

Is the person either a **household/sexual** close contact or had **other significant exposure** to Acute Hepatitis B? *If yes, follow specific advice.*

Sexual contact

A sexual contact is defined as anyone who has had any type of sexual contact with the case in the last 6 months.

Actions for Sexual Contacts

- Any sexual contact of the case should be offered **HBIG post exposure prophylaxis** within one week of last unprotected sexual contact (unless they have proven immunity)¹.
- HBIG should ideally be given within **48 hours** of exposure, but not later than one week after exposure²
- Provide leaflet [Someone you know has Hepatitis B](#). NB vaccination and testing for immunity needs to happen simultaneously with HBIG, see [Actions for all sexual sexual and household contacts](#) for details.
- Recommend sexual contacts attend for STI screening
- **Proceed to Actions for all sexual and household contacts section below**

Household contact

A household contact is defined as a person living in the same household as the case and who ordinarily shares a kitchen and/or bathroom, from 6 months before the date of symptom onset of the case (or date of diagnosis if case is asymptomatic).

Actions for all sexual and household contacts

- Check understanding of hepatitis B with the close contact
- **Inform the close contact about how they can reduce their risk of acquiring hepatitis B.** Explain the testing and vaccination schedule. Provide close contact with the leaflets '[Someone you know has hepatitis B](#)' and '[Hepatitis B vaccine – what you need to know](#)'. Translated leaflets are available [here](#)
- **Clarify immune status of contact.** Presume the contact is non-immune unless proven otherwise
- Obtain details of the close contact's GP. If no GP – see **footnote**³
- Inform GP that their patient is a close contact of a hepatitis B case and will attend for serology and to commence the **accelerated vaccination schedule**. Send the GP a letter - [Appendix 7 SOP Acute Hepatitis B](#). Hepatitis B vaccine is highly effective in preventing acute infection after an exposure if given within 7 days and preferably within 48 hours. Even after this 7-day time period, vaccination should still be arranged as soon as possible. If HBV infection has already occurred at the time of immunisation, virus multiplication may not be inhibited completely but development of chronic hepatitis B may be prevented.
- Close contact to make a GP appointment without delay for serology/vaccination. Provide close contact with a letter for their GP - [Appendix 8 SOP Acute Hepatitis B](#)
- Follow-up serology samples for checking immunity of immunised contacts are only required in specific circumstances, please refer to [NIAC Guidance chapter 9](#) for details.

Other exposure

Other possible significant exposures which may require HBIG for recipients include needlestick injuries, a bite with breach of skin, and mucosal exposure to blood or body fluids containing blood

Refer to [Guidelines for the Emergency Management of injuries \(EMI\) and Post exposure prophylaxis \(PEP\)](#)

¹See [NIAC guidance](#) chapter 9 for full list of indications for post-exposure prophylaxis with HBIG

²Depending on hepatitis B vaccination status of the recipient, HBIG may need to be **urgently** arranged, alongside commencing vaccination. Arrange for administration of HBIG by the local Consultant Microbiologist and ED/AMU/STI Clinic Consultant.

³**Special Situations:** If a close contact is not registered with a GP, encourage them to register with a GP. As vaccination is time sensitive, consider local pathways to achieve serological testing and vaccination while GP registration is in progress e.g. an SMO led clinic/local sexual health service etc.