

PUBLIC HEALTH FOLLOW-UP OF HEPATITIS B IN THE WINNIPEG HEALTH REGION

This document provides the operational process for the public health follow-up of Hepatitis B. It is intended as a companion document to the Manitoba Health Communicable Disease Protocol for Hepatitis B

<http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf>

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
<p>Chronic Hepatitis B</p>	<ul style="list-style-type: none"> ❑ Receives new Hep B lab report ❑ Enters the referral into iPHIS and refers to CD Coordinator for further assessment ❑ Sends the referral via email and iPHIS to the CA Public Health admin person 	<ul style="list-style-type: none"> ❑ Obtains additional Hepatitis serology results from e-chart. ❑ Document the results in iPHIS notes. ❑ Preliminary assessment indicates chronic infection 	<ul style="list-style-type: none"> ❑ Receives the referral via email and iPHIS. ❑ Assigns it to a CA PHN via iPHIS 	<p>Within 1 day contact the testing physician to review the result:</p> <ul style="list-style-type: none"> ❑ Advise physician PHN will be contacting client to provide education and do PH follow-up. ❑ Confirm client demographic information ❑ Collect further details about the client. Refer to Appendix # 2 ❑ Advise physician: <ul style="list-style-type: none"> ○ that referral to liver specialist is recommended ○ Hepatitis A vaccine is recommended if Hep A susceptible ○ (as per Manitoba Health protocol Sec.8.12) <p>PHN to contact client within 5 working days of receiving results Meet with client in person Follow Manitoba Health Protocol for Hepatitis B http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf (Sec 8.12)</p> <ul style="list-style-type: none"> ❑ Provide education to the client (Sec 8.14) ❑ Interview case for contacts (Sec 8.2) ❑ PHN can provide Hep A immunization to case- if susceptible ❑ Completes the <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> when investigation is completed http://www.wrha.mb.ca/extranet/publichealth/files/HepBForm.pdf <p>Contact Follow-up (Sec 8.2)</p> <ul style="list-style-type: none"> ❑ Once contacts have been identified add to iPHIS. If not found in iPHIS by PHIN, send name and phin of contacts to CD admin clerk to create in iPHIS ❑ Coordinate contact testing through primary healthcare provider. Appendix 5- Letter to HCP can be used. PHN is not routinely required to f/u completion of HBV series of contacts once series is initiated and plan for completion has been made. Exception: high risk newborns. ❑ E-chart should be checked for serology results on contacts once PHN has confirmed that contacts have been tested. These results should be documented in the Contact tab, general comment section

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Chronic Hepatitis B continued				<p>for each contact. Follow-up with each contact based on results.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide HBV series to contacts- if susceptible. Appendix 3 Letter to contacts re: HBV series.
Acute Hepatitis B	<ul style="list-style-type: none"> <input type="checkbox"/> Receives new Hep B referral <input type="checkbox"/> Enters the referral into iPHIS and refers to CD Coordinator for further assessment <input type="checkbox"/> Sends the referral via email and iPHIS to the CA Public Health admin person 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtains additional Hepatitis results from e-chart. <input type="checkbox"/> Markers indicate ACUTE hep B infection <input type="checkbox"/> Contact the CA PHN to advise of ACUTE hep B referral for immediate f/u 	<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral via email and iPHIS. <input type="checkbox"/> Assigns it to a CA PHN via iPHIS 	<ul style="list-style-type: none"> <input type="checkbox"/> Contact the testing physician IMMEDIATELY to review the result: <input type="checkbox"/> Advise physician PHN will be contacting client to provide education and do PH follow-up. <input type="checkbox"/> Confirm client demographic information. Refer to Appendix 2 <input type="checkbox"/> Determine when physician will be contacting client to advise of results. <input type="checkbox"/> Advise that PHN will be contacting client IMMEDIATELY <input type="checkbox"/> PHN to contact client IMMEDIATELY <input type="checkbox"/> Meet with client in person <input type="checkbox"/> Follow Manitoba Health Protocol for Hepatitis B http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf (Sec 8.12) <input type="checkbox"/> Itemize the details of each exposure of the case in the Exposures tab in iPHIS. Whatever is gathered on the Investigation Form should be entered into iPHIS. Provide education to the client (Sec 8.14) <input type="checkbox"/> PHN can provide Hep A immunization to case- if susceptible <input type="checkbox"/> Interview case for contacts (Sec 8.2) <input type="checkbox"/> Once contacts have been identified add to iPHIS. If not found in iPHIS by PHIN, send name and phin of contacts to CD admin clerk to create in iPHIS <input type="checkbox"/> Contact follow-up (Sec 8.2) Coordinate contact testing IMMEDIATELY through primary healthcare provider. <ul style="list-style-type: none"> • Assess need for HBIG/HBV ASAP. <input type="checkbox"/> Completes the <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> when investigation is completed http://www.wrha.mb.ca/extranet/publichealth/files/HepBForm.pdf

