

Just the Jacts...

Hepatitis B Vaccination Frequently Asked Questions

• Who should be vaccinated?

Hepatitis B vaccine should be offered to all employees (including volunteers and students) whose work puts them at risk for exposure to blood, unless already immune. DOD Instruction 6205.2, addresses vaccination/immunization of DOD employees. Subsequent Army MEDCOM memoranda established policy that all military and civilian employees hired after January 1, 1997, volunteers and students whose tasks involve potential exposure to blood or other potentially infectious materials must be vaccinated against the Hepatitis B virus.

• Can an employee decline vaccine?

Declination, although allowed according to OSHA's standard, is not an option for MEDCOM workers exposed to blood if hired after January 1, 1997. (Ref: MCHO-CL-W (OASD/5 Nov 96) Subject: Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel, 27 Mar 1997.)

• What if an employee has already been vaccinated?

Employers are not required to offer the vaccination to employees who have previously received the Hepatitis B vaccination series, when immunity is confirmed through antibody testing or if the vaccine is contraindicated for other medical reasons. Notation of the relevant circumstance should be made in the employee record; declination form is not indicated.

• Do I need to check for immunity before vaccinating?

No, there is no need to check a titer before vaccinating a never-immunized person. Prevaccination screening for antibody status cannot be required of an employee, although if an employer wishes, he can make it available at no cost to employees. An employee may decline the prescreening, and the employer must still make the vaccination series available to the employee.

• Are titers needed after vaccinating?

Yes. The USPHS recently revised their recommendation regarding post-vaccination testing (MMWR, June 29, 2001: Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post-Exposure Prophylaxis.) It is now recommended that workers with occupational exposure to blood or OPIM be tested for immunity 1-2 months after completing the Hepatitis B series.

• What about booster vaccines?

The employer is not currently required to provide boosters unless the USPHS recommends it at a later date.

Occupational and Environmental Medicine U.S. Army Center for Health and Preventive Medicine 5158 Blackhawk Rd, Aberdeen Proving Ground 21010-5403 410-436-1011 or DSN 584-1011 • What about those who do not become immune?

The USPHS in their 2001 update recommend repeating the series of three doses for any worker with potential exposure whose anti-HBS (hepatitis B Surface antibody) titer is less than 10 mIU/ml. Testing for immunity should be repeated 1-2 months after completing the second series. A persistently negative response would be an indication for using Hepatitis B Immune Globulin in the setting of a Hepatitis B exposure.

- What are the current recommendations for Post-Exposure Prophylaxis? Current CDC recommendations on PEP can be found at: <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm</u>
- How can I tell from blood tests whether a patient is immune, susceptible or infected with Hepatitis B? The following table is from the CDC website <u>http://www.cdc.gov/ncidod/diseases/hepatitis/b/Bserology.htm</u>

| Interpretation of the Hepatitis B Panel | | |
|---|--|---------------------------------------|
| Tests | Results | Interpretation |
| HBsAg anti-HBc anti-HBs | negative negative negative | susceptible |
| HBsAg anti-HBc anti-HBs | negative positive positive | immune due to natural infection |
| HBsAg anti-HBc anti-HBs | negative negative positive | immune due to hepatitis B vaccination |
| HBsAg anti-HBc IgM anti-HBc anti-HBs | positive positive positive negative | acutely infected |
| HBsAg anti-HBc IgM anti-HBc anti-HBs | positive positive negative negative | chronically infected |
| HBsAg anti-HBc anti-HBs | negative positive negative | four interpretations possible * |

1. May be recovering from acute HBV infection.

2. May be distantly immune and test not sensitive enough to detect very low level of anti -HBs in serum.

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

4. May be undetectable level of HBsAg present in the serum and the person is actually a carrier.

• Where can I find out more about Hepatitis B vaccination? CHPPM guidance on Hepatitis B vaccination and post-exposure evaluation and follow-up is at <u>http://chppm-www.apgea.army.mil/doem/OMP-files/TG190.doc</u>.

CDC information is at http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm.

POC is Marianne.Cloeren@apg.amedd.army.mil