


<p><b>Name of Policy:</b> <u>Use of Hepatitis B Immune Globulin for Employees Exposed to Hepatitis B</u></p> <p><b>Policy Number:</b> 3364-109-EH-502</p> <p><b>Department:</b> Infection Control Hospital Administration Medical Staff</p> <p><b>Approving Officer:</b> Chair, Infection Control Committee Chief of Staff Chief Operating and Clinical Officer</p> <p><b>Responsible Agent:</b> Infection Preventionist</p> <p><b>Scope:</b> The University of Toledo Medical Center and its Medical Staff</p>	 <p><b>Effective Date</b> 07/01/2017 Initial Effective Date: 11/9/77</p>
<p> <input type="checkbox"/> New policy proposal         <input checked="" type="checkbox"/> Minor/technical revision of existing policy         <input type="checkbox"/> Major revision of existing policy         <input type="checkbox"/> Reaffirmation of existing policy       </p>	

**(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**

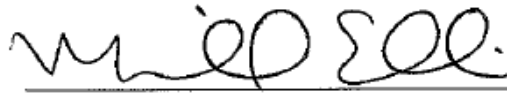
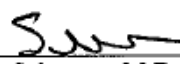
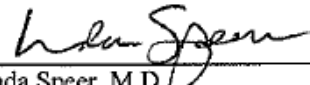
- (1) In order to effectively monitor usage of HBIG, all employee exposures to HBV must report immediately to the Emergency department for evaluation and management.
- (2) The indications for use of HBIG (per the Food and Drug Administration) are following DIRECT exposure to HBV as demonstrated by a 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  $\geq$ 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:

Center for Disease Control and Prevention. (2013). *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

<http://www.hepwebstudy.org/modules/hepB/prevention/postexposure-prophylaxis-following-occupational-exposure-hepatitis-b-virus>

<b>Approved by:</b>  Michael Ellis, M.D. Chair, Infection Control Committee		<b>Review/Revision Date:</b> 10/20/77      10/15/2001 12/78      10/18/2004 2/14/79      11/26/2007 4/21/80      05/23/2011 1/19/81      07/14/2014 12/21/81      06/30/2017 4/19/82 6/20/83 7/25/83 10/84 11/84 9/13/85 5/18/87 5/9/88 8/7/89 8/6/90 4/8/92 3/8/95 6/1/98
 Thomas Schwann, M.D. Chief of Staff	7/13/17 Date	
 Linda Speer, M.D. Interim, Chief Medical Officer	5-7-17 Date	
Review/Revision Completed By: Infection Control Committee		<b>Next Review Date:</b> 06/2020
<b>Policies Superseded by This Policy:</b>		