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Prenatal New Chronic Hepatitis B or Positive HBV Household Member	In addition to chronic hepatitis B follow-up: <ul style="list-style-type: none"> <input type="checkbox"/> Will create a "pop-up" in iPHIS requesting EDC and OB-Gyn or Midwife of client <input type="checkbox"/> Newborn prophylaxis letter to OB-Gyn or Midwife and copied into interventions tab of prenatal's iPHIS case file. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documents in notes that it is a new prenatal diagnosis 		<ul style="list-style-type: none"> <input type="checkbox"/> Proceed with Hepatitis B investigation as process above for chronic hepatitis B. <input type="checkbox"/> Obtain EDC and confirm physician, contact CD Clerk to advise of EDC <input type="checkbox"/> Investigation can be closed and await birth of infant for further follow-up
Prenatal Chronic Hepatitis B- Previously investigated	<ul style="list-style-type: none"> <input type="checkbox"/> Re-open iPHIS case and/or retrieve paper file to send to CD Coordinator <input type="checkbox"/> Refer to Public Health admin person in iPHIS. <input type="checkbox"/> Will create a "pop-up" in iPHIS requesting EDC and OB-Gyn or Midwife of client <input type="checkbox"/> Newborn prophylaxis letter to OB-Gyn or Midwife and copied into interventions tab of prenatal's iPHIS case file. 		<ul style="list-style-type: none"> <input type="checkbox"/> Refers via iPHIS to the PHN 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses this opportunity to connect with the case <input type="checkbox"/> Obtains EDC and confirm physician, <input type="checkbox"/> Contacts CD Clerk to advise of EDC and physician <input type="checkbox"/> Assess if any additional contacts that may need follow-up since last contact. <input type="checkbox"/> Once contacts have been identified add to iPHIS. If not found in iPHIS by PHIN, send name and phin of contacts to CD admin clerk to create in iPHIS
New Prenatal Acute Hep B Infection	In addition to chronic hepatitis B follow-up: <ul style="list-style-type: none"> <input type="checkbox"/> Will create a "pop-up" in iPHIS requesting EDC and OB-Gyn or Midwife of client <input type="checkbox"/> Newborn prophylaxis letter to OB-Gyn or Midwife and copied into interventions tab of prenatal's iPHIS case file. 	In addition to acute hepatitis B follow-up: <ul style="list-style-type: none"> <input type="checkbox"/> Work closely with PHN to monitor Hep B status prior to delivery. <input type="checkbox"/> Obtains follow-up test results from e-chart 		<ul style="list-style-type: none"> <input type="checkbox"/> Close consultation with CD Coordinator and MOH <input type="checkbox"/> Obtain EDC and confirm name of physician. Advise CD Clerk <input type="checkbox"/> Advise and f/u with pregnant female to determine HBV status 1 month prior to EDC. Advise CD Coordinator when testing has been done

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Newborn Hepatitis B prophylaxis	<ul style="list-style-type: none"> <input type="checkbox"/> Post-partum/ infant referral form received indicating HBIG/HBV administered. If Postpartum referral not received f/u with PP desk <input type="checkbox"/> Creates newborn in iPHIS <input type="checkbox"/> Add the newborn as a contact to the index case <input type="checkbox"/> Refer to CD Coordinator to determine if high or low risk <input type="checkbox"/> Confirm primary care provider and CFS worker (if necessary) via the PHN <input type="checkbox"/> If low risk: <ul style="list-style-type: none"> <input type="checkbox"/> Send letter to health care provider and legal guardian <input type="checkbox"/> Copy of letter added to intervention tab in infant's iPHIS case file. <input type="checkbox"/> Email sent to PHN advising of same. <input type="checkbox"/> Close when baby's name and PHIN received <input type="checkbox"/> If high risk: <ul style="list-style-type: none"> <input type="checkbox"/> Refer to assigned PHN in iPHIS for f/u of HBV series <input type="checkbox"/> Email sent to PHN advising of same. <input type="checkbox"/> Send letter to health care provider and legal guardian <input type="checkbox"/> Copy of letter added to intervention tab in infant's iPHIS case file <input type="checkbox"/> When series is completed and documented by PHN, close in iPHIS, <input type="checkbox"/> If all doses not entered in Panorama f/u with PHN by email & cc. CD Coordinator 	<ul style="list-style-type: none"> <input type="checkbox"/> CD Coordinator to assess if high or low risk as per Manitoba Health protocol <p style="margin-left: 20px;"> http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb_newborn.pdf </p>		<ul style="list-style-type: none"> <input type="checkbox"/> For high risk newborns: Follow-up completion of HBV x 3 doses (4 doses if preterm infants < 37 weeks gestation weighing < 2000 grams at birth). <input type="checkbox"/> Document each dose in iPHIS as completed. <input type="checkbox"/> Refer to CD Admin via iPHIS when series is complete

