| Name of Policy: | Use of Hepatitis B Immune Globulin for Employees Exposed to Hepatitis B | THE UNIVERSITY OF TOLEDO | |
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| 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 | Effective Date 09/01/2023 Initial Effective Date: 11/9/77 | |
| New policy proposal Minor/technical revision of existing policy Major revision of existing policy X Reaffirmation of existing policy | | | |

(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

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- (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

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

Center for Disease Control and Prevention. (2018). *Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices.* Retrieved from https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm

| Approved by: | Review/Revision Date: | | |
|-------------------------------------|------------------------------|----------------|--------------|
| | | 10/20/77 | 10/15/2001 |
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| Michael Ellis, M.D. | Date | 4/21/80 | 05/23/2011 |
| Chair, Infection Control Committee | | 1/19/81 | 07/14/2014 |
| | | 12/21/81 | 06/30/2017 |
| | | 4/19/82 | 08/11/2020 |
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| Asif Mahmood, MD | Date | 7/25/83 | |
| Chief of Staff | | 10/84 | |
| | | 11/84 | |
| | | 9/13/85 | |
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| Michael Ellis, M.D. | Date | 5/9/88 | |
| Chief Medical Officer | | 8/7/89 | |
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