

Be Hip to Hep

Hepatitis Update for Assisted Living Facilities

A new resident will be admitted to your facility with a diagnosis of hepatitis. Staff are concerned about this diagnosis and are uneasy about admitting this person. Staff raise several issues at a meeting. What does this mean in terms of patient care, are special precautions needed? Do the other residents need to be warned? Do special steps need to be taken in cleaning the patient's room or eating utensils? What about personal hygiene items? Isn't there a vaccine for that and do staff members or residents need vaccine boosters?

What is Hepatitis?

To answer these questions, staff need to understand the different causes and forms of hepatitis. Hepatitis simply refers to inflammation of the liver, and it has many causes. Hepatitis may be caused by exposure to toxic substances, alcohol, some medications, autoimmune disease, and certain viruses. Only viral hepatitis can be spread person-to-person. The most common cause of viral hepatitis is infection with one of three viruses: hepatitis A (HAV), hepatitis B (HBV), and hepatitis C (HCV).

Viral hepatitis may be acute (short, self-limited duration) or chronic (life long). Symptoms are not always present, may vary from person to person, and may change over time. If symptoms are present they may include: jaundice, fatigue, stomach pain, loss of appetite, dark urine, nausea, vomiting, diarrhea, and fever.

It is important to know the differences between each virus.

Hepatitis A.

Hepatitis A virus is shed in the fecal material of an infected person and is transmitted via a fecal/oral route. This means HAV is usually spread from person to person by putting something in the mouth (even though it might look clean) that has been contaminated with the stool of a person with hepatitis A.

On average it takes 30 days from the exposure to the hepatitis A virus until a person becomes ill. Once an individual is sick there is no treatment for the infection, only supportive care for the symptoms. Hepatitis A is an acute (self-limited) infection and most people will not have lasting liver damage. A person who has been infected will develop protective antibodies that provide lifelong protection from reinfection.

Prevention of HAV includes practicing good personal hygiene and proper sanitation. All Assisted Living Residence staff should always wash their hands after cleaning a toilet or handling soiled undergarments, towels, or linens. Wearing gloves to perform these duties offers further protection, but does not substitute for good hand washing. Staff should also encourage and remind residents to wash their hands after using the bathroom. Hepatitis A vaccine may be used to provide long-term protection for persons at-risk for hepatitis A infection or who have chronic liver disease.

Hepatitis B.

Hepatitis B virus (HBV) is found in the blood and body fluids of an infected person. It is spread when blood from an infected person enters the body of a person who is not infected. HBV may also be spread through sexual contact, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth. It may also spread by sharing drugs, needles, or injecting equipment.

Not everyone who becomes infected with the hepatitis B virus has symptoms. Symptoms occur an average of 12 weeks after exposure and are more likely to occur in adults than children. HBV may cause both acute and chronic infections. Children tend to develop long-term infections, while most adults have acute (short-term) infections.

Prevention of HBV includes practicing safe sex, avoiding direct contact with blood and body fluids, and not sharing items that may be contaminated with blood (needles, syringes, personal hygiene items). A very safe and effective vaccine is available for HBV prevention and is recommended for persons whose job involves contact with blood.

All Assisted Living Residence staff should be familiar with Universal precautions and proper cleaning techniques. Clean up any blood spills – including dried blood, which can still be infectious – using a 1:10 dilution of one part household bleach to ten parts water. Always use gloves when cleaning any blood spills.

Hepatitis C.

Like hepatitis B, hepatitis C virus (HCV) is found in blood and body fluids. HCV is spread when the blood of an infected person enters the body of someone who is not infected. A person could be at risk if he or she received a blood transfusion prior to 1992; shared needles, injection equipment, or drugs when injecting drugs; had a needle stick or sharps injuries on the job; has a mother with HCV infection; had long-term hemodialysis; or had sexual contact with an infected partner (rare).

Approximately 55-85% of those infected will develop chronic HCV infections. Symptoms are usually absent or mild early in the course of disease and may not be present until 20+ years after infection. Chronic liver disease occurs in approximately 70% of those with chronic HCV infection.

Prevention of HCV includes practicing safe sex, avoiding direct contact with blood and body fluids, and not sharing items that may be contaminated with blood (needles, syringes, personal hygiene items). There is no vaccine for HCV, however, individuals with hepatitis C should be immunized against HAV and HBV.

Does chronic viral hepatitis exclude an individual from Assisted Living Residences?

Approximately 1 in 60 Americans have been infected with HCV and as many as 1 in 20 have been infected with HBV at some point in their life. These infections are common, and most individuals with chronic viral hepatitis will die with the infection not because of the infection. Chronic viral hepatitis is not spread via casual contact (sneezing, coughing, kissing, hugging, shared food or beverages, or shared eating utensils). A diagnosis of chronic viral hepatitis B or C, by itself, should not bar an individual from Assisted Living. However, an individual may be excluded based on specific behaviors or clinical needs.

Vaccine.

Safe and effective vaccines are available for hepatitis A and B. Hepatitis B vaccine is recommended for anyone whose job may bring him or her into contact with blood (i.e. public safety workers and health care workers).

A completed vaccine series for hepatitis A or B results in long term immunity. Current recommendations do not indicate a need for booster doses of hepatitis A or hepatitis B vaccine.

Disclosure.

A person's hepatitis status is confidential medical information protected by law.

Universal Precautions.

Regardless of the source, treat all of the following as if they are infectious: blood, tissues, semen and vaginal secretions and the following body (cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic.) Barrier protection and proper disposal and cleaning methods should be used when handling contaminated materials or surfaces. More information is available at:

http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html.

Exposure.

In spite of precautions, exposures to blood may occur. Staff should be familiar with policies related to blood exposures. All percutaneous, nonintact skin or mucous membrane contact with blood or body secretions should be reported to a supervisor; and supervisors should refer exposed employees for immediate medical attention in accordance with facility policies.

More Information.

The Viral Hepatitis Program at the Colorado Department of Public Health and Environment (CDPHE) is available to provide education and resources related to viral hepatitis. The Program also provides consultation on: testing and vaccine recommendations; interpretation of test results; post-exposure prophylaxis; and clinical guidelines. You may contact the Program at 303-692-2780.

Web Resources:

www.cdphe.state.co.us/dc/hepatitis

www.cdc.gov/hepatitis