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| **PROTOCOL TITLE:**  **Management of Kidney/Pancreas Recipients whose Donors are Hepatitis B positive** |
| **APPLICABLE FACILITIES:**[ ] EHC [ ] EDH [ ] EHH [ ] EHI [ ] EHN [ ] EJCH [ ] ELTAC [ ] ESJH[x] EUH [ ] EUHM [ ] EUHS [ ] EUOSH [ ] EWWH [ ] RJV-ERH [ ] RJV-ESOP [ ] TEC/ESA |
| **EFFECTIVE DATE:** 8/12/2020 | **ORIGINATION DATE:** 07/29/2020 |

**CATEGORY:** Diagnostic/Therapeutic/Preventive

**LEVEL:** Independent

**CONTENT:**

Organs from donors who are Hepatitis B Virus (HBV) core Ab positive, Hepatitis B surface antigen positive or Hepatitis B NAT (nucleic acid testing) positive can be transplanted into recipients who are considered HBV immune (>11.99 mIU/mL indicates immunity to HBV infection).

The consenting process prior to transplant involves discussion with the patient about the donor meeting Public Health Service criteria for risk.

Most patients retain immunity to hepatitis B after transplant. Some do not. Patients who receive an organ from a Hepatitis B positive donor will have Hepatitis B PCR testing drawn at one, six, and twelve months post-transplant to monitor for hepatitis B infection.

If PCR testing for HBV becomes positive the patient will be referred to Transplant Infectious Diseases and started on entecavir, 0.5mg po daily for at least one-year post-transplant. Further monitoring and therapy will be directed by Transplant ID.

**RELATED POLICIES / PROCEDURES:**

Evaluation of Adult Deceased Donor Kidney and Pancreas Offer

**DEFINITIONS:** N/A

**REFERENCES AND SOURCES OF EVIDENCE:**

Te H, Doucette K. Viral hepatitis: Guidelines by the American Society of Transplantation Infectious Disease Community of Practice. *Clin Transplant*. 2019;33(9):e13514. doi:10.1111/ctr.13514

**KEY WORDS:** Kidney transplant, hepatitis B