

# Hepatitis B Virus (HBV) and California Health Care Workers (HCWs)

### **Are HCWs required to get vaccinated for hepatitis B?**

Federal law requires that health care employers make the hepatitis B vaccination series available at no financial cost to all employees who have reasonably expected potential of occupational exposure to the hepatitis B virus (HBV).<sup>1,2</sup> According to the Occupational Safety and Health Administration (OSHA), vaccination should be made available within ten working days of initial assignment unless the employee has previously received the complete hepatitis B vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons.<sup>2</sup> Prescreening for HBV is not a prerequisite for receiving hepatitis B vaccination.<sup>2</sup> An employee may decline vaccination.<sup>1</sup> OSHA requires health care workers (HCWs) who decline HBV vaccination offered by an employer to sign a declination statement.<sup>2</sup> If the employee initially declines HBV vaccination but at a later date while still covered under the bloodborne pathogen standard decides to accept the vaccination, the employer must make HBV vaccination available.<sup>2</sup>

### **I am a HCW who did not develop hepatitis B surface antibody in response to hepatitis B vaccination. What should I do?**

The three-dose vaccine series should be repeated with follow-up hepatitis B surface antibody (anti-HBs) testing 1–2 months after the third dose is administered. If follow up hepatitis B surface antibody testing is still negative the HCW should be tested for hepatitis B surface antigen (HBsAg) and total hepatitis B core antibody (anti-HBc) to determine current infection status. HCWs who test negative for HBsAg and anti-HBc after a second series should be considered susceptible to infection and continue to observe universal precautions.<sup>2,3</sup> For more information on follow up after repeat vaccination, visit: [Morbidity and Mortality Weekly Report: Immunization of Health-Care Personnel](#).

### **I'm unvaccinated or did not respond to the hepatitis B vaccine and I just had a needlestick, or other exposure to blood, what should I do?**

If you experienced a needlestick or sharps injury or were exposed to blood or body fluid of a patient in the course of your work immediately follow these steps<sup>4</sup>:

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the incident to your supervisor
- Immediately seek medical counseling and treatment, including post-exposure testing and prophylaxis with hepatitis B immune globulin (HBIG) and possibly hepatitis B vaccination.<sup>3</sup>
- Medical providers with questions about appropriate medical treatment for occupational exposures may contact the Clinicians' Post Exposure Prophylaxis (PEP) Line at (888) 448-4911.

HBIG is highly effective, and is the primary means of protection after an HBV exposure for vaccine non-responders. The employee's supervisor should report this event on a Sharps Injury Log form. The employer is responsible for the costs of post-exposure evaluation and follow up.<sup>2</sup>

### **How soon after exposure to hepatitis B (such as through a needlestick) will I know if I have been infected?**

The average time from infection to detection of HBsAg is 30 days, with a range of 6 to 60 days<sup>5</sup>; 95 percent of persons exposed to HBV as adults clear the virus during the acute stage, or within six months of exposure, and develop natural immunity to HBV.<sup>6</sup> Less than five percent of adults exposed to HBV go on to develop chronic hepatitis B infection.

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### **Is routine testing of HCWs for hepatitis B infection recommended?**

The Centers for Disease Control and Prevention (CDC) does not recommend routine pre-employment HBV testing for HCWs, including testing prior to vaccination.<sup>5,7</sup> However, HCWs who are among groups also at high risk for hepatitis B infection should be tested prior to vaccination. For more information on groups otherwise recommended for HBV testing, see: [Hepatitis B and C screening Toolkit for Primary Care](#).

Testing of HCWs for hepatitis B surface antibody (anti-HBs) is recommended 1-2 months after completion of the HBV vaccination series. Testing of HCWs for HBsAg may be indicated following an exposure to blood or other potentially infectious material if the source material is from a person who is HBsAg-positive or of un-known status,<sup>2,3</sup> although an employee has the right to refuse testing.

### **Do I have to tell my patients that I have chronic hepatitis B infection?**

Routine notification of patients treated by HCWs living with chronic hepatitis B infection is not recommended in the absence of a documented exposure incident.<sup>8,9</sup> In the event that a patient is parenterally exposed (through the skin, muscle, vein, or mucous membrane) to the body fluids of an hepatitis B-infected HCW, the patient should be notified. The patient and his/her physician may then make informed decisions regarding the patient's testing, prevention, and treatment options.<sup>8,9</sup>

### **Are there any workplace restrictions for HCWs with chronic hepatitis B infection?**

CDC does not recommend workplace restrictions for HBV-infected HCWs who are not performing exposure prone procedures. CDC recommends that all HCWs should practice universal precautions. Hepatitis B-infected HCWs who work in a highly exposure prone work environment should know their HBV viral load (the amount of virus circulating in the blood), measured with a serum HBV DNA test, and should seek expert advice from a review panel prior to performing exposure prone procedures, such as invasive surgeries.<sup>9</sup> Exposure-prone procedures include those in which access for surgery is difficult or those in which needlestick injuries are likely to occur. Given the variety of procedures, practices, and providers, each HBV-infected HCW performing potentially exposure-prone procedures will need individual consideration.

For more information please see: [Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students](#).

### **Do I have to tell my current or future employers if I have chronic hepatitis B infection?**

In California, HCWs are not required to disclose their chronic hepatitis B infection as a prerequisite for employment. California law incorporates the requirements of the Americans with Disabilities Act (ADA) of 1990 and establishes independent grounds for prohibiting discrimination against disabled persons, including those living with chronic viral hepatitis infection. California law prohibits an employer from denying employment because of a physical disability, mental disability, or a medical condition.<sup>10,11</sup> In work environments that require medical screening of employees, the employer may only require the medical screening after hiring the employee, and the medical exam performed must be required of every employee in the same type of position.<sup>11</sup>

### **What can I do if I think I may have been subject to discrimination for having chronic hepatitis B in my workplace or housing?**

California law prohibits discrimination on the basis of disability, including hepatitis.<sup>10,11</sup> Individuals who believe they have been discriminated against or denied employment or other accommodations due to past or present infection with viral hepatitis may contact the [Department of Fair Housing and Employment](#) via their website ([http://www.dfeh.ca.gov/Complaints\\_ComplaintProcess.htm](http://www.dfeh.ca.gov/Complaints_ComplaintProcess.htm))

or at (800) 884-1684 or TTY at (800) 700-2320.

### **What can I do if I think I may have been subject to discrimination by a school because I am infected with hepatitis B?**

Individuals who believe they may have been discriminated against or denied admission to an educational institution based on their hepatitis B infection status may file a complaint with the school's accrediting agency. For more information, or to appeal a decision of the local school district, contact the [California Department of Education, Office of Equal Opportunity](http://www.cde.ca.gov/re/di/eo/) via their website (<http://www.cde.ca.gov/re/di/eo/>) or at (916) 445-9174.

On June 13, 2013 the United States Department of Justice, Department of Labor, Department of Health and Human Services, and Department of Education issued an inter-agency letter regarding hepatitis B discrimination in educational settings.<sup>12</sup> The letter is addressed to schools of nursing, dentistry, medicine, and other health-related schools. Students who believe that they are experiencing discrimination in an educational setting may wish to share this letter with their educational institution. The letter can be accessed at: [Department of Health and Human Services Hepatitis B Discrimination Letter](#).

### **Disclaimer**

This document seeks to introduce the reader to federal and state policies and recommendations pertaining to HBV and HCWs. It is not intended to address all aspects of labor or disability policy or to offer legal or medical advice. Although current at the time of publication, policies and recommendations change. Federal and state policies should be consulted directly for more detailed information.

### **References**

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