

MMWR Recommendations and Reports

December 23, 2005 / 54 (RR16); 25-26

Appendix A

Management of Hepatitis B Surface Antigen (HBsAg)-Positive Persons

Management of Persons Identified as HBsAg Positive

- All persons with HBsAg-positive laboratory results should be reported to the state or local health department.
- To verify the presence of chronic HBV infection, HBsAg-positive persons should be retested. The absence of immunoglobulin M antibody to HBcAb or the persistence of HBsAg for 6 months indicates chronic HBV infection.
- Persons with chronic HBV infection should be referred for evaluation by a physician experienced in the management of chronic liver disease. Certain patients with chronic hepatitis B will benefit from early intervention with antiviral treatment or screening to detect hepatocellular carcinoma at an early stage.
- Household, sexual, and needle-sharing contacts of chronically infected persons should be identified. Unvaccinated sex partners and household and needle-sharing contacts should be tested for susceptibility to HBV infection and should receive the first dose of hepatitis B vaccine immediately after collection of the blood sample for serologic testing. Susceptible persons should complete the vaccine series using an age-appropriate vaccine dose and schedule. Persons who are not fully vaccinated should complete the vaccine series.
- Sex partners of HBsAg-positive persons should be counseled to use methods (e.g., condoms) to protect themselves from sexual exposure to infectious body fluids (e.g., semen or vaginal secretions) unless they have been demonstrated to be immune after vaccination (i.e., anti-HBs ≥ 10 mIU/mL) or previously infected (anti-HBc positive).
- To prevent or reduce the risk for transmission to others, HBsAg-positive persons should be advised concerning the risks for
 - perinatal transmission to infants born to HBsAg-positive women and the need for such infants to receive hepatitis B vaccine and HBIG beginning at birth and
 - transmission to household, sexual, and needle-sharing contacts and the need for such contacts to receive hepatitis B vaccine.
- HBsAg-positive persons should also be advised to
 - use methods (e.g., condoms) to protect non-immune sex partners from acquiring HBV infection from sexual activity until the sex partners can be vaccinated and immunity documented;
 - cover cuts and skin lesions to prevent the spread of infectious secretions or blood;
 - refrain from donating blood, plasma, tissue, or semen (organs may be donated to HBV-immune or chronically infected persons needing a transplant); and
 - refrain from sharing household articles (e.g., toothbrushes, razors, or personal injection equipment) that could become contaminated with blood.
- To protect the liver from further harm, HBsAg-positive persons should be advised to
 - avoid or limit alcohol consumption because of the effects of alcohol on the liver;
 - refrain from beginning to take any new medicines, including over-the-counter and herbal medicines, without consulting their health-care provider; and
 - obtain vaccination against hepatitis A if chronic liver disease is found to be present.
- When seeking medical or dental care, HBsAg-positive persons should be advised to inform those responsible for their care of their HBsAg status so they can be evaluated and their care managed appropriately.
- Other counseling messages:
 - HBV is not spread by breastfeeding, kissing, hugging, coughing, ingesting food or water, sharing eating utensils or drinking glasses, or casual contact.
 - Persons should not be excluded from school, play, child care, work, or other settings on the basis of their HBsAg status unless they are prone to biting.
 - Involvement with a support group might help patients cope with chronic HBV infection.