(A) Policy Statement

Hepatitis B immune globulin (HBIG) will be used to protect healthcare professionals exposed to hepatitis B virus (HBV) who lack documentation of vaccination, are unvaccinated or incompletely vaccinated.

(B) Purpose of Policy

Hepatitis B immune globulin (HBIG) provides passive immunity and temporary (i.e., 3–6 months) protection to persons exposed to the hepatitis B virus (HBV). This policy outlines HBIG use.

(C) Procedure

1. In order to effectively monitor usage of HBIG, all employee exposures to HBV must report immediately to the Emergency department for evaluation and management.

2. The indications for use of HBIG (per the Food and Drug Administration) are following DIRECT exposure to HBV as demonstrated by a positive test for hepatitis B surface antigen (HBsAg). Direct exposure includes contact with blood or body fluids via:
   (a) Parenteral exposure (needlestick, bite, sharps)
   (b) Direct mucous membrane contact
   (c) Oral ingestion

3. Prior to administration of HBIG, and if the employee has not completed the HBV vaccine series, obtain serum from the exposed employee for HBsAg, hepatitis B core antibody (anti-HBc), and hepatitis B surface antibody (anti-HBs).

4. Do not give Hepatitis B Immune Globulin if the employee is:
   (a) HBsAg-positive
   (b) Completed HBV vaccine series with documented immunity (anti-HBs >=10 mIU/ml)
(5) Administer HBIG and initiate the HBV vaccine series:

(a) If the source patient is HBsAg-positive or the source patient is unknown

(b) The employee is not previously vaccinated, incompletely vaccinated, or known to have lack of immunity after completed HBV series.

(6) If indicated, the recommended dose of HBIG is 0.06 ml/kg of body weight (3-5 ml in adults). After results of the patient/employee are known, the appropriate dose should be administered intramuscularly as soon as possible, preferably within a 24 hour period after exposure.

(7) Prior to administering, provide the employee with side effects as listed on the package.

(8) Live virus vaccines should not be given close to the time of HBIG administration.

References:
