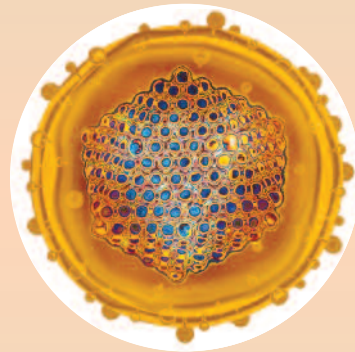


Guidelines for CHDs ...that provide hepatitis prevention services

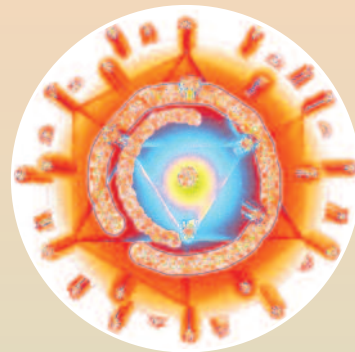
adult hepatitis A and B vaccine

A, B and C testing (program code 09)

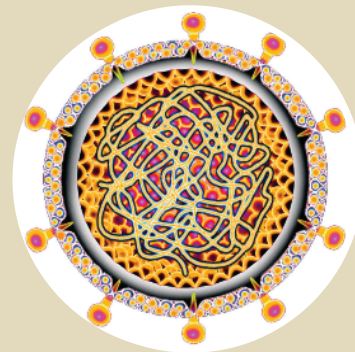
A



B



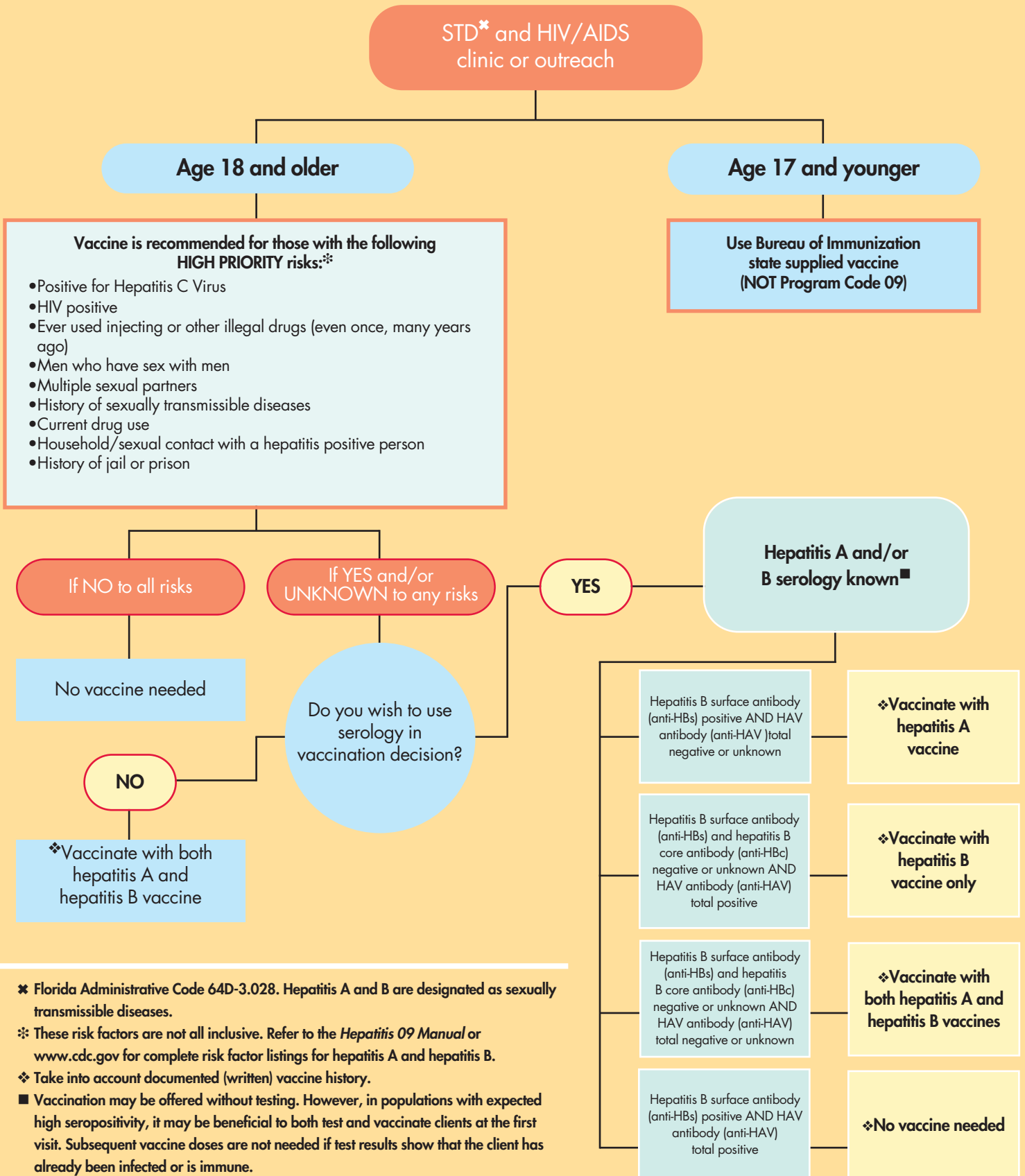
C



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

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

This page of the pamphlet (version 01/2017) may be used to assist county health departments with implementing TAG 360-20-15. Please note, however, that this pamphlet addresses many more components of the