Joint Trust Guideline for the Management of: Trust Guideline for the Management of the Prevention & Control of Blood Borne Virus Infection in the Renal Dialysis / Transplantation Unit

Rationale for the recommendation

This guideline was written as a response to a document from the Department of Health (2002) where several recommendations were made to change the way that the prevention and control of Blood Borne Virus (BBV) infection is managed on Renal Dialysis/Transplantation Units. The recommendations are largely precautionary and build upon previous recommendations from the Rosenheim Report (1972), which focused on the management of Hepatitis B virus (HBV) infection in Renal Units. However, the advent of new viruses, especially Hepatitis C virus (HCV) and the Human Immunodeficiency Virus (HIV) have necessitated the issue of new guidance for all members of staff caring for this patient group.

The guideline has been updated in 2007 and 2011 to reflect recent new guidance and changes in practice.

Broad Recommendations

- All patients undergoing haemodialysis treatment must be immunised against HBV

- All staff in clinical contact with haemodialysis patients, blood samples, used equipment (including sharps, clinical waste) must be immunised against HBV

- All nurses and medical staff who undertake Exposure Prone Procedures (EPP) must have EPP clearance from Occupational Health. NB Dialysis procedures are no longer classed as EPP.

- All carers of home haemodialysis patients should be offered immunisation against HBV

- Patients undergoing haemodialysis must be tested at regular interval for HBV and HCV. All patients must be tested for HIV at the beginning of their treatment – those who decline testing must be deemed high risk

- HIV testing after the initial result is only necessary if:

  1) Patient is deemed to have undertaken a high risk activity.
  2) Patient is going or returning from a holiday in another unit.
  3) Patient is active on the cadaveric transplant waiting list

- Haemodialysis patients who are leaving the unit for holiday, either in this country or abroad must be retested on their return to the main unit for HBV, HCV & HIV infection

- All temporary holiday dialysis patients visiting this unit must have had a negative serology report for all three viruses before they are accepted for treatment

- Immunise patients if: CRF with creatinine > 300 µmol/L
  ESRF on HD or PD
  Seroconversion is more likely/successful at an earlier stage in progressive renal disease (40% success after 3 doses and 60% after 4 doses in ESRF)

- Don't immunise patients if: HBsAg + ve
  If patient demonstrates satisfactory immunity against HBV infection (e.g. Anti-HBs level is>100mIU/mL), or is naturally immune (e.g. total Anti-HBc positive and HBsAg negative)
  Known sensitivity or patient refusal

- Use HBvaxPRO 40 in preference to Engerix, HBvaxPRO 10 or HBvaxPRO 5

- Patients who do not seroconvert or respond poorly should continue to receive booster doses but should be monitored with annual testing for HBsAg

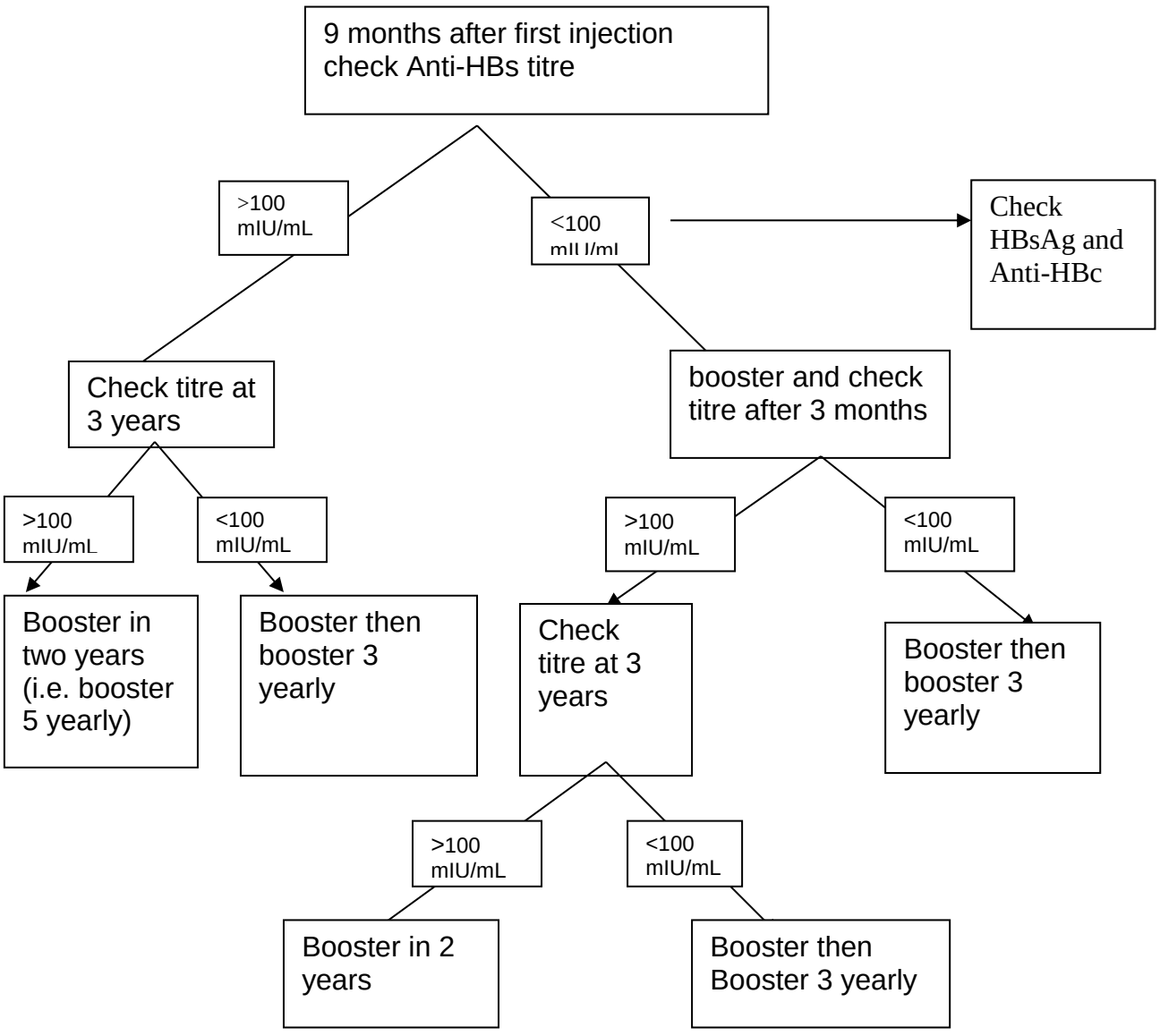
- Check Hepatitis B markers (HBsAg & Anti-HBc)

Flow Chart – Decision to Vaccinate

HBVaxPro 40 at Time 0 …….…… (date)

1 month (after 1st injection) ……..…….. (date)

6 months (after 1st injection) …… (date)



*Patients with Anti-HBs titres <100 mIU/mL should continue 3 yearly boosters but also check HBsAg titre annually. Patients with Anti-HBs titres <10 mIU/mL should receive HBIg if exposed to Hepatitis B virus.