



BC Centre for Disease Control
Provincial Health Services Authority

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Date: April 13, 2021

Administrative Circular: 2021:15

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: **Revisions to the Communicable Disease Control Manual – Chapter 1:
Communicable Disease Control**

Please note the following changes to the BCCDC Communicable Disease Control Manual – Chapter 1: Communicable Disease Control

1. Please remove the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis C, August 2016 (pp. 1-47)
- Hepatitis C Testing Guide: Quick Reference for Health Care Providers, November 2017 (pp. 1-2)
- Hepatitis C Testing Guide: Quick Reference for Health Care providers (Grey Scale – Printable), November 2017 (pp. 1-2)

Please insert the following updated section to the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis C, August 2008 (pp. 1-49)
- Hepatitis C Testing Guide: Quick Reference for Health Care Providers, April 2021 (pp. 1-2)
- Hepatitis C Testing Guide: Quick Reference for Health Care providers (Grey Scale – Printable), April 2021 (pp. 1-2)
- Quick Reference HCV Treatment Guide for Health Care Providers, April 2021 (pp.1)
- Quick Reference HCV Treatment Guide for Health Care Providers (Grey Scale – Printable), April 2021 (pp.1)

Please note the following updates:

- Sections affected by BCCDC Public Health Laboratory hepatitis C RNA (HCV RNA) reflex testing implemented January 13, 2020.
- Section 3-1: Clinical Description
 - New Figure 3-1. Natural history of HCV Infection.

- Section 3.2: Epidemiology section
 - Reflects current BCCDC Reportable Diseases Dashboard, and reports and work done by the BC Hepatitis Testers Cohort and BCCDC Harm Reduction teams.
- Sections 3.0 and 4.0: Hepatitis C Virus and Laboratory Information
 - Reflects recommendations made in CanHepC's *Blueprint to Inform Hepatitis C Elimination Efforts in Canada*, and the draft of the GPAC Viral Hepatitis Testing Guideline (pending approval).
 - Clinical scenarios added where consideration of HCV testing is recommended.
 - Table 3-1. Likelihood of transmission and activities associated with acquisition of HCV infection (formerly "Risk factors for HCV Infection"): continuous graphic arrow replaces discrete risk categories.
 - Figure 4-1. Acute HCV Infection with Recovery: refreshed to include progression to chronic HCV infection.
 - Table 4-1. HCV tests: Information previously spread across this section collated into a table.
- Section 6-2: Management of Mother and Neonate to Determine Vertical Transmission
 - Prior flow diagram (Figure 6-2, page 26) replaced with simplified recommendations:
 - Anti-HCV testing at 18 months.
 - Infants testing anti-HCV reactive at 18 months, should:
 - Be referred to a paediatric infectious disease specialist or hepatologist for further testing and care.
 - Receive routine infant vaccines.
- New Appendix A: Examples of Laboratory Results.
- Appendix B: 'Sample letter to MD/NP, new acute HCV infection' revised, reflecting HCV RNA reflex testing.
- Appendix C: 'Sample Letter to Maternal Healthcare Provider regarding testing of infants born to mothers who are anti-HCV positive' revised to align with Section 6.2 Management of Neonate to Determine Vertical Transmission.
- New Appendix E: Quick Reference HCV Treatment Guide for Healthcare Providers.
- New Appendix F: Case Studies.
- Removed prior Appendix A: Summary of Transmission Risk, Advice and Resources.

2. Please remove the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis B, August 2017 (pp. 1-57)

Please insert the following updated section to the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Hepatitis B, April 2021 (pp. 1-57)

Please note the following updates:

- Added footnotes to the Post-exposure prophylaxis (PEP) table:
 - “Examples of higher risk sexual assault: assailant is a PWID or from a HBV endemic country. Evaluate on a case-by-case basis.”
 - “A verbal history of past immunizations is generally not considered acceptable. See [BCCDC Immunization Manual](#).”
- Figure 5-2: Prenatal HBsAg result follow-up recommendations:
 - Clarified footnote: “The sooner PEP is given following birth, the more effective it is in preventing HBV perinatal transmission. PEP should be given within 12 hours of birth.”

3. Please remove the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Blood and Body Fluid Exposure Management, October 2017 (pp. 1-22)

Please insert the following updated section to the Communicable Disease Control Chapter 1: Communicable Disease Control:

- Blood and Body Fluid Exposure Management, April 2021 (pp. 1-27)

Please note the following updates:

- Alignment with Hepatitis B and C Guideline revisions as noted above
- Examples of how to fill out BCCDC PHL Laboratory Requisitions for non-occupational health exposures

If you have any questions regarding these changes, please contact:

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- Stephanie Gin, Nurse Educator, Clinical Prevention Services
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Sincerely,



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