

Current Practices and Considerations for Guidance

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Division of Viral Hepatitis



Considerations for Guidance¹

- Pre-exposure evaluation for protection
- Post-exposure management with evaluation for continuing protection

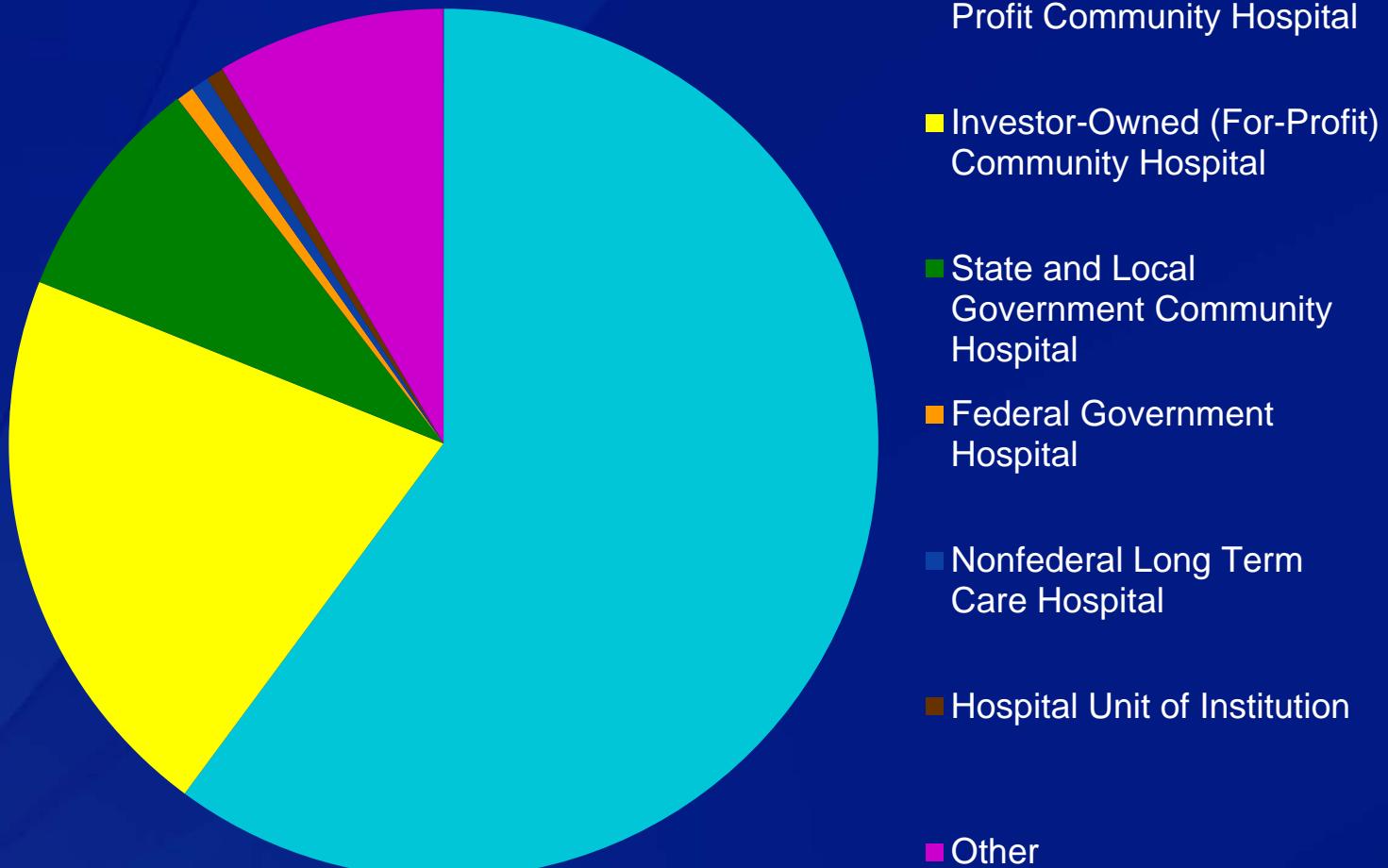
¹Applies to both trainees and non-trainees

Current Practices Survey

- ❑ Administered electronically to 580 listserv subscribers in California
 - Predominantly infection control and employee health staff
- ❑ One survey to be completed per institution
- ❑ Assessed current practices for ensuring healthcare personnel (HCP) protection against Hepatitis B Virus (HBV)
- ❑ 153 responses
 - 39.3% response rate¹

¹Based on denominator of 389 acute care hospitals

Institution Classification



Institution Characteristics

- Number of licensed beds: 8-1801 (median=202)
 - 151 (98.7%) have adult beds
 - 78 (51.0%) have pediatric beds
- Proportion teaching hospital: 24.2%
- Number of HCP with reasonably anticipated risk for blood or body fluid exposure: 35-15,421 (median=1000)

How Does Your Institution
Currently Manage New HCP Who
Have Documentation of a
Complete Hepatitis B (HepB)
Vaccine Series but no
Documentation of Post-
Vaccination Serologic Testing?

Managing New HCP¹



¹Total adds to greater than 100% because institutions were asked to select all that apply

²Also includes institutions that do not revaccinate HCP if anti-HBs <10mIU/mL and source patient is HBsAg-negative

For what proportion of HCP does your institution have a record of documented post-vaccination hepatitis B surface antibody (anti-HBs) level¹?

¹Includes anti-HBs obtained at any time in the past, including anti-HBs performed at other institutions

Proportion of HCP with anti-HBs

Less than 20%: 9.2%

20% to 39%: 8.5%

40% to 59%: 12.4%

60% to 79%: 17.6%

80% or greater: 52.3%

Overall, ~69% of HCP with record of anti-HBs

Comparison of Approaches

Pre-exposure evaluation

- ❑ Protection for unrecognized and unreported exposures
- ❑ Fewer infections
- ❑ More work now, less work on exposure
- ❑ Lower 10-year incremental cost-effectiveness ratios

Post-exposure management

- ❑ No protection for unrecognized and unreported exposures
- ❑ More infections
- ❑ Less work now, more work on exposure
- ❑ Lower initial incremental cost-effectiveness ratios

Institutional Characteristics that May Favor An Approach

Pre-exposure evaluation

- ❑ Frequent blood and body fluid exposures among HCP
- ❑ High prevalence of HBsAg-positive source patients
- ❑ Post-exposure prophylaxis not readily available (e.g., home healthcare staff)

Post-exposure management

- ❑ High staff turnover (e.g., long-term care facilities)

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Questions or Discussion?