

# **Appendix 8 – Management of Potential Exposures to Hepatitis B**

October, 2013

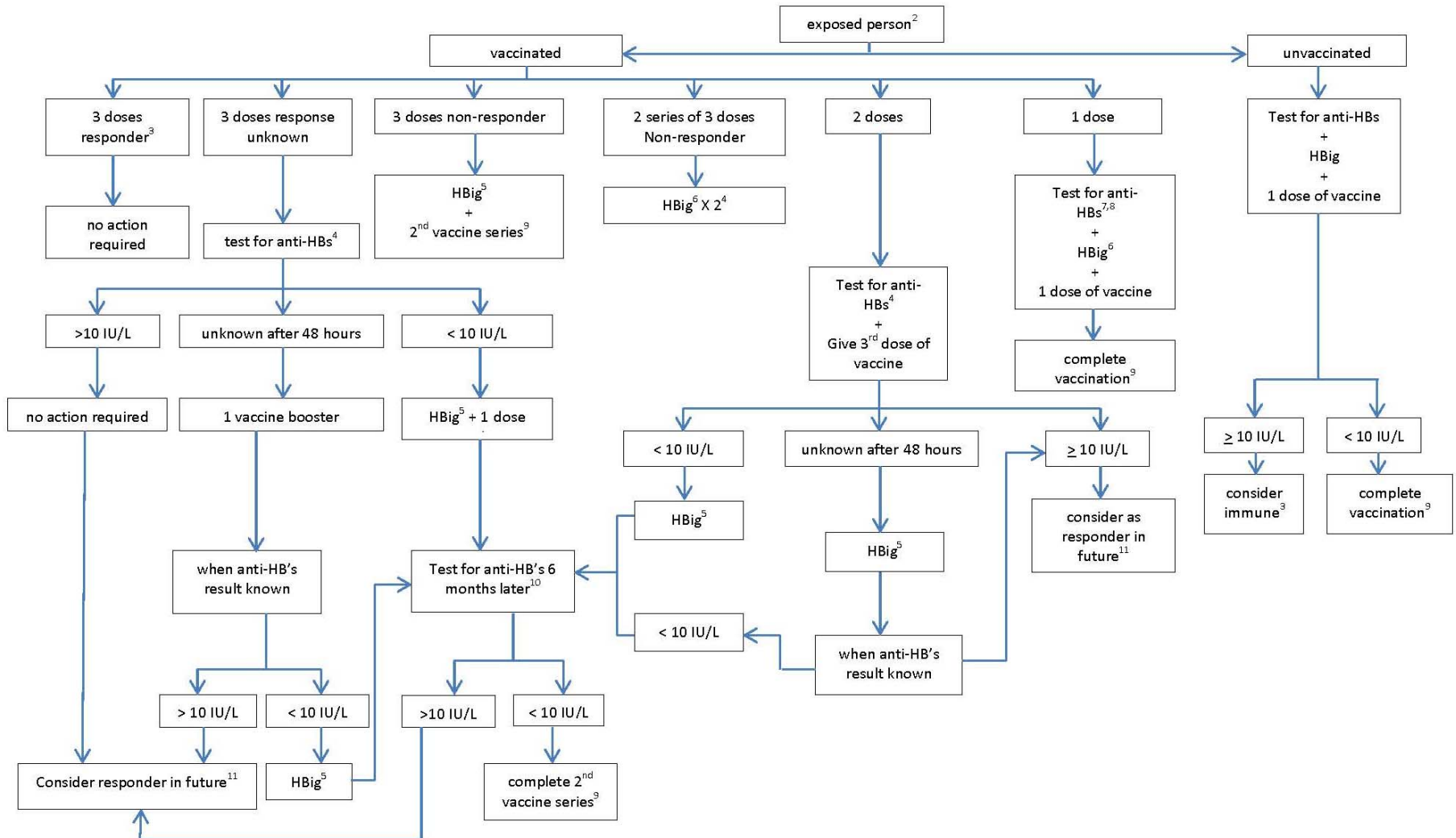
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Please see the following pages for the Management of Potential Exposures to Hepatitis B.

a) Management of individuals with percutaneous or mucosal exposure to an infected or high risk source<sup>1</sup>

