

## **Appendix B - Post-exposure Prophylaxis to Prevent HBV Infection**

Note. The following information was extracted from CDC (2006) with permission. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a3.htm>

This appendix provides guidelines for management of persons with nonoccupational exposure to hepatitis B virus (HBV) through a discrete, identifiable exposure to blood or body fluids (Table). Guidelines for postexposure prophylaxis of occupational exposures have been published separately (1) and are intended for use in settings in which postvaccination testing is recommended for certain employees and in which programs are available to implement testing and follow-up algorithms. Recommendations for management of infants born to hepatitis B surface antigen (HBsAg)--positive mothers also have been published separately (2).

### **HBsAg-Positive Exposure Source**

- Persons who have written documentation of a complete hepatitis B vaccine series and who did not receive postvaccination testing should receive a single vaccine booster dose.
- Persons who are in the process of being vaccinated but who have not completed the vaccine series should receive the appropriate dose of hepatitis B immune globulin (HBIG) and should complete the vaccine series.
- Unvaccinated persons should receive both HBIG and hepatitis B vaccine as soon as possible after exposure (preferably within 24 hours). Hepatitis B vaccine may be administered simultaneously with HBIG in a separate injection site. The hepatitis B vaccine series should be completed in accordance with the age-appropriate vaccine dose and schedule.

### **Exposure Source with Unknown HBsAg Status**

- Persons with written documentation of a complete hepatitis B vaccine series require no further treatment.
- Persons who are not fully vaccinated should complete the vaccine series.
- Unvaccinated persons should receive the hepatitis B vaccine series with the first dose administered as soon as possible after exposure, preferably within 24 hours. The vaccine series should be completed in accordance with the age-appropriate dose and schedule.

### **References**

1. CDC. Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis. MMWR 2001; 50(No. RR-11).
2. CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part 1: immunization of infants, children, and adolescents. MMWR 2005; 54(No. RR-16).

**TABLE. Guidelines for postexposure prophylaxis\* of persons with nonoccupational exposures<sup>†</sup> to blood or body fluids that contain blood, by exposure type and vaccination status**

Exposure	Treatment	
	Unvaccinated person <sup>§</sup>	Previously vaccinated person <sup>¶</sup>
<b>HBsAg** -positive source</b>		
Percutaneous (e.g., bite or needlestick) or mucosal exposure to HBsAg-positive blood or body fluids	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG)	Administer hepatitis B vaccine booster dose
Sex or needle-sharing contact of an HBsAg-positive person	Administer hepatitis B vaccine series and HBIG	Administer hepatitis B vaccine booster dose
Victim of sexual assault/abuse by a perpetrator who is HBsAg-positive	Administer hepatitis B vaccine series and HBIG	Administer hepatitis B vaccine booster dose
Source with unknown HBsAg status		
Victim of sexual assault/abuse by a perpetrator who unknown HBsAg status	Administer hepatitis B vaccine series	No treatment
Percutaneous (e.g., bite or needlestick) or mucosal exposure to potentially infectious blood or body fluids from a source with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment
Sex or needle-sharing contact of person with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment

\*When indicated, immunoprophylaxis should be initiated as soon as possible, preferably within 24 hours. Studies are limited on the maximum interval after exposure during which postexposure prophylaxis is effective, but the interval is unlikely to exceed 7 days for percutaneous exposures or 14 days for sexual exposures. The hepatitis B vaccine series should be completed.

<sup>†</sup>These guidelines apply to nonoccupational exposures. Guidelines for management of occupational exposures have been published separately (1) and also can be used for management of nonoccupational exposures, if feasible.

<sup>§</sup>A person who is in the process of being vaccinated but who has not completed the vaccine series should complete the series and receive treatment as indicated.

<sup>¶</sup>A person who has written documentation of a complete hepatitis B vaccine series and who did not receive postvaccination testing

\*\*Hepatitis B surface antigen.