

Hepatitis B Facts: Testing and Vaccination

Who Should Be Vaccinated

The following people should receive routine hepatitis B vaccination, according to the Centers for Disease Control and Prevention (CDC):

Routine vaccination

- All newborns within 24 hours of birth
- All children and teens ages 0 through 18 years
- All people who wish to be protected from hepatitis B virus (HBV) infection. ACIP and CDC state it is not necessary for the patient to disclose a risk factor to receive hepatitis B vaccine.

People who are at risk for sexual exposure

- Sexually active people who are not in long-term, mutually monogamous relationships
- Sex partners of HBsAg-positive people
- People seeking evaluation or treatment for an STD
- Men who have sex with men

People at risk for infection by percutaneous or mucosal exposure to blood

- People with diabetes (type 1 and type 2): Vaccinate those <60 yrs. For those ≥60 yrs, vaccinate at discretion of physician.
- People with current or past injection-drug use
- Household contacts of HBsAg-positive people
- Residents and staff of facilities for developmentally disabled people
- Healthcare and public safety workers with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids
- People with end-stage renal disease and those receiving dialysis

Others

- Travelers to areas with moderate or high rates of HBV infection
- People with chronic liver disease
- People with HIV infection
- People who are incarcerated

Refugees, immigrants, and adoptees from countries where HBV infection is endemic should have hepatitis B testing. They should discuss their test results and need for hepatitis B vaccine with their healthcare provider.

For certain people at risk, postvaccination testing is recommended. Postvaccination testing, when it is recommended, should be performed 1–2 months after the last dose of vaccine. Infants born to HBsAg-positive mothers should be tested for HBsAg and anti-HBs after completion of at least 3 doses of a hepatitis B vaccination series, at age 9–18 months. Consult ACIP recommendations for details (see references on page 2).

Hepatitis B Lab Nomenclature

HBsAg: *Hepatitis B surface antigen* is a marker of current infection. Its presence indicates either acute or chronic HBV infection.

Anti-HBs: *Antibody to hepatitis B surface antigen* is a marker of immunity. Its presence indicates an immune response to HBV infection, an immune response to vaccination, or the presence of passively acquired antibody. (It is also known as HBsAb, but this abbreviation is best avoided since it is often confused with abbreviations such as HBsAg.)

Anti-HBc (total): *Antibody to hepatitis B core antigen* is a nonspecific marker of acute, chronic, or resolved HBV infection. It is not a marker of vaccine-induced immunity. It may be used in prevaccination testing to determine previous exposure to HBV infection. (It is also known as HBcAb, but this abbreviation is best avoided since it is often confused with other abbreviations.)

IgM anti-HBc: *IgM antibody subclass of anti-HBc.* Positivity indicates recent infection with HBV (within the past 6 mos). Its presence indicates acute infection.

HBV-DNA: *HBV deoxyribonucleic acid* is a measure of viral load and reflects viral replication.

About Hepatitis B Serologic Testing

Serologic testing prior to vaccination may be done based on your assessment of your patient's level of risk and your or your patient's need for definitive information (see information in the left column). If you decide to test, draw the blood first, and then give the first dose of vaccine at the same office visit. Vaccination can then be continued, if needed, based on the results of the tests. If you are not sure who needs hepatitis B testing, consult your state or local health department (see www.cdc.gov/vaccines/vpd/hepb/hcp/perinatal-contacts.html).

TEST	RESULTS	INTERPRETATION	VACCINATE?
HBsAg anti-HBc anti-HBs	negative negative negative	susceptible	vaccinate if indicated
HBsAg anti-HBc anti-HBs	negative negative positive with >10mIU/mL	immune due to vaccination (or may represent passive transfer of antibodies from receipt of HBIG)	no vaccination necessary
HBsAg anti-HBc anti-HBs IgM anti-HBc	negative positive positive negative	immune due to natural infection	no vaccination necessary
HBsAg anti-HBc IgM anti-HBc anti-HBs	negative positive positive positive	acute resolving infection	no vaccination necessary
HBsAg anti-HBc IgM anti-HBc anti-HBs	positive positive positive negative	acutely infected	no vaccination necessary
HBsAg anti-HBc IgM anti-HBc anti-HBs	positive positive negative negative	chronically infected	no vaccination necessary (may need treatment)
HBsAg anti-HBc anti-HBs	negative positive negative	there are four possible interpretations (see below*)	use clinical judgment

* 1 May be distantly immune, but the test may not be sensitive enough to detect a very low level of anti-HBs in serum.

2 May be susceptible with a false positive anti-HBc.

3 May be chronically infected and have an undetectable level of HBsAg present in the serum.

4 Passive transfer of antibody following HBIG administration or from an HBsAg-positive mother to her newborn.

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Managing Chronic HBV Infection

People chronically infected with HBV need medical evaluation every 6–12 months to assess their liver health and need for antiviral therapy, and screen for liver cancer. Consultation with a specialist knowledgeable in the treatment of liver disease is recommended.

Household members and sex partners of HBsAg-positive people should be tested for HBV infection (HBsAg and anti-HBs or anti-HBc) and should be given the first dose of hepatitis B vaccine at the same visit.

(Vaccinating a patient who has already been infected will do no harm). If testing indicates HBV susceptibility, complete the hepatitis B vaccination series. If testing indicates HBV infection, refer for medical care and consultation with a liver disease specialist.

REFERENCES

Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2018;67(RR-1):1-30

Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection. *MMWR* 2008;57(RR-8):1-20.