Hepatitis Prevention Program (HMS Program Code 09) than are currently referenced in the TAG 360-20-15.



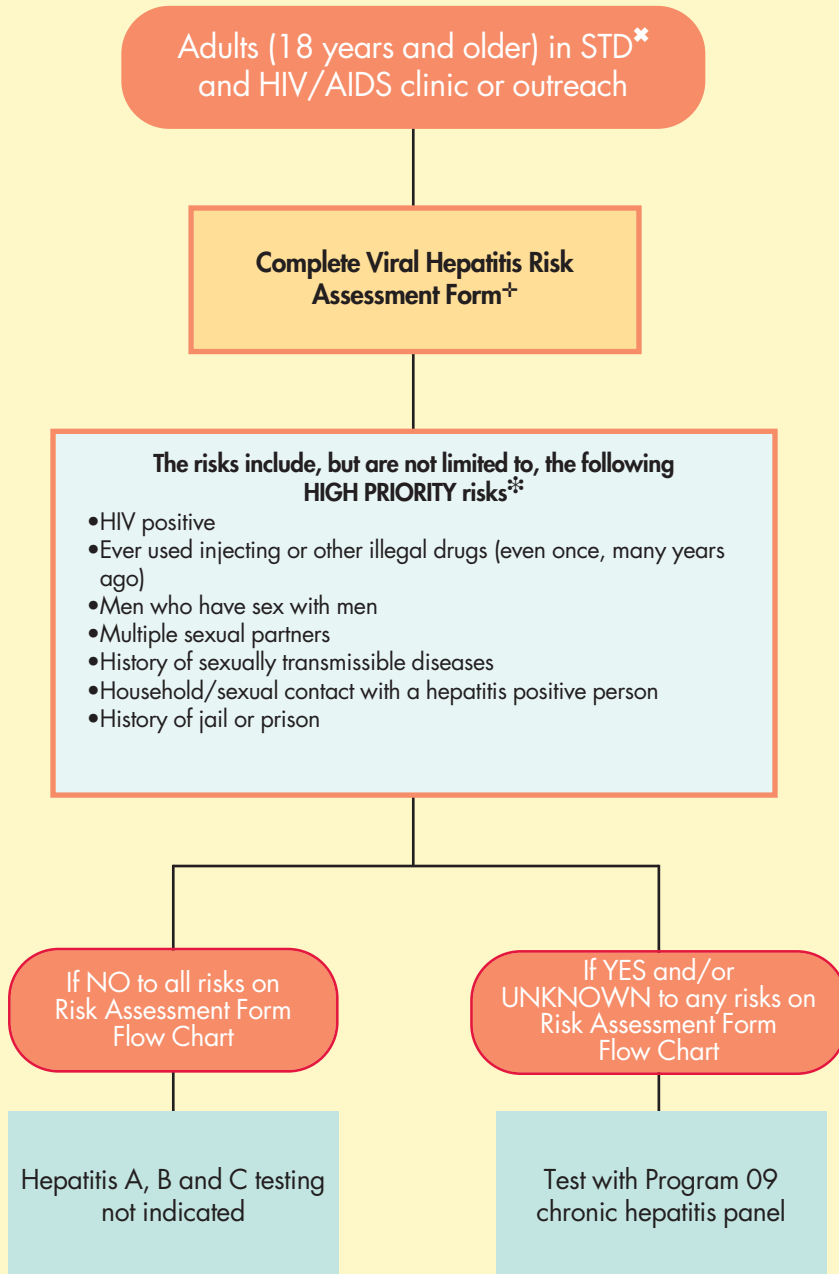
✘ Florida Administrative Code 64D-3.028. Hepatitis A and B are designated as sexually transmissible diseases.

✘ These risk factors are not all inclusive. Refer to the *Hepatitis 09 Manual* or www.cdc.gov for complete risk factor listings for hepatitis A and hepatitis B.

❖ 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 A, B and C Testing Program (Program Code 09)



* Florida Administrative Code Rule 64D-3.028. Hepatitis A and B are designated as sexually transmissible diseases.

