

The Bottom Line

Vaughan Endoscopy Clinic (VEC) is a **state of the art** out-of-hospital endoscopy clinic providing **Screening colonoscopy and endoscopy** for the work up of mild gastrointestinal disorders. It is staffed by **gastroenterologists**.

In addition to the endoscopic services, they will provide all the necessary **GI follow-up** and make all the appropriate referrals required due to findings at the endoscopy.

The Medical Director has been an active participant at the CPSO in the development of **standards for out-of-hospital clinics**, all of which VEC adheres to.

Gastroenterologists:

Dr. William Appell
 Dr. David Ford
 Dr. Michael Gould
 Dr. Susan Greenbloom
 Dr. David Kreaden
 Dr. Eric Leong
 Dr. Michael Ostro
 Dr. Ted Ptak
 Dr. Jonathon Springer
 Dr. Rajiv Sethi
 Dr. Stephen Sinclair

In addition to high quality and convenient access to endoscopy, the doctors at VEC will provide you with supplemental practical GI advice through this periodic newsletter.

This article is written by Dr. Susan Greenbloom (a gastroenterologist from Etobicoke General Hospital).

Screening, Counseling and Prevention of Hepatitis B (HBV)

Worldwide 400 million people are infected with hepatitis B. It is endemic in Africa, Asia and Southern and Eastern Europe. It causes more than 60% of liver cancer in the world. More than half a million people die each year from hepatitis B. In Canada the prevalence is low (0.5% - 1%) but there is a high prevalence in immigrants from endemic areas. There are approximately 600,000 carriers of Hepatitis B in Canada. We have an effective vaccine that prevents transmission of the infection.

Who should be screened for HBV?

- 1) Individuals born in areas with high or intermediate prevalence of HBV including Africa, Asia, South Pacific Islands, Middle East (except Cyprus and Israel), European Mediterranean (Malta and Spain), The Arctic (indigenous populations), South America (Ecuador, Guyana, Suriname, Venezuela, Bolivia, Brazil, Columbia and Peru), Eastern Europe (except Hungary), Caribbean, and Central America (Guatemala and Honduras).
- 2) Canadians born but not vaccinated yet whose parents were born in regions with high prevalence of HBV or whose parents are found to be HBsAg positive
- 3) Household and sexual contacts of HBsAg positive individuals
- 4) Individuals who have ever used IV drugs
- 5) Individuals with multiple sexual partners or a history of sexually transmitted disease
- 6) Homosexual men
- 7) Inmates
- 8) Anyone with a chronically elevated AST or ALT
- 9) HCV or HIV infected individuals
- 10) Patients on Dialysis
- 11) Pregnant women
- 12) Patients needing immuosuppressive therapy



**VAUGHAN
 ENDOSCOPY
 CLINIC**

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Counseling and Prevention of HBV

- 1) Anyone identified in the above list as being at increase risk but is negative for HBsAg should be vaccinated.
- 2) Individuals who are HBsAg positive should:
 - I. Have sexual contacts vaccinated
 - II. Use Condoms during intercourse if partner is not vaccinated or naturally immune
 - III. Not share toothbrushes or razors
 - IV. Cover open cuts and scratches
 - V. Clean blood spills with bleach or detergent
 - VI. Not donate blood, organs, or sperm
- 3) Newborns of HBV infected mothers should receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine at delivery and complete the recommended vaccination series. Post vaccine testing should be performed at 9 to 15 months of age since the babies remain at risk.
- 4) Other Individuals who remain at risk for HBV infection such as health care workers, dialysis patients and sexual partners of HBsAg patients should be tested for response to vaccination. Post vaccine testing should be performed at 1 to 2 months after the last dose of the vaccine.
- 5) Abstinence or very limited use of Alcohol is recommended in all HBsAg positive individuals

The bottom line is:

Anyone at risk of HBV (as outlined on page 1) should be tested for HBsAg. If they are negative then they should be vaccinated. If they are positive then they should be counseled on how to prevent further spread of infection.

Our newsletters are posted on our website (www.vaughanendoscopy.com) thus your patients are able to download a copy for reference. Other GI topics of interest are published periodically.