

CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management

Recommendations and Reports

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Postvaccination Serologic Testing

HCP who have written documentation of a complete, ≥ 3 -dose HepB vaccine series and subsequent postvaccination anti-HBs ≥ 10 mIU/mL are considered hepatitis B immune. Immunocompetent persons have long-term protection against HBV and do not need further periodic testing to assess anti-HBs levels ([Figure 6](#)).

All HCP recently vaccinated or recently completing HepB vaccination who are at risk for occupational blood or body fluid exposure should undergo anti-HBs testing. Anti-HBs testing should be performed 1–2 months after administration of the last dose of the vaccine series when possible. HCP with documentation of a complete ≥ 3 -dose HepB vaccine series but no documentation of anti-HBs ≥ 10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. Testing should use a quantitative method that allows detection of the protective concentration of anti-HBs (≥ 10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

- Completely vaccinated HCP with anti-HBs ≥ 10 mIU/mL are considered hepatitis B immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
- Completely vaccinated HCP with anti-HBs < 10 mIU/mL should receive an additional dose of HepB vaccine, followed by anti-HBs testing 1–2 months later. HCP whose anti-HBs remains < 10 mIU/mL should receive 2 additional vaccine doses (usually 6 doses total), followed by repeat anti-HBs testing 1–2 months after the last dose. Alternatively, it might be more practical for very recently vaccinated HCP with anti-HBs < 10 mIU/mL to receive 3 consecutive additional doses of HepB vaccine (usually 6 doses total), followed by anti-HBs testing 1–2 months after the last dose.