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| **PROTOCOL TITLE:** Kidney and Pancreas Pre-Transplant: Evaluation: Recipient Hepatitis B Testing/Waitlist Management | |
| **APPLICABLE FACILITIES:**  EHC EDH EHH EHI EHN EJCH ELTAC ESJH  EUH EUHM EUHS EUOSH EWWH RJV-ERH RJV-ESOP TEC/ESA | |
| **EFFECTIVE DATE:** 03/04/2020 | **ORIGINATION DATE:** 10/01/2009 |

**SCOPE:**

The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding patient care. This policy is necessary for the protection of patients, physicians and staff. Section heads, physicians, practitioners, and staff are responsible for compliance with this protocol.

**PURPOSE:**

The Emory Kidney Transplant Program is committed to caring for patients

**GUIDELINES:**

The Emory University Transplant Center will provide Hepatitis B antibody testing to all kidney/pancreas transplant evaluation candidates. Candidates for kidney/pancreas transplant who are determined to be Hepatitis B surface antibody positive (>11.99 mIU/mL or based on the outside lab conducting the test and their threshold for positive) will be considered for participation in the Hepatitis B Antibody Positive Donor Program.   
  
**Reference Range:**  
<8.00 mIU/mL indicates individual is not immune to HBV infection.  
8.00-11.99 mIU/mL indicates the immune status of the individual should be further assessed by considering other factors, such as clinical status, follow-up testing, associated risk factors, and the use of additional diagnostic information.  
>11.99 mIU/mL indicates immunity to HBV infection.  
  
**Process:**

* + - 1. Hepatitis B positive kidney/pancreas are offered only to patients who have signed written consent to receive a Hepatitis B positive organ.
      2. All patients who have consented to accept a Hepatitis B positive donor organ, must have a current (within previous 12 months) positive Hepatitis B surface antibody result (>11.99 mIU/mL or based on the outside lab conducting the test and their threshold for positive), regardless of the patient’s Hepatitis B core antibody testing status.
      3. Failure to have a current positive Hepatitis B surface antibody will result in patient not being offered a Hepatitis B positive kidney.
      4. Donor Hep B results:
         1. will be considered if Hep B core positive
         2. will be considered if DNA (PCR or NAT) positive or HBV surface antigen positive
      5. Confirm on UNET waitlist that the recipient has consented to receive a Hep B core+ kidney.
      6. The OPP will perform regular audits to ensure up to date test results, request from outside providers as needed, and document results in the PreTransplant Logistics. The top 25 patients per ABO will be determined based on UNet Waiting Time Qualifying Date and will be monitored and updated with regular management of listing status changes.
      7. If the Hep B surface antibody is over 1 yr old, is not positive, or is not documented, the patient cannot receive the kidney.
         1. OPP will request updated Hepatitis B surface Antibody from the dialysis center or referring provider.
         2. OPP coordinator may also enter a transplant physician lab order for Hep B surface antibody into CPOE by protocol.
      8. If the Hep B surface antibody is negative (<11.99 mIU/mL or based on the outside lab conducting the test and their threshold for negative), the following recommendations will be made to the dialysis center/referring provider.
         1. Confirm that patient has received the Hep B vaccination.
         2. If yes, advise a booster and retest at least 30 days after boost.
         3. If no, administer vaccine series and retest 30 days after last shot.
         4. If remains HbsAB negative after boost and vaccination, then pt is to be removed from the Hep B donor consent list and UNet will be updated to “NO” for accept Hep B positive donor.
      9. If Hep B antigen positive, refer to Hepatology.

**RELATED POLICIES / PROCEDURES:**

OPP process for Hepatitis B Surface antibody audit

**DEFINITIONS:**

N/A

**REFERENCES AND SOURCES OF EVIDENCE:**

N/A

**KEY WORDS”**

Kidney transplant, Hepatitis B, Hepatitis B antibody