Table 4 - 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.

Where indicated, HBV vaccine/HBIG should ideally be given within 48 hours but not later than 7 days after exposure. See NIAC guidelines Chapter 9 for advice regarding HBV vaccine.

		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[1]**	**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**	Give HBIG[2] Accelerated[3] vaccine course[4] (See NIAC guidelines Chapter 9, Section 9.7) Urgent consult to ID/ GUM specialist Provide individual with information on where to complete vaccination course	**Test recipient** anti-HBs urgently and consider HBIG[2] if <10 miU/ml) Complete vaccine course[4] (See NIAC guidelines Chapter 9) Urgent consult to ID/GUM specialist Provide individual with information on where to complete vaccination course	**Test recipient** anti-HBs urgently and consider HBIG[1] if <10 miU/ml Give vaccine dose[4] (See NIAC guidelines Chapter 9) Urgent consult to ID/GUM specialist	Give HBIG[2] Prompt referral to ID/GUM referral to consider alternative vaccination strategy	Consider giving HBV vaccine dose based on risk assessment of severity of injury
	Source HBV status unknown but potentially high risk, i.e. from country of high or Intermediate prevalence[5]	**Make every effort to test source** Accelerated[3] vaccine course[4] (See NIAC guidelines Chapter 9 Section 9.7) Provide individual with information on where to	**Make every effort to test source** Complete vaccine course[4] (See NIAC guidelines Chapter 9)	**Make every effort to test source** Give vaccine dose[4] (See NIAC guidelines Chapter 9)	**Make every effort to test source** Consider HBIG[2] Prompt ID/GUM referral to consider alternative vaccination strategy	No action

		complete vaccination course				
	Source HBV status unknown and no high-risk **features, ie normal population risk**[6]	Accelerated[3] vaccine course[4] (See NIAC guidelines Chapter 9 Section 9.7) Provide individual with information on where to complete vaccination course	Complete vaccine course[4] (See NIAC guidelines Chapter 9)	Give vaccine dose[4] (See NIAC guidelines Chapter 9)	**Make every effort to test source** Give vaccine dose[4] (See NIAC guidelines Chapter 9) Prompt ID/GUM referral for alternative vaccination strategy	No action
	Source known HBsAg negative	Routine vaccine course[4] (See NIAC guidelines Chapter 9 Section 9.7) Provide individual with information on where to complete vaccination course	Complete vaccine course[4] (See NIAC guidelines Chapter 9)	Give vaccine dose[4] (See NIAC guidelines Chapter 9)	Routine ID/GUM referral for alternative vaccination strategy	No action

1 If the recipient was fully vaccinated, no further testing or vaccination is required

2 For a bite with no visible blood, risk assess or seek urgent ID specialist advice

3 See section 9.4.1 NIAC guidelines

4 Test for anti-HBs 2 months after the final dose of hepatitis B vaccine

5 See Figure. 9.1 NIAC guidelines

6 Injecting drug users in Ireland have a 2% risk of being HBsAg +ve and are not high risk.

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 NIAC Guidelines Table 9.6.

- 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.