



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Clinical Prevention Services
Provincial Hepatitis and STI Services
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Date: January 17, 2018

Administrative Circular: 2018:01

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**Re: Revisions to the Communicable Disease Control Manual –
Chapter 1: Communicable Disease Control**

Please note the following changes to the BCCDC Communicable Disease Control Manual – Chapter 1: Communicable Disease Control

1. Please remove the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis A, August 2008 (pp. 1-16)

Please insert the following updated section to the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis A, December 2017 (pp. 1-23)

Please note the following updates:

- Practice updates in alignment with Canadian Immunization Guidelines (CIG):
 - Hepatitis A vaccine may be provided to infants ≥ 6 months of age at increased risk of infection or severe hepatitis A virus (HAV) infection (e.g., underlying liver disease of idiopathic, metabolic, infectious or cholestatic etiology)
 - Both hepatitis A vaccine and Ig are recommended for individuals with chronic liver disease
 - Susceptible adults ≥ 60 years **may** be given Ig in addition to Hepatitis A vaccine, if a household or close contact of a case of hepatitis A (not routinely recommended)
- Practice update in consideration of the Advisory Committee on Immunization Practices (ACIP), recommending the use of hepatitis A vaccine in close contacts of newly arriving international adoptees.
- Risk Factor section formalized
- Transmission section added
- New tables and figures describing lab testing
- Pg.13, Figure 6-1: refreshed infectivity figure

2. Please remove the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis B, September 2009 (pp.1-20)

Please insert the following updated section to the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis B, December 2017 (pp. 1-57)
- **NEW** - Hepatitis B Testing Guide: Quick Reference for Health Care Providers, December 2017 (pp. 1-2)

Please note the following updates:

- Major updates throughout, including several new tables and figures
- Chronic Kidney Disease screening information removed. Refer to the [BCCDC Immunization Program Manual](#) and the [Provincial Renal Agency Guidelines](#)
- HBIG (BAYHEP B™) product page removed. Refer to the [BCCDC Immunization Program Manual](#)
- Updated recommendations incorporated for the follow-up of pregnant women testing positive for HBsAg. HBV DNA testing and antiviral prophylaxis is recommended if > 200,000 IU/mL. In alignment with 2017 Society of Obstetricians and Gynaecologists of Canada recommendations.
- Revised 'Isolated anti-HBc Total results' section, including both anti-HBs undetectable or detectable but less than 10 IU/L scenarios
- Hepatitis D information added
- New Case Studies

3. Please remove the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Blood and Body Fluid Exposure Management, August 2016 (pp. 1-26)
- Blood and Body Fluid Exposure Management Tool, August 2016 (pp. 1-11)

Please insert the following updated section to the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Blood and Body Fluid Exposure Management, December 2017 (pp. 1-22)

Please note the following updates and corrections:

- Contact phone numbers updated:
 - Pg.10: HLTH 2339 form fax number for the lower mainland corrected
 - Pg. 9: on-call BCCDC Medical Microbiologist phone number corrected
- Pg.14: Hepatitis B flowcharts (previously Appendix 2 and 3) replaced with a table in Appendix 1, that more closely aligns with the BCCDC Hepatitis B Guideline
- Pg.15: hepatitis C flowchart (previously Appendix 4) footnote corrected. If anti-HCV

at baseline and HCV RNA positive 3 weeks post-exposure, it is still recommended to test for anti-HCV at 3 months post-exposure. This is to ensure that the appropriate follow-up processes are triggered within each Health Authority for new case follow-up, and to provide clarification should the individual end up clearing the infection (vs. false positive).

- Pg.5, Table 3-1: footnote added around HBV transmission risk and saliva
- Definitions and window periods for testing added
- Updates to organization and flow

If you have any questions regarding these changes, please contact:

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Sincerely,



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