

New Mexico Department Of Health
HEPATITIS PROGRAM
Protocol for Adult Viral Hepatitis Testing and Immunization

RISK GROUP	TESTING Recommended			IMMUNIZATION Recommended		HBIG Recommended
	HEP A	HEP B	HEP C	HEP A	HEP B	
Current IDU	No	Yes ¹	Yes	Yes ¹	Yes ¹	No
Former IDU	No	Yes	Yes	No	No	No
MSM or Bisexual male	No	No	No	Yes	Yes	No
Sexual Contact of MSM or IDU	No	No	No	Yes	Yes	No
Hepatitis C Positive	No	Yes	--	Yes	Yes ²	No
Person born to HCV+ mother	No	No	Yes ⁶	No ⁶	No ⁶	No
Hepatitis B Chronic Carrier	No	--	Yes	Yes	No	No
HIV Positive	No	Yes	Yes	Yes	Yes ³	No
Blood transfusion or organ transplant before July 1992	No	No	Yes	No	No	No
Person from endemic area incl. Asia, Central and Eastern Europe, Sub-Saharan Africa	No	Yes	No	No	Yes ³	No
Heterosexual with multiple sex partners (>1 in last 6 months) or person with STD	No	No	No	No	Yes	No
CONTACTS – ACUTE CASES						
Sexual contact of acute case of hepatitis B within last 14 days ⁴	No	Yes ⁵	No	No	Yes ⁴	Yes ⁴
Household contact of acute case, no known exposure	No	No	No	No	Yes	No
Household contact of acute case, known exposure (e.g. shared toothbrush or razor)	No	Yes	No	No	Yes ⁴	Yes ⁴
CONTACTS – CHRONIC CASES						
Sexual contact of chronic case of hepatitis B	No	Yes	No	No	Yes ³	No
Household contact of chronic case of hepatitis B	No	Yes	No	No	Yes ³	No

1. Current IDU: Test if possible, and give first dose of hep A and hep B vaccine. Follow up with subsequent doses to those with negative serology
2. If client is a current IDU, follow "Current IDU" protocol. If non-IDU, vaccinate if serology is negative.
3. If serology is negative.
4. After blood draw for hep B serology, a single dose of HBIG (0.06ml/kg) should be given if contact was within 14 days. Begin the hepatitis B vaccine series at the same time at a different anatomical site. Complete the series if serology is negative.
5. If initial serology is negative, titer should be repeated in 3 months.
6. Test after 15 months of age. Recommended childhood immunizations should be administered to children.