

## **Hepatitis, Client (CD1000) Case Study**

The Smith County Health Department received a communicable disease report from the local hospital ER regarding Ms. Bee Hepatitis (aka Hepatitis, Client), a 45 year old female, who presented to the ER with symptoms. Lab results indicated that she was HbsAg positive with high titers of IgM anti-HBc, indicating acute infection.

She lives alone in a small apartment and works part time as a bartender. David Smith, PHN at the Henry Street Health Center is assigned follow-up and visits Ms. Hepatitis at her home.

Ms. Hepatitis stated that she has not been able to work for the last two weeks. She reports that she has been very ill with nausea and vomiting. She has little energy and her urine is dark brown. A neighbor had encouraged her to go to the ER because her skin and eyes are so yellow. Ms. Hepatitis does not have a car or a phone so her neighbor took her.

Ms. Hepatitis expressed concern that she does not know how she got Hepatitis B and doesn't understand why the doctor did not give her any medication. She admits to past occasional IV drug use with her boyfriend, but has been clean for three months and is currently enrolled in a local substance abuse program.

She and her boyfriend are still sexually active and she denies other sexual partners. She states that she is not pregnant. The client has no health insurance and has not had a regular doctor in the last 10 years.

The PHN completes his state's mandated Hepatitis B Investigation Form and educates Ms. Hepatitis on the disease process of Hepatitis B, as well as common sources of infection (infected blood and body fluids transmitted as a result of IV drug use or sexual activity or among close household contacts). He also discusses ways to prevent transmission of her disease to others. The PHN stresses the need for Bee's boyfriend John Smith to be tested for Hepatitis B and be evaluated to receive HBIG and hepatitis B vaccine.

The PHN also discussed potential disease progression (including the possibility of developing chronic Hepatitis B) and asked how she was coping with the disease at this time. The PHN stressed the importance of rest and keeping well hydrated and nourished. He also recommended a list of foods that would be more easily tolerated. The importance of continued medical follow-up was stressed and to not return to work before medically cleared to do so.

Ms. Hepatitis was referred to the local health department clinic for further medical follow up. David also explained that another blood test would be needed in 6 months to see if she was still HbsAg positive.

She also was referred to the indigent health office to apply for MISAP insurance and was referred to a Hepatitis B support program in her area. Finally, the PHN gave her a bus schedule and telephone number for a local van service to use if her neighbor or boyfriend cannot drive her. David said that she will

## Hepatitis B Pathway

<b>Problem</b>	<b>Category</b>	<b>Target</b>	<b>Guide</b>
Communicable/infectious condition	Surveillance	infection precautions	contact follow-up
Communicable/infectious condition	Surveillance	laboratory findings	serology results
Communicable/infectious condition	Teaching, Guidance and Counseling	anatomy/physiology	disease process
Communicable/infectious condition	Teaching, Guidance and Counseling	anatomy/physiology	transmission
Communicable/infectious condition	Case Management	medical/dental care	coordination among providers
Communicable/infectious condition	Case Management	medical/dental care	immunization