

Table 4 - Hepatitis B post-exposure prophylaxis

NOTE: This table is partially under review. Please refer to [Chapter 9 of the NIAC guidelines](#) for up-to-date information on Hepatitis B vaccination

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.

		Recipient HBV vaccination status				
		Recipient unvaccinated against HBV	Recipient not fully vaccinated against HBV (<3 doses)	Recipient fully vaccinated against HBV but anti-HBs unknown	Recipient documented non-responder to HBV vaccine	Recipient known responder to HBV vaccine, i.e. anti-HBs ≥10 mIU/ml
Source HBV status	Source known to be HBsAg positive	<p>Give HBIG¹</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p> <p>If applicable, provide individual with information on where to complete vaccination course</p>	<p>Test recipient anti-HBs urgently and consider HBIG¹ if <10 mIU/ml)</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p>	<p>Test recipient anti-HBs urgently and consider HBIG¹ if <10 mIU/ml</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p>	<p>Give HBIG¹</p> <p>Prompt referral to ID/GUM referral to consider alternative vaccination strategy</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p>	<p>No need for HBIG</p> <p>No need for further vaccine dose</p>
	Source HBV status unknown but potentially high risk, i.e. from country of high or Intermediate prevalence ²	<p>Make every effort to test source</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p> <p>If applicable, provide individual with information on where to</p>	<p>Make every effort to test source</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p>	<p>Make every effort to test source</p> <p>Test recipient anti-HBs</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i></p>	<p>Make every effort to test source</p> <p>Consider HBIG¹</p> <p>Prompt ID/GUM referral to consider alternative vaccination strategy</p> <p><i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations</i></p>	<p>No need for HBIG</p> <p>No need for further vaccine dose</p>

		complete vaccination course			<i>regarding Hepatitis B vaccination</i>	
	Source HBV status unknown and no high-risk features, ie normal population risk³	<i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i> If applicable, provide individual with information on where to complete vaccination course	<i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i>	Test recipient anti-HBs <i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i>	Make every effort to test source Urgent ID/GUM referral for alternative vaccination strategy	No need for further vaccine dose
	Source known HBsAg negative	<i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i> If applicable, provide individual with information on where to complete vaccination course	<i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i>	Test recipient anti-HBs <i>Please see Table 9.5, Chapter 9 of the NIAC guidelines for current recommendations regarding Hepatitis B vaccination</i>	Routine ID/GUM referral for alternative vaccination strategy	No need for further vaccine dose

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

² Africa, Asia, Central and South America, Central and Eastern Europe. Refer to CDC yellow book <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/hepatitis-b>

³ The prevalence of HBsAg was found to be between 1 and 5% in studies of opioid users in Ireland carried out between 1992 and 2002 [167].

Follow up testing for HBV should be carried out, as per *Table 5 Baseline and follow-up testing*. For interpretation of HBV test results, see *Table 6*.

- If the source tests negative for HBV, HCV and HIV the recipient can be reassured, and testing of the recipient is not required.
- Where the source tests negative for blood borne viruses but is considered high risk and within the window period, discuss further management with a HIV/ID specialist as soon as possible, ideally within 72 hours.
- HIV PEP may be indicated in exceptional circumstances.