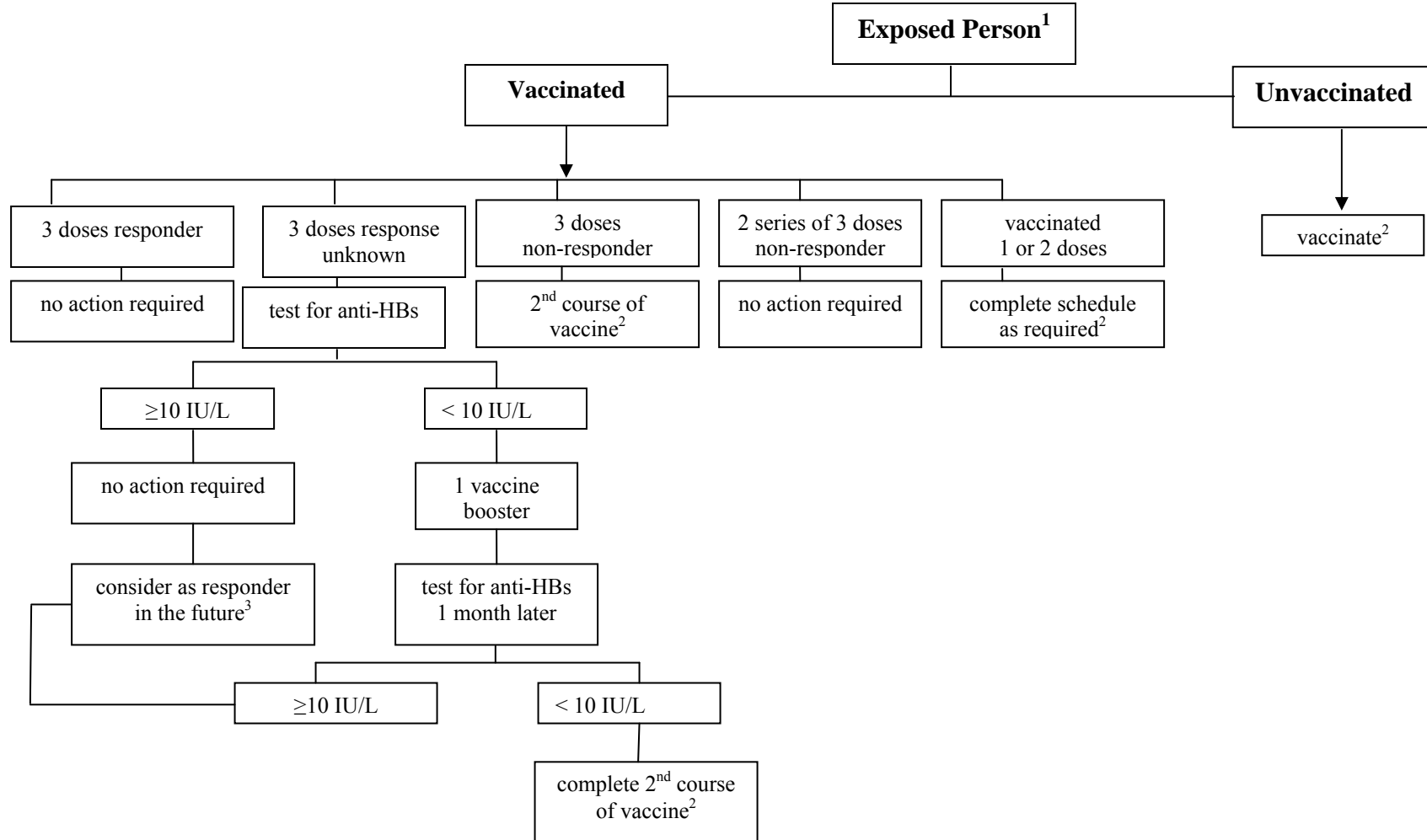


- <sup>1</sup> A known source is high risk if the person comes from a region highly endemic for HB; has sexual relations with multiple partners; has a partner infected with HB or at high risk of being so; is in close family contact with an infected person; uses injection drugs; or received blood or blood products prior to 1970. Wherever possible, the source should be tested. In the case of an unknown source, background circumstances may provide some indication of the degree of risk.
- <sup>2</sup> Interventions are not required if the exposed person is known to be immune following HBV infection.
- <sup>3</sup> Responder with a documented anti-HBs titre of at least 10 IU/L on prior testing.
- <sup>4</sup> Determine anti-HBs titre as soon as possible. HBIG should be administered to susceptible individuals within 48 hours after exposure. The benefit of HBIG given more than 7 days after exposure is unknown.
- <sup>5</sup> Omit administration of HBIG if the source is tested within 48 hours and the result is negative. Follow the non-infected source algorithm (refer to [b](#)).
- <sup>6</sup> Give the second dose of HBIG 1 month after the first dose.
- <sup>7</sup> Complete the vaccine series regardless of the anti-HBs titre. The anti-HBs titre may reassure the exposed individual about the immediate risk of becoming infected.
- <sup>8</sup> Omit administration of HBIG if it is possible to obtain anti-HBs serology within 48 hours and a titre of at least 10 IU/L is confirmed.
- <sup>9</sup> Determine anti-HBs titre 1 to 6 months after completion of the vaccine series.
- <sup>10</sup> Determination of anti-HBs titre should be delayed for 6 months to allow HBIG antibodies to wane.
- <sup>11</sup> Except if person is immunocompromised, has chronic renal failure or is on dialysis in which case repeat serologic testing may be needed.

## References

Public Health Agency of Canada. (2012). *Canadian immunization guide*. Retrieved January, 2013 from <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php#figure-2>

**b) Management of Individuals with percutaneous or mucosal exposure to an uninfected or low risk source**



1. Interventions are not required if the exposed person is known to be immune to hepatitis B infection.
2. Determine anti-HBs titre 1 to 6 months after completion of the vaccine series.
3. Except if the person is immunocompromised, has chronic renal failure or is on dialysis in which case repeat serologic testing may be needed.

**References**

Public Health Agency of Canada. (2012). *Canadian immunization guide*. Retrieved January, 2013 from <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php#figure-3>