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Insurance Testing- Hepatitis B Positive	<ul style="list-style-type: none"> <input type="checkbox"/> Enters the referral into iPHIS and give to CD Coordinator for further assessment <input type="checkbox"/> Sends the referral via email and iPHIS to the CA Public Health admin person <input type="checkbox"/> Put "pop-up" to call CD Coordinator 		<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral and assigns it to a CA PHN via iPHIS 	<ul style="list-style-type: none"> <input type="checkbox"/> PHN to contact client within 5 working days of receiving referral. <input type="checkbox"/> Advise client of results from insurance testing. <input type="checkbox"/> Advise retesting is recommended through primary care provider as soon as possible. Recommend Hepatitis B surface antigen, antibody to Hepatitis B and Hepatitis B core antibody. Facilitate this with primary care provider. <p>If positive - follow Hepatitis B protocol If negative - no further f/u required. Close file.</p>
Canadian Blood Services(CBS) - Hepatitis B Positive	<ul style="list-style-type: none"> <input type="checkbox"/> Enters the referral into iPHIS and refers to CD Coordinator for further assessment <input type="checkbox"/> Sends the referral via email and iPHIS to the CA Public Health admin person <input type="checkbox"/> Put "pop-up" to call CD Coordinator 	<ul style="list-style-type: none"> <input type="checkbox"/> Advise the PHN to wait the two week waiting period as requested by CBS. Refer to CBS letter 	<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral and assigns it to a CA PHN via iPHIS 	<ul style="list-style-type: none"> <input type="checkbox"/> PHN to contact client after the time frame given in the CBS letter <input type="checkbox"/> Advise client of results from CBS <input type="checkbox"/> Advise retesting is recommended through primary care provider as soon as possible. Recommend Hepatitis B surface antigen, antibody to Hepatitis B and Hepatitis B core antibody. Facilitate this with primary care provider. <p>If positive - follow Hepatitis B protocol If negative - no further f/u required. Close file.</p>

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
Cases	<ul style="list-style-type: none"> <input type="checkbox"/> All new Hepatitis B cases will be created in iPHIS. <input type="checkbox"/> Refer to CD Coordinator and Public Health Admin person 	<ul style="list-style-type: none"> <input type="checkbox"/> All documentation will be done in iPHIS Notes tab 	<ul style="list-style-type: none"> <input type="checkbox"/> Refer iPHIS referral to CA PHN 	<ul style="list-style-type: none"> <input type="checkbox"/> All documentation will be done in iPHIS case "Notes" tab <input type="checkbox"/> Cases should be followed up in a timely manner and reviewed weekly until investigation is complete. <input type="checkbox"/> Completes the <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> when investigation is completed http://www.wrha.mb.ca/extranet/publichealth/files/HepBForm.pdf
Contacts	<ul style="list-style-type: none"> <input type="checkbox"/> CD admin clerk to create contacts in iPHIS <input type="checkbox"/> PHN to send email to CD admin clerk to create contacts 	<ul style="list-style-type: none"> <input type="checkbox"/> Assist PHN to enter/create contacts in iPHIS 		<ul style="list-style-type: none"> <input type="checkbox"/> All contacts (including newborns) will be entered into iPHIS in the "Contacts" tab. Refer to iPHIS QRG's for instructions. http://www.wrha.mb.ca/extranet/publichealth/files/IPHISQRG.pdf <input type="checkbox"/> Serology results and immunization history will be documented under 'contact tab, details, comments section. <input type="checkbox"/> Contacts should be followed up in a timely manner and reviewed weekly until investigation is complete. <input type="checkbox"/> Consult with CD Coordinator for assistance as necessary
Closures	<ul style="list-style-type: none"> <input type="checkbox"/> Send <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> to Manitoba Health. 	<ul style="list-style-type: none"> <input type="checkbox"/> Review investigation in iPHIS. <input type="checkbox"/> Once <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> has been received- close file in iPHIS 	<ul style="list-style-type: none"> <input type="checkbox"/> Send the completed <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> to the CD Unit via fax. Fax # 204- 940-2690. 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete documentation in iPHIS "Notes" tab <input type="checkbox"/> Refer to CD Coordinator via email indicating it is completed <input type="checkbox"/> Completes the <i>Manitoba Health, Seniors and Active Living Investigation Case Form for Hepatitis B and C, HIV, and Syphilis</i> when investigation is completed http://www.wrha.mb.ca/extranet/publichealth/files/HepBForm.pdf <input type="checkbox"/> Sign and date the bottom of the form when complete <input type="checkbox"/> Ensure form is faxed to the CD Unit @ 204-940-2690 <input type="checkbox"/> If client is a prenatal Hep B case, it can be closed when Hep B investigation is completed and will be re-opened at the CD Unit when the baby is born.

