



Advice for Primary Care: Hepatitis B, You & Patients

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The emergence of PCTs has led to a flurry of activity and enquiries regarding GPs and Hepatitis B. It can become complex, when we get involved in viral load titres, etc – but it is far better to keep it simple...

Protecting Yourself - If you may come into contact with blood and other body fluids, there is merit in being immunised. The target is to acquire a laboratory report with the word "immune". Once you have it, keep it in a safe place for future reference!

If you do not produce any antibodies, you may try a repeat course. Alternatively, you may be a "non responder". If so, and you have a needlestick injury from a high-risk source, you might need immunoglobulin.

Boosters - Some advise a booster at 5 years after successful completion of a primary course, but it is probably not essential. A booster after a needlestick would do no harm.

Repeat Blood Tests - Once you have acquired antibodies, do NOT have a repeat blood test and in particular do NOT have a repeat blood test after a 5-year booster. The result often causes confusion. If you do have a subsequent test, and it is negative, you either have to accept the principle of "immunological memory" or have a primary course of immunisations all over again. Hence the importance of keeping the original "immune" lab chit.

Protecting Patients - DoH "rules" apply if you undertake "exposure prone procedures" – that is, your gloved fingertips are out of sight inside a patient and may be in contact with sharps (needles, scalpels, bone spicules). If you do this type of work, you may need to look at the full version of the regulations – contact occupational health or infection control.

Of particular relevance to primary care is the fact that *The Dept of Health also recommend that minor surface surgery such as lipomata and cyst removal should only be undertaken by health care workers who meet the EPP rules*

To undertake EPPs, you have to demonstrate you are not a Hepatitis B carrier. If you have antibodies, all is well. If you don't, you will have to demonstrate you are negative for surface antigen. Should you be surface antigen positive, you *must* take expert advice – OH or Infection Control.

Original blood test report a few years old - They last for ever! Once you have one with "immune" on it, it never runs out. Any PCT/employer does NOT need an "up to date" one – there is no such thing! In particular, they do NOT need one after any 5-year booster. If they don't understand, it is they not you that needs to take occupational health or infection control advice.

Lost the original blood result!? - To keep an employer/PCT happy, the key thing for protecting patients is to demonstrate you are not infectious if you intend to do *any* operating – so if you have a repeat blood test ask for HepB *surface antigen* and *surface antibodies*. Positive antibodies (immune) is nice but not essential. The bottom line is negative *antigen*. No antigen = no infection = you can operate! (If *antigen* is *positive*, seek advice from OH or Infection Control.)

Key References - Key references, which are available on the DoH website include: Protecting healthcare workers and patients from hepatitis B, HSG(93)40 and EL(96)77; Hepatitis B infected health care workers, HSC 2000/020; Guidance on the management of AIDS/HIV infected healthcare workers and patient notification (much of this is also relevant to Heb B), HSC 1998/226.

Still Confused - contact occupational health or infection control. OH for Primary Care in Devon & Cornwall contact number is 01179 232381