

PROVINCIAL STANDARDS & GUIDELINES



Hepatitis C & HIV Guideline

Created October 2017
Developed by the BCPRA Hemodialysis Committee

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IMPORTANT INFORMATION

This BCPRA guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenalagency.ca for the most recent version.

For information about the use and referencing of BCPRA provincial guidelines/resources, refer to http://bit.ly/28SFr4n.



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1.0 Scope of Guideline

Applicability:

- In centre and community hemodialysis (HD) units
- Adults

This guideline provides recommendations on the screening, surveillance, vaccination and prevention of Hepatitis C and HIV.

2.0 Recommendation

Recommendation #1:

Implement the recommendations on Table 1 (page 2) for the screening, surveillance, and prevention of Hepatitis C and HIV.

3.0 References

Hepatitis C Testing Guide: Quick Reference Guide for Health Care Providers, BC Centre for Disease Control, Aug 2016:

www.bccdc.ca/resource-gallery/Documents/ HepC_Testing_Flowchart.pdf

HIV Testing Guidelines for the Province of BC, Office of the Provincial Health Officer: http://hivquide.ca/images/HIV_Guide.pdf

Guidelines for Testing, Follow-up and Prevention of HIV, BC Centre for Disease Control, Oct 2016: http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%20
5%20-%20STI/HIV_Guidelines_Testing_
FollowUp_Prevention.pdf

4.0 Sponsors

This BCPRA guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to bcrenalagency.ca for the most recent version.

Developed by:

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Reviewed by:

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Approved by:

- BCPRA Hemodialysis Committee
- BCPRA Medical Advisory Committee

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Table 1: Recommendations for the Screening, Surveillance and Prevention of Hepatitis C and HIV

Торіс	Specifics	Hepatitis C	HIV
Screening	When?	New HD starts (acute or chronic start), including pts coming from KCC, PD or transplant EXCEPT if on active HCV treatment.	New HD starts (acute or chronic start), including pts coming from KCC, PD or transplant. Note: If patient is currently on HIV treatment, HIV screening is not required.
	What tests?	Anti-HCV. If anti-HCV+ (reactive), refer to specialist (GI or infectious diseases). If HCV Ab positive, HCV RNA +/- genotype.	HIV serology. If HIV+, refer to HIV specialist.
Ongoing surveillance	When?	 Q12 mos. 12 weeks after return from travel if hemodialysis provided outside Canada (5-10 week window period post-exposure). Clinical indications (e.g., unexplained abnormal LFTs). 	 Every 5 years for patients aged 18 - 70 years unless ordered more frequently (i.e., every 1 year) by MD because of risk factors (i.e., gay men, people who inject drugs, people who work in the sex trade, people from endemic countries, Aboriginal people). 12 weeks after return from travel if hemodialysis provided outside Canada (2 - 3 week window period post-exposure). Clinical indications (refer to pages 4 & 5, www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/hiv-testing-guidelines-bc.pdf).
	What tests?	Anti-HCV. If anti-HCV+ (reactive), refer to specialist (GI or infection diseases). • If HCV Ab positive, HCV RNA +/- genotype.	HIV serology. If HIV+, refer to HIV specialist.
Prevention of disease transmis-	Transmis- sion-based precautions	Routine practices (refer to guideline "Prevention of Disease Transmission in HD Units - Minimum Standards for All Patients - Routine Practices").	Routine practices (refer to guideline "Prevention of Disease Transmission in HD Units - Minimum Standards for All Patients - Routine Practices")
sion	Segregation	No specific requirements.	No specific requirements.
	Staff assign- ments	No specific requirements.	No specific requirements.
	Surface dis- infection of dialysis station	Usual procedure (refer to guideline "Prevention of Disease Transmission in HD Units - Minimum Standards for All Patients - Surface Disinfection of Dialysis Station").	Usual procedure (refer to guideline "Prevention of Disease Transmission in HD Units - Minimum Standards for All Patients - Surface Disinfection of Dialysis Station")
	Housekeeping cleaning	No specific requirements.	No specific requirements.
	Reporting	HD Unit to contact the public health unit in the patient's health authority re appropriate public health interventions (i.e., contact tracing) for HCV infections.	HD Unit to contact the public health unit in the patient's health authority re appropriate public health interventions (i.e., contact tracing) for HIV infections.
Vaccination		No vaccine available.	No vaccine available.