

**Hepatitis B Immunoglobulin (HBIG) for post-exposure treatment  
after SEXUAL EXPOSURE to HBV**

Please note that UHS Pharmacy will issue HBIG only when both the PRESCRIPTION FORM and the RISK ASSESSMENT FORM are completed. (MONTHLY RETURNS TO THE DEPT OF HEALTH)  
Risk assessment form: page 1 Prescription form: page 2

**Risk assessment form**

<b>Box A. Assessment of the HBV status of the source of HBV infection</b>					
- Please check on the UHS's computer system whether the source's HBV status is already known. - If not, please send source's serum sample to the UHS Serology Laboratory (ext. 6342/6408)					
Name of the source	Date of birth	NHS or Hospital number			
<b>A1. Is the source HBsAg positive?</b> Please report the other HBV serological markers if available *				YES	NO
<b>HBsAg</b>	POSITIVE <input type="checkbox"/>	NEGATIVE <input type="checkbox"/>	Unknown <input type="checkbox"/>		
<b>Anti-HBc</b>	POSITIVE <input type="checkbox"/>	NEGATIVE <input type="checkbox"/>	Unknown <input type="checkbox"/>	<input type="text"/>	
<b>A2. Is the HBV status of the source unknown but with a significantly high risk of being positive? **</b> Please state risk factors .....				YES	NO

\* Individuals with acute/chronic HBV infection are highly infectious in case they are HBsAg positive and/or with high HBV VL.  
\*\* For example the source is an intravenous drug users (IVDU), sex-worker, etc.

<b>Box B. Assessment of kind and timing of sexual exposure and of anti-HBs status of the exposed individual</b>			
- Please check on the UHS computer system whether there is any previous records of the anti-HBs status of the exposed individual			
<b>B1. Is this a <u>SIGNIFICANT sexual exposure</u> ***</b> <input type="checkbox"/> Unprotected sexual intercourse <input type="checkbox"/> Other, please specify		YES	NO
<b>B2. Was the exposure <u>&lt; than 7 days ago</u>?</b> Please state date of exposure .....		YES	NO
<b>B3. HBV vaccination history</b> <input type="checkbox"/> ≤ 1 dose of vaccine pre-exposure <u>OR</u> <input type="checkbox"/> known non-responder to HBV vaccine		YES	NO

\*\*\* Sexual contacts at high risk of infection, when the source is HBV positive, include unprotected vaginal and anal intercourse.  
Oral sex is generally regarded as non-significant sexual exposure.

**Risk assessment for administering HBIG**

Performed by (block letters)	Doctor's signature	Date
Designation	Department	
Patient's name	Patient's date of birth	Patient's hospital number
Address		
The following is required in order for HBIG to be indicated: <span style="float: right;">Please tick</span>		
ONE YES answer from Box A	YES	NO
<u>And</u> All three YES answers from Box B	YES	NO
If both YES boxes above are ticked, the patient requires HBIG		

Dr Emanuela Pelosi, Consultant Virologist, Department of Infection, University Hospital Southampton NHS Foundation Trust:  
"HBIG, Risk assessment and Prescription forms", updated 9<sup>th</sup> March 2014.

Please note: HBIG is issued only when the UHS Pharmacy receives **HBIG PRESCRIPTION & the RISK ASSESSMENT FORMS** (required for HBIG returns to the Department of Health Deliver or Fax (023 8120 6792) prescription and risk assessment forms to main dispensary Southampton General Hospital. If faxed, the original prescription will need to be received by pharmacy within 72 hours. Out of hours contact the Pharmacist on call through UHS switch board (Tel 023 80 777 222)

**Prescription for Supply of Hepatitis B Immunoglobulin (HBIG) 500 IU for Post-Exposure Treatment (This form is not valid to prescribe HBIG to neonates)**

**Patient's Details**

Patient's Forename	Patient's Surname	Date of birth	NHS or Hospital number
Patient's address			

**Product Details**

Product (including form and strength where necessary) <b>HBIG 500 IU</b>		Quantity in IU (for guidance see table below)
Directions	Intramuscular injection <input type="checkbox"/>	Deep subcutaneous injection in patients with bleeding disorders <input type="checkbox"/>
		Please state kind of bleeding disorder
If HBV vaccine is administered at the same time, it should be injected at a different body site		

**Authorising details** This section must be completed by the doctor who performed the risk assessment

Name (in block letters)	Designation	Contact number
Signature	Ward/Surgery	Date

**Collection/Delivery Method:** Please check that arrangements are in place to have the injection(s) administered. Please specify

Patient or Representative collecting <input type="checkbox"/>	Taxi or Courier arranged by GP Surgery or Other Hospital <input type="checkbox"/>	UHS Pharmacy can send the product to UHS A&E by prior arrangement (A&E phone No available through UHS switchboard). Please state name and contact details of A&E Nurse or Consultant with whom HBIG treatment administration has been agreed.
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**Pharmacy Use Only** Make sure that HBIG vials are stored within are the cold chain until use

Screened by	Dispensed by:	Checked by:	Product details: <b>HBIG</b>	Batch No	Date: Essential record keeping Log details of this supply in the immunoglobulin register. Ensure one copy is made (for the patient/healthcare professional) The original prescription and risk assessment form needs to be filed in the IM immunoglobulin folder. Please file appropriately immediately after checking
Cost code Inpatients: Ward Outpatients: Pathology SGH	Stock location Fridge, SGH main dispensary	<b>Volume to be injected in ml</b>	Expiry date		

Dose of HBIG according to age:		Please Note:
0-4 yrs	200 IU	
5-9 yrs	300 IU	
>10 yrs	500 IU	

- HBIG should be given by intramuscular injection as soon as possible, ideally within 48 hours (preferably within 12 hours) and not later than a week after exposure.
- The administration of HBIG should be combined with simultaneous administration of HBV vaccine (accelerated vaccination schedule: doses spaced at zero, one and two months) at a different body site. HBV vaccine is available from SUHT Pharmacy but it is usually stocked in A&E, in Occupational Health, in the Neonatal Unit, in GP Surgeries and in Genitourinary Medicine
- Individuals who are known non-responder to HBV vaccine should receive a second dose of HBIG one month after the first dose, unless the source is shown to be HBsAg negative.