

Table 1: Recommended Doses of Currently Licensed Formulations of Adult Hepatitis B Vaccine, by Group and Vaccine Type

Single-antigen vaccine	Combination Vaccine					
	Recombivax HB®*		Engerix-B®†		Twinrix®†§	
Group	Dose (µg¶)	Vol. (mL)	Dose (µg¶)	Vol. (mL)	Dose (µg¶)	Vol. (mL)
Adults (aged ≥ 20 years)	10	1.0	20	1.0	20	1.0
Hemodialysis patients and other immunocompromised person ≥ 20 years	40**	1.0	40††	2.0	NA§§	NA

Source: A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults MMWR December 8, 2006 / 55(RR16); 1-25.

* Merck & Co., Inc., Whitehouse Station, New Jersey

† GlaxoSmithKline Biologicals, Rixensart, Belgium

§ Combined hepatitis A and hepatitis B vaccine, recommended for persons aged ≥ 18 years who are at increased risk for both hepatitis B and A virus infections

¶ Recombinant hepatitis B surface antigen protein dose

** Dialysis formulation administered on a 3 dose schedule at 0, 1, 2, and 6 months

†† Two 1.0-mL doses administered in 1 or 2 injections on a 4-dose schedule at 0, 1, 2, and 6 months

§§ Not applicable

Table 2: Guidelines for Postexposure Prophylaxis* of Persons with Nonoccupational Exposures‡ to Blood or Body Fluids that Contain Blood, by Exposure Type and Vaccination Status

Exposure	Unvaccinated§	Previously Vaccinated Person¶
HBsAg** -positive source		
Percutaneous (e.g. bite or needlestick) or mucosal exposure to HbsAg-positive blood or body fluid	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG)	Administer hepatitis B vaccine booster dose
Sex or needle-sharing contact of an HbsAg-positive person	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG)	Administer hepatitis B vaccine booster dose
Victim of sexual assault/abuse by a perpetrator who is HbsAg-positive	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG)	Administer hepatitis B vaccine booster dose
Source with unknown HbsAg status		
Victim of sexual assault/abuse by a perpetrator with unknown HbsAg status	Administer hepatitis B vaccine series	No treatment
Percutaneous (e.g. bite or needlestick) Or mucosal exposure to potentially infectious blood or bodily fluids from a source With unknown HbsAg status	Administer hepatitis B vaccine series	No treatment
Sex or needle-sharing contact of an HbsAg-positive person	Administer hepatitis B vaccine series	No treatment

Source: A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults MMWR December 8, 2006 / 55(RR16); 1-25.

* When indicated, immunoprophylaxis should be initiated as soon as possible, preferably within 24 hours. Studies are limited on the maximum interval after exposure during which postexposure prophylaxis is effective, but the interval is unlikely to exceed 7 days for percutaneous exposures and 14 days for sexual exposures. The hepatitis B vaccine series should be completed.

‡ These guidelines apply to nonoccupational exposures. Guidelines for the management of occupational exposures have been published separately, and can also be used for the management of nonoccupational exposures if feasible.

§ A person who is in the process of being vaccinated but has not completed the vaccine series should complete the vaccine series and receive treatment as indicated.

¶ A person who has written documentation of a complete hepatitis B vaccine series and who did not receive post vaccination testing.

** Hepatitis B surface antigen.

Table 3: Typical Interpretation of Serologic Test Results for Hepatitis B Virus Infection

Serologic Marker				
HbsAg*	Total anti-HBc†	IgM§ anti-HBc	Anti-HBs¶	Interpretation
-**	-	-	-	Never infected
+++§§	-	-	-	Early acute infection; transient (up to 18 days) after vaccination
+	+	+	-	Acute infection
-	+	+	-	Acute resolving infection
-	+	-	+	Recovered from past infection and immune
+	+	-	-	Chronic infection
-	+	-	-	False positive (i.e., susceptible); past infection; "low-level" chronic infection; ¶¶¶ passive transfer to infant born to HbsAg-positive mother
-	-	-	+	Immune if concentration is ≥ 10 MIU/ML,*** passive transfer after hepatitis B immune globulin administration

Source: A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults MMWR December 8, 2006 / 55(RR16); 1-25.

* Hepatitis B surface antigen

† Antibody to hepatitis B core antigen

§ Immunoglobulin M.

¶ Antibody to HbsAg

** Negative test result

†† Positive test result

§§ To ensure that and HbsAg-positive test result is not a false positive, samples with repeatedly reactive HBsAg results should be tested with a licensed (and, if appropriate, neutralizing confirmatory) test.

¶¶¶ Persons positive for only anti-HBc are unlikely to be infectious except under circumstances in which they are the source for direct percutaneous exposure of susceptible recipients to large quantities of virus (e.g., blood transfusions, organ transplant).

*** Milli-International Uni