



# CLINICIAN CONSULTATION CENTER

National rapid response for HIV management and bloodborne pathogen exposures.

*This information is a portion of the CCC PEP Quick Guide. It is intended to be used in conjunction with the Quick Guide and not as a standalone document.*

## Recommendations for Post-Exposure Prophylaxis After Exposure to HBV

EXPOSED PERSON VACCINATION STATUS	TEST RECOMMENDED	TREATMENT
<b>Previously Vaccinated (see below *)</b>		
Responder ( $\geq 10$ mIU/mL)	None	No action needed
Response Unknown	HBsAb	If $\geq 10$ mIU/mL : No action needed
	HBsAb	If $\leq 10$ mIU/mL: HBIG** and revaccinate
Non-responder (documented), after one series of 3	HBcAb (total)	HBIG** and revaccinate
Non-responder (documented), after two series of 3	HBcAb (total)	HBIG** x 2 (one month apart)
<b>Unvaccinated or Incompletely Vaccinated</b>		
Unknown	HBcAB(total) Follow-up at 6 months: HBcAb (total) and HBsAg	HBIG** and revaccinate

\*HBV (vaccine): The series is usually given at baseline, 1 month, and 6 months, followed by HBsAb to confirm immunity (HBsAb  $\geq 10$  mIU/mL). For persons previously immunized with the series of 3 immunizations but have negative HBsAb titer when tested at the time of exposure and source patient is negative for HBsAg, the first injection in the series can be followed with a HBsAb at 4-6 weeks; if positive ( $\geq 10$  mIU/mL) the person is considered immune and no further treatment is needed.

\*\*HBIG: 0.06mL/kg ASAP. All persons receiving HBIG should have HBsAg and HBsAb drawn before HBIG administration.

*Adapted from: CDC guidance for evaluating health-care personnel for hepatitis B virus protection and for administering postexposure management. MMWR: December 20, 2013*