Name of Policy: **Use of Hepatitis B Immune Globulin for Employees Exposed to Hepatitis B**

Policy Number: 3364-109-EH-502

Department: Infection Control  
Hospital Administration  
Medical Staff

Approving Officer: Chair, Infection Control Committee  
Chief of Staff  
Chief Medical Officer

Responsible Agent: Infection Preventionist

Scope: The University of Toledo Medical Center and its Medical Staff

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Effective Date 09/01/2023  
Initial Effective Date: 11/9/77

(A) **Policy Statement**

Hepatitis B immune globulin (HBIG) will be used to protect healthcare professionals who are occupationally exposed to hepatitis B virus (HBV), who lack documentation of vaccination, who are unvaccinated or who had an incomplete vaccinate series.

(B) **Purpose of Policy**

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

NOTE: Passively acquired anti-HBs can be detected for 4-6 months after administration of HBIG.

(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 are following the DIRECT exposure to HBV as demonstrated by a positive test for hepatitis B surface antigen (HBsAg). Direct occupational 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 in adults. After results of the patient/employee are known, the appropriate dose should be administered intramuscularly as soon as possible, preferably within 24 hours after exposure.

(7) Prior to administering, provide the employee with side effects according to package insert.

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

References
