# Hepatitis B post-exposure prophylaxis

Hepatitis B vaccine is highly effective in preventing acute infection after exposure if given within 7 days and preferably within 48 hours. Hepatitis B immunoglobulin (HBIG) is only indicated where the source is known HBsAg positive, or where the recipient is a known non-responder to HBV vaccine and the source is known to be high risk. HBIG should ideally be given within 48 hours but not later than 7 days after exposure.

<table>
<thead>
<tr>
<th>Exposure type</th>
<th>Recipient vaccination status</th>
<th>Source known to be HBsAg positive</th>
<th>Source HBV status unknown but potential high risk, ie from country of high or intermediate prevalence</th>
<th>Source HBV status unknown - no high risk features, ie normal population risk</th>
<th>Source HBsAg negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recipient unvaccinated against HBV</td>
<td>Give HBIG¹</td>
<td>Make every effort to test source</td>
<td>Start accelerated² HBV vaccine course</td>
<td>Routine (opportunistic) HBV vaccination course</td>
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<tr>
<td></td>
<td>Recipient not fully vaccinated against HBV (&lt;3 doses)</td>
<td>Give HBV vaccine dose. Test recipient anti-HBs urgently if &lt;10 mIU/ml (Urgent consult to ID/GUM specialist)</td>
<td>Make every effort to test source</td>
<td>Start accelerated² HBV vaccine course</td>
<td>Routine (opportunistic) HBV vaccination course</td>
</tr>
<tr>
<td></td>
<td>Recipient fully vaccinated against HBV but anti-HBs unknown⁴</td>
<td>Give HBV vaccine dose. Test recipient anti-HBs urgently if &lt;10 mIU/ml (Urgent consult to ID/GUM specialist)</td>
<td>Make every effort to test source</td>
<td>Give HBV vaccine dose</td>
<td>Routine ID/GUM referral for alternative vaccination strategy</td>
</tr>
<tr>
<td></td>
<td>Recipient documented non-responder to HBV vaccine</td>
<td>Give HBIG¹ plus HBV vaccine dose</td>
<td>Make every effort to test source</td>
<td>Give HBV vaccine dose</td>
<td>Routine ID/GUM referral for alternative vaccination strategy</td>
</tr>
<tr>
<td></td>
<td>Recipient known responder to HBV vaccine, i.e. anti-HBs≥10 mIU/ml</td>
<td>No need for further vaccine dose</td>
<td>No need for further vaccine dose</td>
<td>No need for further vaccine dose</td>
<td>No need for further vaccine dose</td>
</tr>
</tbody>
</table>

¹For bite with no visible blood, risk assess or seek urgent ID specialist advice re giving HBIG

²An accelerated vaccine course consists of doses at 0, 1 and 2 months. A booster dose is given at 12 months to those at continuing risk. The standard course is 0, 1 and 6 months.

³Africa, Asia, Central and South America, Central and Eastern Europe. Refer to CDC map: http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/hepatitis-b.htm or appendices 21 & 22

⁴If the recipient was fully vaccinated as an infant, no further testing or booster dose of HBV vaccine is required. Universal infant HBV vaccination commenced in Ireland in September 2008.

⁵People who inject drugs in Ireland have only a 2% risk of being HBsAg positive and are thus not considered to be high risk. The prevalence in the general population is ≤0.1%