of their last exposure to the case. If the contact is younger than 40 and has no evidence of chronic underlying liver disease, a single dose of hepatitis A vaccine may be used instead of the immune globulin.
- C. Contacts who are anti-HAV antibody negative must be excluded from food service work for 8 weeks after their last exposure to the case.
- D. If the index case is a food handler, contact the Office of Public Health immediately for recommendations about management of coworkers and the general offender population.

VI. Reporting

- A. Acute hepatitis A is required by law to be reported within 7 days.
- B. Report to the Office of Public Health according to procedures in Infection Control Policy Manual
http://www.tdcj.state.tx.us/divisions/cmhc/docs/cmhc_infection_control_policy_manual/B-14.19.pdf

Hepatitis Reporting Form

This form is for reporting purposes only and is not intended as a clinical guideline.

Name: _____ TDCJ Number: _____

Facility: _____ UH Number: _____

Diagnosis:

	Acute Hepatitis A	Chronic Hepatitis Chronic Hepatitis
	Acute Hepatitis B	
	Acute Hepatitis C	

Supporting Data:

Symptoms (acute disease only): _____ Date of Symptom Onset: _____

- Nausea, vomiting or anorexia
- Diarrhea
- Jaundice or icterus
- Fever, malaise, flu-like symptoms

Lab: (lab tests done are based on clinical considerations and should not be ordered simply to complete this report form.)

Test	Date, if done	Pos	Neg	Not Done or Unknown
Acute Hepatitis A				
Hep A antibody (anti-HAV IgM Ab)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B				
Hep B surface antigen (HBsAg)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hep B core antibody (anti-HBc IgM Ab)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hep B surface antibody (anti-HBs Ab)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C				
Hep C antibody (anti-HCV Ab)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis D				
Delta hepatitis antibody (anti-HDV Ab)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***For Acute Illness only:**

Highest* ALT (SGPT) level: _____ Date: _____

Highest* AST (SGOT) level: _____ Date: _____

Expected Serological Patterns					
Acute Hepatitis A	Resolved Hepatitis A (not reportable)	Acute Hepatitis B	Chronic Hepatitis B	Resolved Hepatitis B (not reportable)	Hepatitis C
Anti-HAV IgM (+)	Anti-HAV IgM (-) Anti-HAV IgG (+)	HBsAg (+) HbeAg (+) Anti-HBc IgM (+)	HBsAg (+) HBeAg (+ in majority) Anti-HBc total (+) Anti-HBc IgM (-)	HBsAg(-), HBeAg(-) Anti-HBs (usually +) Anti-HBc total (usually +)	Anti-HCV (+)

