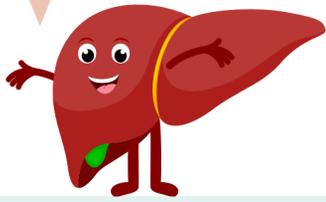




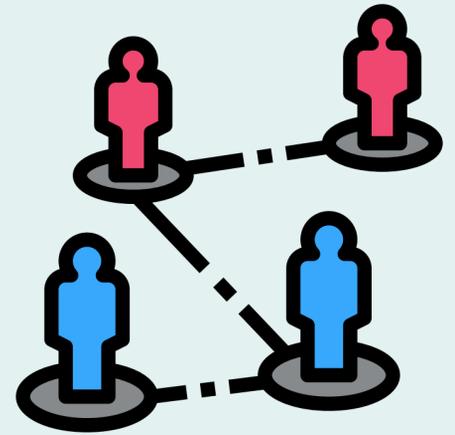
Hepatitis B Community-Based Screening Guide

The Centers for Disease Control and Prevention recommends screening and vaccination for high-risk populations for hepatitis B to prevent the spread of infection. Testing reduces the risk for cirrhosis and liver cancer.



Populations at Risk

- Individuals born in geographic regions with hepatitis B prevalence of $\geq 2\%$
- US-born individuals not vaccinated as infants whose parents were born in geographic regions with $\geq 8\%$ hepatitis B prevalence
- Persons who inject drugs
- Men who have sex with men
- Persons affected by HIV
- Household contacts and sexual partners of those infected with hepatitis B



Hepatitis B Screening Tests

Hepatitis B Surface Antigen (HBsAg) Test

Test for the presence of the virus

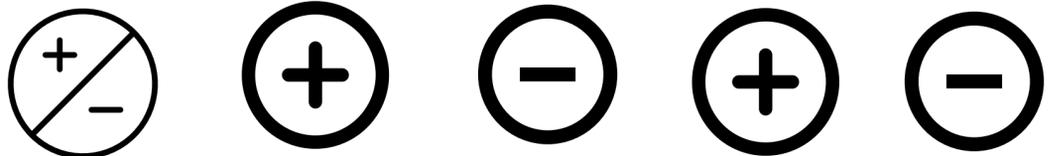
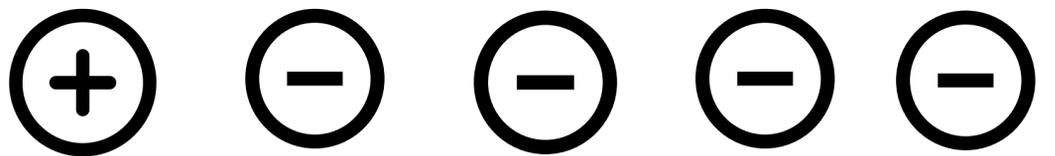
Hepatitis B Surface Antibody (anti-HBs) Test

Test for the presence of antibody

Hepatitis B Core Antibody (anti-HBc) Test

Test for past or present infection

Test Results



Current infection

Prior infection with immune control

Prior infection with immune control

Immune

Susceptible to infection



Interpretation

Vaccinate?

Call to Action

Provide primary care referral for further testing

Watch for reactivation if becomes immune suppressed

Watch for reactivation if becomes immune suppressed

Protected for life, so no further action

Provide referral as needed

How to Start a Screening Event in Your Community



1. **Establish a partnership with a local health provider (preferably a physician)** who can work with you to establish a standing order for your screening

2. **Establish a lab partner** to run diagnostics

a. *Highly recommend Quest and Labcorps as starting points*

3. **Establish linkage to care sites**

a. *Consider language preferences for your target communities*

b. *Consider the locations and travel accessibility of communities*

c. *Have a safety net clinic for individuals without insurance or who are underinsured*

Find an FQHC in your area that can provide comprehensive health care

<https://findahealthcenter.hrsa.gov>

d. *Establish relationships with health care institutions*

4. **Identify community partners** that can host screening events

a. *Churches, refugee resettlement organizations, shelters, syringe exchange sites, community centers*

b. *Tip: Asking if you could provide education or screening is a great first step **but remember**- trust is important and might take time to develop relationships*

5. **Schedule a screening event**

a. *Try to schedule evenings and weekends to accommodate for the working population*

6. **Host the screening event**

a. *Consider volunteers, especially multilingual partners, to help with translations*

b. *Utilize the CDC multilingual Know Hepatitis B Campaign materials and other Hepatitis B Foundation resources available for free online*

7. **Examine and interpret lab results**

8. **Mail results out to participants**

Be sure to explain test results in preferred language

a. *Contact any person infected with HBsAg and ask to help them get into care*

b. *If individuals need a vaccine, then you can set up vaccination clinics*



Things You Will Need During the Screening

1. Lab forms

a. *Quest and Labcorps are most commonly used*

2. Demographic information forms

3. Fact sheets/materials

4. Informed Consent

a. *Must have consent if you are collecting data*

For questions and information, contact

Catherine Freeland

Public Health Program Director

Hepatitis B Foundation

3805 Old Easton Rd.

Doylestown, PA 18902

www.hepb.org

catherine.freeland@hepb.org

Hepatitis B Screening Survey Form

Screen ID (Place Sticker Here): _____

Age: _____

Sex: 1 Male 2 Female 3 Other (Please list) _____1. Race: 1 Black 2 White 3 Hispanic 4 Asian 5 Pacific Islander
5 Native American/Alaskan Native 6 Other:2. Education Level: 1 Less than high school 2 High school diploma
3 technical/vocational training 4 Some college
5 College degree 6 Post-graduate

Alternatively, if your native education system is different, how many years of school did you attend? _____

4. Are you currently living with anyone who has hepatitis B? 1 Yes 2 No 3 Don't Know

5. Country of Birth: _____

6. Year arrived in US: _____

7. Mother's Country of Birth _____ 8. Father's Country of Birth: _____

9. If you are a woman, are you currently pregnant, or do you suspect that you are pregnant?

1 Yes 2 No 3 Not Sure10. Is English your primary language? 1 Yes 2 No

If not, what is your primary language? _____

11. Do you have health insurance? 1 Yes 2 No12. Do you have a regular doctor or health care provider (primary care doctor)? 1 Yes 2 No13. Have you seen a health care provider in the past 12 months? 1 Yes 2 No

14. Have you ever been tested for hepatitis B before?

1 Yes 2 No 3 Not SureIf you answered "yes," what was your result? 1 Infected 2 Not Infected 3 Not Sure

16. If you've never been tested for hepatitis B, please select the reasons below (please check all that apply):

1 Hepatitis B testing is too expensive, I cannot afford it

2 I did not know where I can get tested

3 My doctor never recommended that I get tested

4 I'm afraid of needle or blood tests

5 I didn't think I'm at risk for hepatitis B infection

6 I was afraid to find out I have hepatitis B

7 Other reasons (please describe): _____

18. Have you ever been vaccinated to protect you from hepatitis B?

1 Yes 2 No 3 Not Sure

19. Do you have any family members with hepatitis B? 1 Yes 2 No 3 Not sure

If yes, who? 1 spouse 2 mother 3 father 4 sibling 5 child

6 cousin 7 grandparent 8 uncle/aunt 9 Other:

20. Do you have any family members with liver cancer? 1 Yes 2 No 3 Not sure

If yes, who? 1 spouse 2 mother 3 father 4 sibling 5 child

6 cousin 7 grandparent 8 uncle/aunt 9 Other:

Thank you for completing this form!



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