POST-EXPOSURE PROPHYLAXIS (PEP)

Two types of products are available for prophylaxis against HBV infection. Hepatitis B vaccine, which provides long-term protection against HBV infection, is recommended for pre-exposure and post-exposure prophylaxis. HBIG provides temporary protection (i.e., three to six months) and is only indicated in certain post-exposure settings.

Both passive-active PEP with HBIG and hepatitis B vaccination and active PEP with hepatitis B vaccination alone have been demonstrated to be highly effective in preventing transmission after exposure to HBV.

Exposure to HBsAg Positive Source

Unvaccinated persons or persons known to have not responded to a complete hepatitis B vaccine series should receive both HBIG and hepatitis B vaccine as soon as possible (preferably within 24 hours) after a discrete, identifiable exposure to blood or body fluids that contain blood from an HBsAg positive source. Hepatitis B vaccine should be administered simultaneously with HBIG in a separate injection site, and the vaccine series should be completed by using the age-appropriate vaccine dose and schedule. Exposed persons who are in the process of being vaccinated but who have not completed the vaccine series should receive the appropriate dose of HBIG and should complete the vaccine series. Exposed persons who are known to have responded to vaccination are considered protected and need no further vaccine doses. Persons who have written documentation of a complete hepatitis B vaccine series and who did not receive post-vaccination testing should receive a single vaccine booster dose. Alternatively, these persons can be managed according to guidelines for management of persons with occupational exposure to blood or body fluids that contain blood.

Exposure to Source with Unknown HBsAg Status

Unvaccinated persons who have a discrete, identifiable exposure to blood or body fluids containing blood from a source with unknown HBsAg status should receive the hepatitis B vaccine series, with the first dose initiated as soon as possible after exposure (preferably within 24 hours) and the series completed by using the age-appropriate dose and schedule. Exposed persons who are not fully vaccinated should complete the vaccine series. Exposed persons with written documentation of a complete hepatitis B vaccine series require no further treatment.

Cause of Exposure		**Suggested action**
Discrete exposure to an HBsAg*-positive source	Percutaneous (e.g., bite or needlestick) or mucosal exposure to HBsAg-positive blood or body fluids that contain blood.	Administer hepatitis B vaccine and hepatitis B immune globulin (HBIG)†
	Sexual or needle-sharing contact of an HBsAg-positive person.	Administer hepatitis B vaccine and HBIG†
	Victim of sexual assault/abuse by a perpetrator who is HBsAg-positive.	Administer hepatitis B vaccine and HBIG†

Discrete exposure to a source with unknown HBsAg status	Victim of sexual assault/abuse by a perpetrator with unknown HBsAg status.	Administer hepatitis B vaccine†
	Percutaneous (e.g., bite or needlestick) or mucosal exposure to blood or body fluids that contain blood from a source with unknown HBsAg status.	Administer hepatitis B vaccine†

* Hepatitis B surface antigen.

† Immunoprophylaxis should be administered as soon as possible, preferably within 24 hours. Studies are limited on the maximum interval after exposure during which postexposure prophylaxis is effective, but the interval is unlikely to exceed 7 days for percutaneous exposures and 14 days for sexual exposures. The hepatitis B vaccine series should be completed.

Post-Exposure Prophylaxis

- Occupational Exposure
- Nonoccupational Exposure
- Perinatal Exposure

CDC: http://www.cdc.gov/hepatitis/HBV/PEP.htm