HEPATITIS B ONLINE

Top 5 Questions
Hepatitis B Vaccination of Adults

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Disclosures

Advisory board honoraria to Immunize.org:
CSL Seqirus
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Merck
Pfizer
Sanofi
Valneva

Background: CDC Hep B Vaccination, HBV Screening

Hep B Vaccination:

- 1982: First CDC recommendations for HepB vaccination (high risk)
- 1991: Universal infant Hep B vaccination
- 1995: Routine catch-up vaccination at age 11-12 years
- 1999: Routine catch-up vaccination of all age ≤19 years
- 2022: Routine catch-up vaccination of all age ≤59 years

Universal Adult HBV Screening:

- 2023: Screen every adult ≥18 at least once in a lifetime with a triple panel (HBsAg, anti-HBc, anti-HBs)

HepB vaccination history: www.cdc.gov/mmwr/preview/mmwrhtml/mm5125a3.htm#tab
CDC screening recommendations: www.cdc.gov/mmwr/volumes/72/rr/rr7201a1.htm

The questions

1. Why should healthcare professionals focus on vaccinating all adults against hepatitis B now?
2. If the patient hasn't been screened for hepatitis B yet, should you screen them before you decide about vaccinating?
3. Do people who were properly vaccinated need to be revaccinated if they have a negative surface antibody (anti-HBs) result on their triple panel screening test?
4. If you're going to give Hep B vaccine and draw the screening hepatitis B triple panel at the same visit, does it matter which one you do first?
5. What do I do if a patient started the Hep B series years ago but never finished?

Bonus: How do we avoid the problem of lost records for patients we vaccinate?

Content of this talk is from Immunize.org's resource: Implementing Hepatitis B Universal Adult Screening and Vaccination: Clinical Answers for Healthcare Professionals (www.immunize.org/wp-content/uploads/catg.d/p2080.pdf)

Why should healthcare professionals focus on vaccinating all adults against hepatitis B now?

- Anyone can be infected with hepatitis B: Everyone can benefit from knowing their status and being protected
- The majority of adults reported to CDC with acute hepatitis B in recent years have no reported risk factor for infection
- Most adults may find themselves at risk at some point in their lives
- Rates of infection have been steady or rising in unvaccinated older adults
- CDC extending protection to all adults in a catch-up vaccination program
- **Goal:** Eliminating hepatitis B and the disease it causes

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If the patient hasn't been screened for hepatitis B yet, should you screen them before you decide about vaccinating?

- The priority is generally not to miss an opportunity to vaccinate
- Vaccination today will help protect a person who needs it
- No specific risk to vaccinating a person who is immune or infected
- If screening results show vaccination is not needed, discontinue
- If screening results later show vaccination needed, fewer visits needed to complete series

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Does everyone who was properly vaccinated need to be revaccinated if their anti-HBs is negative on the triple panel screen?

- For most people, the answer is “No.”
- Antibody titers naturally drift lower over the years; however, studies have shown the majority of people effectively immunized decades earlier are protected from symptomatic or chronic infection after HBV exposure
- Revaccination is indicated for certain people at ongoing high risk, e.g.:
  - Non-responding infant born to HBsAg+ mother
  - Healthcare providers at occupational risk
  - People on hemodialysis or those with significant immunocompromise

CDC MMWR January 2018 (pp. 23-24) www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf.
Bruce, et al. *P*rotection and antibody levels 35 years after primary series with hepatitis B vaccine and response to a booster dose. *Hepatology* 76(4):p 1180-1189, October 2022.

If giving HepB vaccine and drawing the screening HBV triple panel at the same visit, does it matter which you do first?

- Draw blood for screening first
- It is possible to detect HBsAg from the HepB vaccine in serologic tests up to 18 days after vaccination
- CDC recommends obtaining blood for the screening triple panel before administering the first dose of vaccine
- Alternatively, wait at least one month after administration of the most recent dose of HepB vaccine

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What do I do if a patient had the first Hep B dose in the series years ago but never finished?

- No documentation? Start the series as if unvaccinated.
- Documentation? Administer the next dose due in the series.

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What do I do if a patient had the first Hep B dose in the series years ago but never finished?

Timing of completion of a routine adult hepatitis B vaccination schedule with a single product or mixed product series:

	Dose 1	**Dose 2** (at least 4 weeks after dose 1)	**Dose 3** (at least 8 weeks after dose 2 and 16 weeks after dose 1)
Routine, single product schedule	H*	H	—
	E, P, R, or T*	Same product as dose 1	Same product as dose 2
If different products are used	E, P, R, or T	E, P, R, or T	E, P, R, or T
	H	E, P, R, or T	E, P, R, or T
	E, P, R, or T	H	E, P, R, or T
	E, P, R, or T	E, P, R, or T	H
	H	E, P, R, or T	H
	E, P, R, or T	H	H**

* H = Heplisav-B; E = Engerix-B; P = PreHevbrio; R = Recombivax HB; T = Twinrix

** If two doses of H are used to complete a series started with E, P, R, or T, the final dose may be administered 4 weeks after dose 2 (for a complete H series)

See CDC's adult immunization schedule for details: www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Source: Ask the Experts section of Immunize.org: www.immunize.org/ask-experts/topic/hepb/vaccine-recommendations-hepb/

Bonus Question:
How do we avoid the problem of lost records for patients we vaccinate?

- Documentation is important
- Recipients' personal record (taking a photo with their phone is wise)
- Use your state's immunization information system
  - Check for your patient's vaccination history
  - Report doses you administer
- Minimize unnecessary repeat Hep B evaluation and vaccination

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