



Table 3-4. Considerations for hepatitis B cases who received a solid organ from a donor*

Organ Recipient Pre-Transplant Laboratory Results [†]	Organ Recipient Post-Transplant Laboratory Results [†]	Case Classification
Positive hepatitis B surface antigen (HBsAg) or HBV DNA	Positive HBsAg or HBV DNA	Should not be considered a new case due to organ transplant, but rather an infection documented prior to transplant. To determine whether this case should be considered newly reported, follow Figure 3-3 .
Evidence of resolved prior infection: <ul style="list-style-type: none"> • Positive total hepatitis B core antibody • Negative HBsAg • Hepatitis B surface antibody (could be detectable, undetectable, or not done) 	Evidence of reactivation: <ul style="list-style-type: none"> • Detectable HBV DNA, OR • Positive HBsAg 	Should not be considered a new case, but reactivation of prior infection. Reactivation information should be appended to the case record of the existing case in the jurisdiction's surveillance system.
Negative HBsAg Negative total anti-HBc	Positive HBsAg or HBV DNA	Three major potential possibilities should be considered: <ul style="list-style-type: none"> • Donor-derived infection, • Transmission related to recipient risk behaviors or household exposures, and • Health care-associated infection. Centers for Disease Control and Prevention (CDC)'s Division of Viral Hepatitis (DVH) might already have been notified and is available for consultation and coordination of investigation.
No prior HBV laboratory results [‡]		

*All donors should be tested for total anti-HBc, HBsAg and HBV DNA prior to organ procurement⁽⁶⁷⁾. This table applies to recipients of organs from donors who tested negative for all these markers.

[†]Because of the large number of tests performed on transplant recipients, irreproducible positive results are rarely reported. Investigators should evaluate all available results in context. CDC DVH is available for consultation.

[‡]Pre-transplant hepatitis B screening (total anti-HBc, HBsAg and anti-HBs) is recommended for all transplant recipient candidates in accordance with guidelines published by the US Public Health Service⁽⁶⁷⁾. If a transplant recipient does not have hepatitis B laboratory results prior to transplantation of an organ, consider following-up with the transplant facility to discuss appropriate pre-transplant hepatitis B screening protocols.