



# CLINICIAN CONSULTATION CENTER

National rapid response for HIV management and bloodborne pathogen exposures.

*This table 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.*

If source person is known to have hepatitis B or the source person's hepatitis B status is unknown, manage blood exposures as follows:

## Recommendations for Post-Exposure Prophylaxis After HBV Exposure

EXPOSED PERSON VACCINATION STATUS	TEST RECOMMENDED FOR EXPOSED PERSON	TREATMENT
<b>Previously Vaccinated (see below *)</b>		
Responder after complete series (HBsAb ≥10 mIU/mL)	None	No action needed
Response unknown after 3 doses	HBsAb	If ≥10 mIU/mL: No action needed
	HBsAb	If < 10 mIU/mL: check HBcAb, administer HBIG x 1** and revaccinate
HBsAb < 10 mIU/mL after one series of 3 doses	HBcAb (total)	HBIG x 1** and revaccinate
Non-responder (HBsAb <10 mIU/mL after two series of 3 doses)	HBcAb (total)	HBIG** x 2 (one month apart)
<b>Unvaccinated or Incompletely Vaccinated</b>		
Unvaccinated or Incompletely Vaccinated	HBcAb (total) Follow-up at 6 months: HBcAb (total) and HBsAg	HBIG x 1** and vaccinate/revaccinate
<p>* HBV (vaccine): The series is usually given at baseline, 1 month, and 6 months, followed by HBsAb to confirm immunity (HBsAb ≥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, a 4<sup>th</sup> vaccine dose (booster) can be followed up with a HBsAb at 4-6 weeks; if this is positive (≥10 mIU/mL) the person is considered immune and no further treatment is needed.</p> <p>** HBIG: 0.06mL/kg ASAP (max dose: 5mL). HBIG is considered effective up to a week after occupational exposures. Per CDC Guidelines, healthcare personnel (HCP) with anti-HBs &lt;10mIU/mL after complete vaccination series (or who are unvaccinated/incompletely vaccinated), and sustain an</p>		



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exposure to a source person who is HBsAg-positive or has unknown HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc; follow-up testing consists of HBsAg and total anti-HBc.

**Note:** Testing the exposed HCP for prior HBV infection is not required before vaccinating unless the exposed is at independent risk of HBV infection (e.g., from HBV endemic area). *Adapted from: CDC guidance for evaluating health-care personnel for hepatitis B virus protection and for administering postexposure management. MMWR: December 20, 2013*