

Hepatitis B Facts: Testing and Vaccination

— Who needs hepatitis B vaccine? —

People in the groups listed below are at moderate or high risk for hepatitis B virus (HBV) infection and should be vaccinated.

- Immigrants/refugees from areas of high HBV endemicity (Asia, Sub-Saharan Africa, Amazon Basin, Eastern Europe, Middle East) as well as children born in the United States to persons from these areas.
- Alaska Natives and Pacific Islanders
- Household contacts and sex partners of people with chronic HBV infection
- People who have had a sexually transmitted disease
- People with more than one sex partner in six months
- Men who have sex with men
- Users of illicit injectable drugs and their sex partners
- Health care workers and public safety workers who have contact with blood
- Adopted children from countries where HBV is endemic
- Hemodialysis patients
- Recipients of certain blood products
- Clients and staff of institutions for the developmentally disabled
- Inmates in long-term correctional facilities
- Certain international travelers

Hepatitis B vaccination is recommended for all children 0–18 years of age.

— Hepatitis B lab nomenclature —

HBsAg: *Hepatitis B surface antigen* is a marker of infectivity. 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: *Antibody to hepatitis B core antigen* is a 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 (≤ 6 mos). Its presence indicates acute infection.

IgG anti-HBc: *IgG antibody subclass of anti-HBc* is a marker of past or current infection with HBV. If it and HBsAg are both positive (in the absence of IgM anti-HBc), this indicates chronic HBV infection.

HBeAg: *Hepatitis B “e” antigen* is a marker of a high degree of HBV infectivity and it correlates with a high level of HBV replication. It is primarily used to help determine the clinical management of patients with chronic HBV infection.

Anti-HBe: *Antibody to hepatitis B “e” antigen* may be present in an infected or immune person. In persons with chronic HBV infection, its presence suggests a low viral titer and a low degree of infectivity.

HBV-DNA: *HBV Deoxyribonucleic acid* is a marker of viral replication. It correlates well with infectivity. It is used to assess and monitor the treatment of patients with chronic HBV infection.

— Who needs serologic testing? —

Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure. 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 screening, call your liver disease consultant or your state or local health department for details. It is especially important to screen individuals who have emigrated from endemic areas.

When people with chronic HBV infection are identified, offer them appropriate disease management. In addition, their household members and intimate contacts should be screened and, if found susceptible, vaccinated. General guidelines on hepatitis B risk groups, testing, and vaccination can be found in the ACIP statement “Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States through Universal Childhood Vaccination: Recommendation of the ACIP.” You can get a copy of the ACIP statement by calling CDC’s Immunization Information Hotline at (800) 232-2522 or by visiting IAC’s website at: www.immunize.org/acip A revised ACIP statement on hepatitis B vaccine, expected to be published in early 2003, will contain more information on this subject.

— Interpreting the hepatitis B panel —

Tests	Results	Interpretation
HBsAg anti-HBc anti-HBs	negative negative negative	susceptible
HBsAg anti-HBc anti-HBs	negative negative positive with ≥ 10 mIU/mL*	immune due to vaccination
HBsAg anti-HBc anti-HBs	negative positive positive	immune due to natural infection
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†

*Postvaccination testing, when it is recommended, should be performed 1–2 months following dose #3.

- †1. May be recovering from acute HBV infection.
2. May be distantly immune and the test is not sensitive enough to detect a very low level of anti-HBs in serum.
3. May be susceptible with a false positive anti-HBc.
4. May be chronically infected and have an undetectable level of HBsAg present in the serum.

www.immunize.org/catg.d/p2110.pdf • Item # P2110 (7/02)