## **Hepatitis B Post-Exposure Prophylaxis**

The following information applies to immune competent individuals. Consultation with a physician specializing in infectious diseases is required to manage immunocompromised individuals.

Hepatitis B immune globulin (HBIg) is indicated in the case of sexual assault, or if one of the individuals is known to be HBsAg positive or tests positive within 48 hours of exposure. In unvaccinated individuals, the risk of sexual or needlestick transmission may be increased if the source has HBV DNA > 1000-2000 IU/mL. A, B

For steady, long term sexual partners of individuals with chronic HBV infection, test for HBsAg, anti-HBc Total and anti-HBs to determine if susceptible or if previously infected prior to offering post-exposure prophylaxis. Because the risk of transmission is low and the number needed to treat to prevent infection is extremely high, consensual adult sex with a known sex trade worker (STW) or persons who inject drugs (PWID), or community acquired needlestick injuries are **not** indications for HBIg.

Vaccination history of exposed person	Test for HBsAg, anti-HBc Total and anti-HBs	Case of sexual assault, or source is HBsAg positive or tests positive within 48 hrs of exposure*	Source is unknown, not tested, or tests HBsAg negative within 48 hrs of exposure	Re-test anti-HBc Total HBsAg, & anti-HBs ** Offer second hepatitis B vaccine series to non-responders.
Documented prior anti-HBs ≥ 10 IU/L	No follow-up			
Unvaccinated	Yes	Give HBIg and one complete hepatitis B vaccine series	Complete hepatitis B vaccine series	Yes
Non-responder to one hepatitis B vaccine series			Complete second hepatitis B vaccine series	Re-test only
1 dose of hepatitis B vaccine, anti- HBs status unknown	Yes	Give HBIg and complete hepatitis B vaccine series	Complete hepatitis B vaccine series	Yes
2 doses of a 3 dose hepatitis B vaccine series and anti-HBs status unknown	Yes If anti-HBs < 10 IU/L,	Give HBIg and third dose of hepatitis B vaccine. Repeat third dose if given too early in the series.	Give 1 dose of hepatitis B vaccine. In 4 wks, retest for anti-HBs; if anti-HBs < 10 IU/L complete second hepatitis B series.	Yes
	Yes If anti-HBs ≥ 10 IU/L,	Complete hepatitis B vaccine series	Complete hepatitis B vaccine series	No
1 complete hepatitis B vaccine series (2 or 3 dose) and anti-HBs status unknown	Yes If anti-HBs < 10 IU/L,	Give HBIg and 1 dose of hepatitis B vaccine	Give 1 dose of hepatitis B vaccine. Retest anti-HBs in 4 wks; if < 10 IU/L complete second hepatitis B vaccine series	Yes
	Yes If anti-HBs ≥ 10 IU/L,	No follow-up		
2-series non-responder to hepatitis B vaccine	HBsAg and anti-HBc Total only	Give HBIg. In 4 weeks, give a second dose of HBIg.	No follow-up	Re-test HBsAg and anti-HBc Total only

<sup>\*</sup> HBIg is preferably given within 48 hrs, but may be given up to 7 days after percutaneous exposure and up to 14 days after permucosal exposure (refer to the Communicable Disease Control Manual, Chapter 1, Hepatitis B, Section 6.1)

<sup>\*\*</sup> Repeat serology at least 1 month after last vaccine dose or 6 months after HBIg, whichever is longer.

A Coffin CS, Fung SK, Ma MM. Management of chronic hepatitis B: Canadian Association for the Study of the Liver consensus guidelines. Canadian Journal Of Gastroenterology 2012; 26(12):917-38.

B CDC. Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students. CDC MMWR. Recommendations and Reports. 2012; 61(3):16.