

Newborn (See Notes 1):

Babies are considered “high-risk” and should receive **HBIG** and **Vaccine** if:

Mother is HBsAg seropositive and HBeAg positive

Mother is HBsAg seropositive and HBeAg/anti-HBe negative

Mother is HBsAg seropositive and e markers are not available,

Mother has acute hepatitis B in pregnancy

Mother is HBsAg seropositive and infant is born weighing 1500g or less

A woman who is HBsAg seropositive and known to have an HBV DNA level equal to or above 1×10^6 ius/ml in an antenatal sample*

* Please note the HPA is not advising routine viral load testing to inform the management of the infant.

Babies receive **Vaccine** but **do not** receive HBIG if:

Mother is Anti-HBe positive and HBeAg negative

Post-Exposure for individuals who have been vaccinated:

Individuals who have already been successfully vaccinated (antibody level ≥ 10 mIU/ml 3 months after third dose) should be given a booster dose of vaccine (without immunoglobulin) unless booster given within past year.

Post-Exposure for Non-Responders:

- a) Health care workers (HCW) who have received a full course of vaccine and have not responded (< 10 iu) should be given HBIG
- b) Serum for HBsAg should be obtained from the source
- c) A second dose of immunoglobulin should be administered one month after the first unless the source is shown to be HBsAg negative

Guidance for issuers:

1. Requests for HBIG for neonates (both advanced and emergency issue) must be accompanied by an issuing form. Issuing form available on the Hepatitis B page of HPA website at:
<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1205310728612?p=1205310728612>
2. HBIG will be issued where one or more of the e-markers are unknown. If in doubt issue, as delay in administration could reduce the chances of preventing transmission.
3. Vaccine is the most important intervention and this should be carried out as soon as possible and not delayed whilst awaiting HBIG or test results.

4. HBIG immunoglobulin is not available for the treatment of any type of chronic hepatitis B infection.
5. It is not available for travellers to high endemicity areas; vaccine should be considered.
6. HBIG immunoglobulin will not inhibit the antibody response when given at the same time as HB vaccine but should be given in different sites.
7. Further information on the use of passive immunisation with HBIG for infants born to HepB infected mothers is available on the Hepatitis B page of the HPA website at:
http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1195733782578?p=1191942171124