

# Prevention of Blood Borne virus Infection



## STABLE PRE-DIALYSIS CKD PATIENTS

- Hep B Vaccination organized by pre-HD nurses in advance of starting HD
- HBsAg, HCV and HIV Ab testing arranged by pre-HD nurses<sup>+</sup>
- CHRONIC HD PATIENTS
  - Check HBsAg and HCV Ab at least 3 monthly
  - Check HIV as risk assessment dictates
- URGENT DIALYSIS
  - HBsAg, HCV Ab and HIV Ab screen immediately before first dialysis (unless been tested in preceding 1 month)
  - If urgent dialysis required before results available, segregation procedures should be followed
- POST HOLIDAY DIALYSIS- **ALWAYS ASK PATIENT ABOUT RECENT TRAVEL- if within 3 months, always ISOLATE and TEST**
  - Low risk country<sup>\*</sup>: check HBsAg and HCV RNA 3 monthly
  - High risk country<sup>\*</sup> (and rest of the world): check HBsAg and HCV RNA (HCV Ab NOT sufficient) fortnightly for 3 months, HIV as risk assessment dictates
  - Dialysis isolation until negative test result

<sup>+</sup>Patients who are HCV antibody negative and are immunosuppressed (may not mount appropriate immune response leading to Ab production), have undergone a renal transplant, or are being admitted from a unit where there has been a recent HCV transmission should be tested for **HCV RNA**.

<sup>\*</sup>High risk countries: Indian subcontinent, Africa (not SA)

<sup>\*</sup>Low Risk countries: UK, USA, Canada, Australia, NZ, Japan, Europe (not eastern Europe)

Machine isolation should be performed for patients infected with HBV, but not HCV or HIV (providing proper disinfection instruction followed)

Patients with HBV or HCV infection should be segregated in a separate area from other patients during dialysis sessions (segregation of HIV patients are risk dependent)

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