

Hepatitis B Immunization and Monitoring Algorithm for patients with Chronic Kidney Disease

Site Applicability

VGH

Procedure/ Recommendations / Assessment:

See [Algorithm](#) and '[Definition and Interpretations](#)'.

References

BC Centre for Disease Control

Revised By

PROGRAM/UNIT: Hemodialysis Unit

Clinical Nurse Educator, Hemodialysis, VGH (April 2018)

Clinical Pharmacy Specialist, Pharmacy, VGH

Endorsed By

Associate Professor & Division Head of VGH Neurology, Dept. of Medicine-Nephrology, VGH

Approved for Posting

Director Professional Practice Nursing, Vancouver

Date of Revision

Original: August 2006

Review/revisions date(s): Jan 29, 2015 (Algorithm); Apr 11, 2018

Alternate Search Terms

Hep B, Hepatitis B monitoring algorithm, algorithm for Hep B Monitoring, Hep monitoring, HepB

NOTE: This is a controlled document. A printed copy may not reflect the current, electronic version on the VCH Intranet. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version. This CPD has been prepared as a guide to assist and support practice for staff working at Vancouver Acute. It is not a substitute for proper training, experience and the exercise of professional judgment. Please do not distribute this document outside of VCHA without the approval of the VCH Office of Professional Practice.

Definitions and interpretation

PCG H-215

The decision to vaccinate requires the interpretation of the following **lab results**

- **HBsAg** – Hepatitis B surface antigen.
 - Indicates if the patient is infected with the virus.
 - The result is either positive or negative.
 - If positive the patient will not receive the vaccine.
 - If negative, check the **HBsAb**.
- **Anti-HBs** (HBsAb) – Hepatitis B surface antibody.
 - Indicates the patient's level of immunity.
 - The result is numerical.
 - 10mIU/ml or greater (≥ 10) indicates an acceptable level of immunity and does not require vaccination at this time.
 - Less than 10IU/ml (< 10), the patient will require vaccination with one of:
 - a) primary series if never been vaccinated, or vaccination status is unknown
 - b) second series if non-responsive to primary series
 - c) if non –responsive to second series patient is considered a “Non-responder”. HBsAb should no longer be checked. Follow HbsAg only
 - d) booster if previously vaccine responsive, or previous HBsAb result ≥ 10 mIU/ml.
- **HBcAb** (anti-HBc) – Hepatitis B core antibody.
 - Indicates if the patient has been exposed to the hepatitis B virus.
 - The result is either positive or negative.
 - May be a false (+) from very recent vaccination

Summary of vaccination decision process*

If **HBsAg** (+) do not vaccinate

If **HBsAg** (-) AND **anti-HBs** ≥ 10 mIU/ml, do not vaccinate

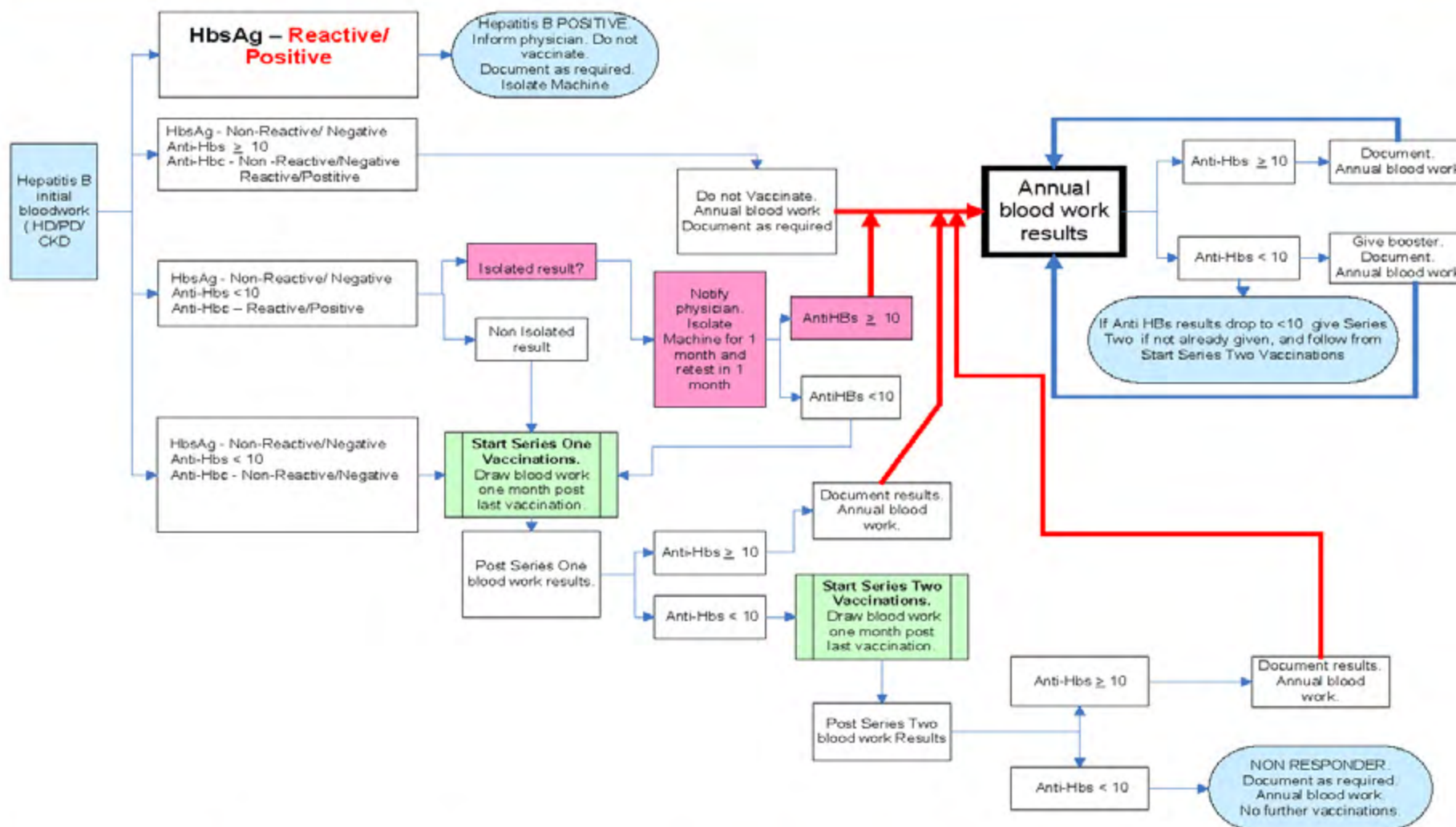
If **HBsAg** (-) AND **anti-HBs** < 10 mIU/ml, vaccinate*

** For vaccine administration details see VGH PCG for Renal Program Hepatitis B Immunization and Monitoring Algorithm, or BCCDC guidelines, and pre-printed orders.*

Marking the requisition for Hepatitis B

On the VGH requisition for new patients, tick off both:

1. “Hepatitis B Screen” AND
2. “Immune Status Hepatitis B”, with “yes” for “Has patient had vaccine?”



Approved by Vancouver Acute - Professional Practice Nursing, January 2015

Note: This is a **controlled** document. A printed copy may not reflect the current, electronic version on the VCH Intranet. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

This CPD has been prepared as a guide to assist and support practice for staff working at Vancouver Acute. It is not a substitute for proper training, experience and the exercise of professional judgment. Please do not distribute this document outside of VCHA without the approval of the VCH Office of Professional Practice.