



PHYSICIANS' BULLETIN

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REPORT ISSUED ON VIRAL HEPATITIS, TYPE B

Because of its complexities, the nature of viral hepatitis, type B, is of continuing concern. A joint report on current knowledge of the disease was recently released by the Committee on Viral Hepatitis, Division of Medical Sciences, National Academy of Sciences-National Research Council, and the Public Health Service Advisory Committee on Immunization Practices. Significant portions of the report, Perspectives on the Control of Viral Hepatitis, Type B, are presented below.

"Typical acute icteric hepatitis B has an incubation period of approximately 2-3 months (range, 6 weeks-6 months)...Icterus appears in 1-2 weeks..." following onset of other symptoms. The anicteric form "...is at least 2-3 times more common than the icteric form....Patients with acute hepatitis B have hepatitis B surface antigen (HB_sAg) detectable in blood, usually for 1-8 weeks."

The hepatitis B virus (HBV) "...can enter the body orally, through mucous membranes, or percutaneously....Since HB_sAg has also been demonstrated in saliva and other body substances, these might also transmit the agent." Spread of HBV by airborne and vector-borne mechanisms has been postulated but never proven. "Most cases of transfusion-associated hepatitis appear to be caused by an agent, or agents, other than HAV (hepatitis A virus) or HBV. They are reasonably called non-A, non-B hepatitis cases."

On prevention, the committees recommend "...that ISG (immune serum globulin, human) manufactured after 1972 be offered to individuals who clearly have had an oral or percutaneous exposure to known HB_sAg-positive blood or fluids (e.g., accidental ingestion or accidental needle punctures). The best available data on dosage suggest that, for an adult, a single 5 ml intramuscular injection may be of benefit." Pre-1972 lots of ISG are not recommended since most lack antibody to HB_sAg.

"Good personal hygiene is the keystone of protection against hepatitis B infection. The single most important practice is careful handwashing." Patients with acute hepatitis or HB_sAg-positive persons "...generally need not be placed in isolation; they can be cared for in semi-private or ward accommodations providing blood and instruments are handled..." according to recommended procedures.

The committees advise that persons working in hemodialysis or hematology-oncology units, clinical laboratories or other high-risk environments be kept under serologic surveillance. Seronegative pregnant women working in high-risk environments should be transferred during pregnancy because of the danger of infection to both the mother and unborn child. Routine testing of health professionals and hospital employees in low-risk settings is not recommended. Although the transmission of HBV by food has not been documented, the report recommends that food handlers with acute hepatitis B be restricted from working while ill.

Physicians wishing a copy of the report in its entirety should write the Bureau of Public Health Education, County of San Diego Department of Public Health, 1600 Pacific Hwy., San Diego, CA 92101, or call the office at 236-2705.

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