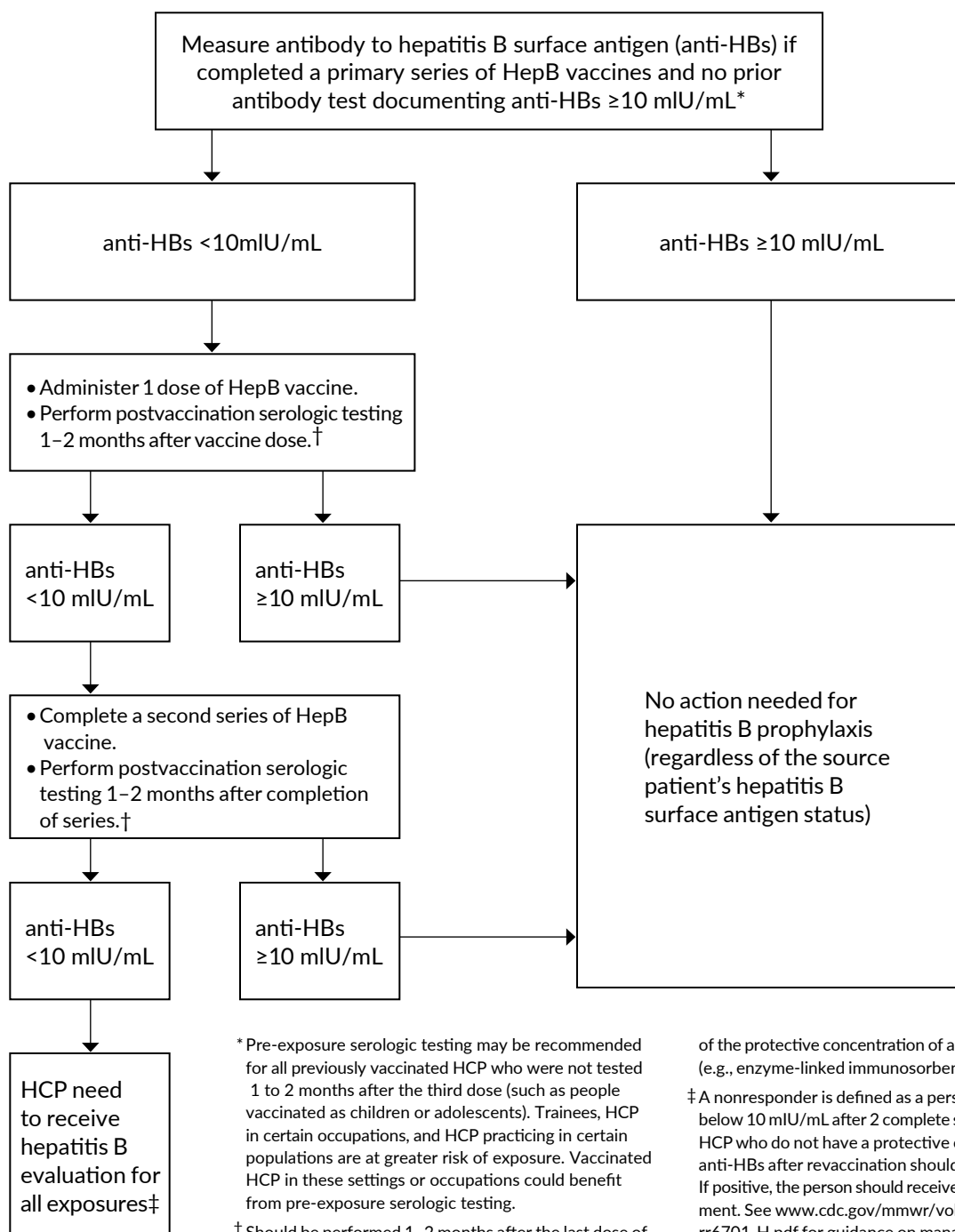


Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing

Healthcare personnel (HCP) with documentation of a complete series of HepB vaccine but no documentation of anti-HBs ≥ 10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. The algorithm below will assist in the management of these people. It was adapted from CDC. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, MMWR 2018; 67(RR-1), available at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf.



* Pre-exposure serologic testing may be recommended for all previously vaccinated HCP who were not tested 1 to 2 months after the third dose (such as people vaccinated as children or adolescents). Trainees, HCP in certain occupations, and HCP practicing in certain populations are at greater risk of exposure. Vaccinated HCP in these settings or occupations could benefit from pre-exposure serologic testing.

† Should be performed 1–2 months after the last dose of vaccine using a quantitative method that allows detection

of the protective concentration of anti-HBs (≥ 10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

‡ A nonresponder is defined as a person with anti-HBs below 10 mIU/mL after 2 complete series of HepB vaccine. HCP who do not have a protective concentration of anti-HBs after revaccination should be tested for HBsAg. If positive, the person should receive appropriate management. See www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf for guidance on management of persons who do not respond to 2 complete series of HepB vaccine.

