

# Chief Health Officer Advisory

15 April 2016

Status: Active

## Hepatitis B lookback

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<b>Issued by:</b>	Dr Roscoe Taylor, Acting Chief Health Officer, Victoria
<b>Issued to:</b>	Health professionals, laboratories and consumers.

### Key messages

- The Department is contacting patients who received treatment from a health care worker with hepatitis B to request those patients have a test for hepatitis B.
- The risk of hepatitis B transmission in these circumstances is low. However as a precautionary measure, the department is contacting those involved to offer them access to a quick and confidential test.
- There is no ongoing risk to patients as the health care worker has ceased practice.
- Only those patients who have been contacted directly by the department need to be tested.
- If a patient presents to you for hepatitis B testing as part of the lookback, use the VIDRL pathology form provided to ensure correct patient details and patient code are used.
- The Department remains committed to protecting the privacy and confidentiality of all patients and the health care worker involved.

### What is the issue?

The Department of Health and Human Services is undertaking an investigation to rule out the possibility of any hepatitis B transmission from a health care worker to patients in Victoria. As yet there are no reports of any health care worker to patient transmission of hepatitis B in relation to this individual. The risk of transmission to exposed patients is considered to be low, however it is important that potentially exposed patients are followed up and tested.

### Who is at risk?

The department has identified 654 patients at risk in relation to this investigation. Letters were sent to all these patients asking them to contact a confidential hotline. Patients are then advised that there may have been a low risk of transmission, and a single blood test is recommended through their general practitioner.

Only patients contacted by the department need to take further action.

The health care worker worked in one facility only, and in conjunction with that facility the department has been able to precisely define the group where exposure prone procedures were performed by the health care worker.

## Symptoms and transmission

Hepatitis B is transmitted:

- vertically (from mother to child during pregnancy)
- through unprotected vaginal, anal, and oral sex
- via infected needles and injecting equipment
- occasionally through sharing of household items such as toothbrushes, razors, nail clippers.

The majority of infants and young children with newly acquired HBV infection are usually asymptomatic. Older children and adults are symptomatic in 30-50 per cent of infections. Clinical symptoms and signs may include anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, dark urine, and light stools. Occasionally, extrahepatic manifestations occur and include skin rashes, arthralgias, and arthritis. Fulminant hepatitis occurs with a case-fatality rate of 0.5%-1%.

Ninety per cent of infected infants progress to chronic hepatitis, compared to five percent of immunocompetent infected adults. Hepatitis B is a vaccine-preventable disease.

## Testing and follow up

### Testing of contacts

All patients identified as part of the cohort at risk are provided with a letter from the department to take to their general practitioner. The patient may choose to nominate a general practitioner and in this case a letter is sent directly to the nominated clinic.

You can confirm the patient is part of the cohort contacted by the department by asking to see the letter that they have received from the department. This contains a unique patient reference number.

The letters contain information about the public health investigation and recommendations for testing. An investigation specific VIDRL pathology form is enclosed. It is important that you use this form to ensure that your patient is identified as part of the investigation and all test results are notified to the department.

Hepatitis B serology is requested on initial testing: hepatitis B surface antigen, hepatitis B core antibody, and hepatitis B surface antibodies.

Please see the patient as soon as possible and bulk-bill the patient. Please be mindful of the potential psychological impact of discussions about hepatitis B and consider referral to counselling when appropriate.

### Follow up of positive cases

If a patient tested as part of the current investigation returns a positive hepatitis B serology result, the department will contact their general practitioner to advise on the recommended follow up.

A positive hepatitis B serology result does not confirm that the patient acquired the infection from the health care worker. It is expected that a number of patients may have pre-existing hepatitis B that was contracted from another source.

The department would fully investigate such a case to ascertain any link with the health care worker. This will include further testing of the patient's blood sample. The department will advise the patient directly of their investigation results, as soon as they are available.

Specialist referral should be considered for all patients diagnosed with chronic hepatitis B.

### Follow-up of contacts

- Test immediate family members, household, and sexual contacts of all patients diagnosed with hepatitis B, and immunise those that are susceptible. Please refer to the Victorian Immunisation Schedule for information about eligibility for free vaccination. [www.health.vic.gov.au/public-health/immunisation](http://www.health.vic.gov.au/public-health/immunisation).
- Educate patients and their contacts about safe sex and other measures to prevent hepatitis B transmission.

If you have any further questions about this investigation, you can contact the Communicable Diseases Prevention and Control Branch on 1300 651 160.

**Note:** Health practitioners are reminded of their obligation to disclose to the Australian Health Practitioner Regulation Agency (AHPRA) <https://www.ahpra.gov.au/> any impairment that may detrimentally affect their capacity to practice, as part of their annual registration renewal. Blood borne viruses status is required to be declared by a practitioner when renewing their registration if it is an impairment, which in this case means that the practitioner is not compliant with the Communicable Diseases Network Australia *Australian National Guidelines for the management of health care workers known to be infected with blood-borne viruses.*

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

## More information

Information about lookbacks factsheet: <https://www2.health.vic.gov.au/about/key-staff/chief-health-officer/cho-publications>

### Clinical information

Hepatitis B factsheet for clinicians - Department of Health and Human Services:

<https://www2.health.vic.gov.au/about/news-and-events/healthalerts/Hepatitis-B-lookback>

### Consumer information

Hepatitis B factsheet for consumers on the Better Health Channel:

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hepatitis-b>

Yours sincerely



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Acting Chief Health Officer

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