Prevention of mother to child transmission

- Babies born to mothers who are HBsAg positive should receive active and passive immunization (this includes HBV vaccine and HBIG – hepatitis B immune globulin).
- HBIG is expensive and not routinely available in developing countries.
- WHO has recommended the fact that HBV birth dose vaccine compares relatively well in those regions of the world.
- In addition to above strategies, antiviral therapy to mothers with HBeAg + status or whose viral load is above 200,000 from week 28 till after delivery can reduce the chance of

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Reducing sexual transmission

- Use of condom when having intercourse with a HBsAg positive individual
- Ensure screening of partner and vaccination if they are negative to HBsAg
- Check HBs antibodies 1 – 2 months thereafter to ensure they have acquired the antibodies

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Health care providers

– Screen and vaccinate health care workers, if appropriate, use of sterile equipment. Post exposure prophylaxis to be given to workers (if accidental exposure results).

- HBV positive individuals who perform exposure prone procedures should have regular HBV DNA (to be barred from such procedures if their HBV DNA is >1000IU/mL)

Percutaneous routes

-sterile needle sharing programmes

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Transplant recipients

screen donors for HBsAg (some countries include for anti-HBc and HBV DNA). Prophylactic antiviral therapy is recommended for HBV naïve recipients of e.g. liver from HBc ab + donors.