

## HEPATITIS B MANAGEMENT

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<b>DETAINEE HOSPITAL GUANTANAMO BAY, CUBA</b>	<b>SOP NO: 038</b>
<b>Title: HEPATITIS B MANAGEMENT</b>	<b>Page 1 of 4</b> <b>Effective Date: 11 Mar 03</b>
<b>SCOPE: Detention Hospital</b>	

### I. ENCL:

- (1) Hepatitis B Evaluation and Treatment Data Sheet  
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- (2) Chronic Hepatitis B, AASLD Practice Guidelines  
\\nh-gimo-app\public\Fh20-Rizzo\Working SOPs\SOP Enclosures and Attachments\Encl (2) Hep B.pdf

### II. BACKGROUND:

Hepatitis B is endemic to certain areas of the world including the Middle East. All detainees are screened for serologic evidence of hepatitis B for both the identification of this disease in this population and for the Force Health Protection of the Joint Task Force personnel in close contact with the detainee population so that appropriate preventive measures are taken after exposure to a hepatitis positive detainee. All detainees testing positive for HbsAg may represent ongoing active hepatitis, which may be both contagious and may lead to progressive liver damage to include cirrhosis, liver failure, and the development of hepatocellular cancer.

### III. POLICY:

Each detainee found to be HbsAg (hepatitis B surface antigen) positive will be offered further evaluation at the medical clinic. Each detainee will be given the appropriate information regarding hepatitis B to make a decision regarding accepting/declining the evaluation and possible treatment of his/her hepatitis. Both the evaluation and treatment will be completely voluntary. The information collected on the evaluation is found on the enclosed data form. The policy thus stated in this SOP has been coordinated through consultation with the Gastroenterology Division, Naval Medical Center San Diego.

### IV. PROCEDURES:

- The following sections deal with the description, definitions, and elaboration of the Hepatitis B Evaluation and Treatment Data Sheet. Screening for hepatitis B occurs upon arrival of the detainee at Naval Base Guantanamo Bay, NBGTMO.

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- Those found to be positive for Hepatitis B surface antigen represents a possible case of active hepatitis B.
- The detainee with active hepatitis is infectious to other detainees and JTF personnel via contact with the detainee's blood. Saliva, vomitus, feces, and perspiration are not usually contagious unless these secretions contain blood.
- Information regarding the hepatitis B status of each detainee is useful such that if a blood exposure does occur, the hepatitis B status of the detainee may be assessed and appropriate preventive therapy (vaccination and/or immunoglobulin) can be offered in a timely manner.
- Hepatitis B infection may result in resolution of the infection by the immune system or may lead to persistent active hepatitis, which may lead to progressive liver dysfunction. Therefore, each detainee with a positive HbsAg will be offered further evaluation of this medical condition.
- The appropriate work-up will be initiated among those detainees who desire evaluation of their hepatitis B including serologies for hepatitis A, B, C as shown on the data collection sheet. Each detainee will also be asked about potential symptoms related to hepatitis B and undergo a physical examination. Liver function tests, PT/PTT/INR, and hepatitis B DNA viral load will also be obtained.
- A liver biopsy will be offered to those with elevated liver function tests and a high viral load (>100,000 copies/ml). If the detainee refuses this procedure, therapy will still be offered in appropriate cases.
- Based on the results of the aforementioned tests, each case will be discussed with a board-certified infectious diseases and/or gastroenterologist in regards the initiation of therapy.
- If the detainee meets indications for treatment, the patient will be offered either treatment with adefovir if there is no evidence for renal dysfunction (CrCl >60 and Cr < 1.0) or lamivudine. If the patient has or develops renal insufficiency, the patient will be offered therapy with lamivudine. Therapy for hepatitis B will be administered for a minimal of one-year if the patient complies and desires therapy.
- The patient will be closely monitored for potential side effects of the therapy at routine clinic visits.
- Since the standard of care for the evaluation and therapy of hepatitis B is evolving, the diagnostic testing and drugs may change over time. Detainees should continue to obtain the standard-of-care of hepatitis B management.

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- Detainees refusing therapy will be followed with routine medical clinic visits including liver function test approximately every 6 months or as clinically indicated.
- All patients with active hepatitis B, will also be offered vaccination against hepatitis A which is a 2-dose vaccine given at baseline and again in 6-12 months.
- Detainees with evidence of chronic active hepatitis will be offered screening for hepatoma with an alpha-fetoprotein (AFP) and/or right upper quadrant ultrasound every 6-12 months.

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**STANDARD OPERATING PROCEDURES**  
**Detention Hospital**  
**Guantanamo Bay, Cuba**

<b>REVIEWED AND APPROVED BY:</b>	
_____ Officer In Charge	_____ Date
<b>IMPLEMENTED BY:</b>	
_____ Director for Administration	_____ Date
_____ Senior Enlisted Advisor	_____ Date
<b>ANNUAL REVIEW LOG:</b>	
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