

Notification of acute hepatitis B infection via GP or hospital clinician or **notification in CIDR** of hepatitis B

On receipt of notification:

- Check serology and confirm acute/chronic status of case -if there is any ambiguity contact virologist/diagnosing clinician. Refer to [Chapter 9 NIAC](#).
- The target for the Area Public Health team is to follow up acute cases within 24 hours of notification
- Update CIDR¹ with acute/chronic status of case

Chronic case

Proceed as per local chronic hepatitis B SOP

Contact the case's diagnosing clinician² (hospital clinician or GP):

- Has the case has been informed of the diagnosis - if the case has **not** been informed, establish who will do so (usually the doctor who requested the test)
- Obtain clinical and contact details of case from diagnosing clinician
- Is the patient well enough to undergo public health interview. If not, identify a proxy for the interview, for example the treating clinician and/or next of kin
- If an interpreter is required see [HSE guidance on working with interpreters](#) or work with a locally contracted translation service

Contact the case:

- Check understanding of Acute Hepatitis B with case - explain contact tracing process
- Interview the case using the [Enhanced Surveillance Form \(ESF\)](#) as a guide (additional questions may be required if part of an outbreak)³
- Send completed ESF to the local surveillance team for entry to CIDR.

Is the case pregnant or delivered within the last year?

Yes

- Obtain the patient's consent to ensure the relevant obstetrician/paediatrician is aware and that appropriate follow-up protocols are activated for the case and the infant.

AND/OR

Is the case a healthcare worker (HCW)?

Yes

- Conduct risk assessment liaising with relevant occupational health team after gaining patient consent.

No

Actions for all cases

- Identify close contacts⁴ of the case (for the [Public Health Management of close contacts of Acute Hepatitis B, please refer to Algorithm 2](#)).
- Request contact details of sexual and household contacts
- Establish if unprotected sex has occurred with any sexual partner(s) in the past seven days. **These contacts should be prioritised for interview**
- Ask the case to inform his/her close contacts of their diagnosis in a timely manner and to let them know that public health will be in contact with them. **Hepatitis B vaccine is highly effective in preventing acute infection in contacts after an exposure if given within 7 days and preferably within 48 hours**
- Check understanding of hepatitis B with case and explain how to prevent onward transmission during their infectious period⁵. **In particular**, advise the patient that it is safer not to have sex. The treating clinician will advise the patient when they are no longer infectious. If the patient does decide to have sex, advise them to use condoms for all sexual activities including oral sex, not to share sex toys, and not to engage in group sex. Advise them to use condoms until partners have been fully vaccinated and are known to have responded adequately to the vaccine (i.e. are immune).
- Send [Hepatitis B and You leaflet](#) to the case via email or post. Translated leaflets are available [here](#)
- Recommend all cases to attend for STI screening
- If the case is a child with an unknown mode of transmission, consider a [child safeguarding referral](#).

Notes

¹CIDR must be updated in a timely manner to facilitate national surveillance of incidence of acute and chronic cases

²If a case is not registered with a GP, encourage them to do so. If a PH department is aware of GP(s) in their area who have availability for new patients, encourage the case to register with them. See <https://www2.hse.ie/services/find-a-gp/>.

³OCT to be convened in the event of an outbreak

⁴Close contacts include sexual contacts and household contacts

i. A sexual contact is defined as anyone who has had any type of sexual contact with the case in the last 6 months

ii. A household contact is defined as a person living in the same household as the case and ordinarily shares a kitchen and/or bathroom, from 6 months before the date of symptom onset of the case (or date of diagnosis if case is asymptomatic)

⁵Infectious period: a person is infectious for the duration of illness whilst HBsAg (the surface antigen) remains present – appropriate infection prevention methods should be employed whilst the patient remains infectious.