† Viral Hepatitis Serologic Risk Assessment (see form included in this guidance pamphlet) must be completed by either the client or CHD personnel prior to testing. All CHDs must keep a copy with the client record.

‡ These risk factors are not all inclusive. Refer to the *Hepatitis 09 Manual* or www.cdc.gov for complete risk factor listings for viral hepatitis.



Viral Hepatitis Serologic RISK ASSESSMENT

All counties must complete a Hepatitis 09 Program risk assessment on clients who are tested under the Hepatitis 09 Program. A copy of this form must be kept with the client record and the original mailed to Tallahassee, **attention Hepatitis Surveillance.**

Today's Date: _____ County: _____ Staff Member: _____
Clinic/Site (check one): CHD Family Planning Hep 09 STD HIV Jail Outreach Other
Test Type: Viral Hepatitis Panel Refused

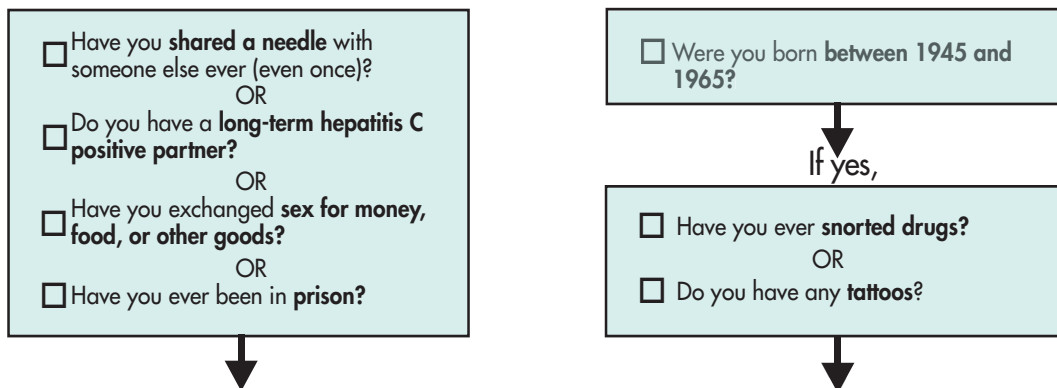
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Phone: _____ Date of Birth (mm/dd/yyyy): ___/___/___ Age: _____
Race: White Black American Indian/Alaskan Native Asian/Pacific Islander Other Unknown
Ethnicity: Hispanic Non-Hispanic Haitian

History (Check all that apply)

1. Have you ever received the hepatitis A vaccine?* Yes No Unknown
If yes, how many doses? 1 2 Unknown
2. Have you ever received the hepatitis B vaccine?* Yes No Unknown
If yes, how many doses? 1 2 3 Unknown
3. Have you ever had Hepatitis A? Hepatitis B? Hepatitis C? No Unknown
4. Have you ever been told that you tested positive for hepatitis? Yes No Unknown
5. Have you ever received a transfusion of blood or blood components before July 1992? Yes No Unknown

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

Hepatitis Risk Assessment Flow Chart



Viral 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 and equipment • Unprotected anal, vaginal or oral intercourse • Infected mother to her infant during pregnancy or delivery • 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 (MSM) and certain travelers to endemic areas • Due to compromised immune systems, people with HIV should be aware of local HAV outbreaks • County health departments provide information about local outbreaks of HAV 	<ul style="list-style-type: none"> • Avoid sharing injection drug equipment • Avoid unprotected oral, vaginal or anal intercourse • Avoid sharing tattooing equipment, razors and toothbrushes • Vaccine recommended for all active IDUs, MSM, non-monogamous adults and health care workers • Pregnant women screened for HBV and routine vaccination for all 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, nail clippers and toothbrushes. • 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"> • Health care providers should revise their prevention education curricula and activities to include information about HAV • Educate active IDUs and MSM about vaccination • Educate and counsel regarding risk reduction or elimination of oral-anal sexual practices 	<ul style="list-style-type: none"> • Health care providers should revise their prevention education curricula and activities to include information about HBV • Recommend screening and vaccination for all active IDUs, MSM 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 and 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 is managed similarly to HAV, although hospitalization may be required; medications are available for chronic illness	Initial illness is managed similarly to HAV; medication is available to treat chronic illness. Infected individuals should not consume alcohol
Prophylaxis	Vaccine available and recommended for IDUs, MSM and persons with HCV	<ul style="list-style-type: none"> • Vaccine recommended as part of early childhood immunization, for health care workers, IDUs, household contacts of persons with HBV and non-monogamous adults • Vaccine is recommended after recent known exposure has occurred 	No vaccine

Hepatitis Services and Codes

SERVICE	HMS 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 01, 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 Vaccine 2 Doses	01U1	Coded to PC 09
Hepatitis B Vaccine 3 Doses	01L1	Coded to PC 09
Hepatitis A & B Vaccine Combined 3 Doses	0UL1	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.