

SUPPLEMENTS**Table 1: KAP survey results stratified among types of clinical work**

Statements about HBV or HCV	Total n (N=203)	Physicians n (%) (n=39)	Nurses & midwives n (%) (n=140)	Other HCWs n (%) (n=24)
Smoking can cause hepatitis	35	7 (20)	23 (65.71)	5 (14.29)
Don't know if smoking can cause hepatitis	9	0	8 (88.89)	1 (11.11)
Hepatitis can be spread by sharing eating utensils	90	19 (21.11)	63 (70)	8 (8.89)
Don't know if hepatitis can be spread by sharing eating utensils	8	0	6 (75)	2 (25)
Either HBV or HCV can not be spread by sharing toothbrushes	22	4 (18.18)	16 (72.73)	2 (9.09)
Don't know if hepatitis can be spread by sharing toothbrushes	4	0	2 (50)	2 (50)
Hepatitis can be spread by sneezing	58	10 (17.24)	41 (70.69)	7 (12.07)
Don't know if hepatitis can be spread by sneezing	10	1 (10)	7 (70)	2 (20)
Hepatitis can not be spread via sexual intercourse	9	0	7 (77.78)	2 (22.22)
Don't know if hepatitis can be spread via sexual intercourse	1	0	1 (100)	0
Hepatitis can not be spread by sharing needles	1	0	0	1 (100)
Don't know if hepatitis can be spread by sharing needles	1	0	1 (100)	0
Neonates can not acquire hepatitis at birth	0	0	0	0
Don't know if neonates can acquire hepatitis at birth	4	0	3 (75)	1 (25)
Hepatitis can not be spread by someone who looks healthy	6	0	5 (83.33)	1 (16.67)
Don't know if hepatitis can be spread by someone who looks healthy	16	1 (6.25)	13 (81.25)	2 (12.5)

Statements about HBV or HCV	Total n (N=203)	Physicians n (%) (n=39)	Nurses & midwives n (%) (n=140)	Other HCWs n (%) (n=24)
Hepatitis can not cause life-long infection	29	7 (24.14)	18 (62.07)	4 (13.79)
Don't know if hepatitis can cause life-long infection	13	0	11 (84.62)	2 (15.38)
Hepatitis can not cause liver cancer	6	0	6 (100)	0
Don't know if hepatitis can cause liver cancer	5	0	4 (80)	1 (20)
Hepatitis cannot be lethal	14	1 (7.14)	8 (57.14)	5 (35.72)
Don't know if hepatitis can be lethal	14	0	14 (100)	0
Hepatitis is not treatable	43	4 (9.30)	34 (79.07)	5 (11.63)
Don't know if hepatitis is treatable	7	0	6 (85.71)	1 (14.29)
People with hepatitis should be avoided	29	5 (17.24)	20 (68.97)	4 (13.79)
Don't know if need to avoid people with hepatitis	5	2 (40)	2 (40)	1 (20)
I do not have a life-long risk of contracting hepatitis	8	1 (12.5)	5 (62.5)	2 (25)
Don't know if I have a life-long risk of contracting hepatitis	24	3 (12.5)	15 (62.5)	6 (25)
Hepatitis B vaccine is not effective	8	1 (12.5)	7 (87.5)	0
Don't know if vaccine is effective	6	0	3 (50)	3 (50)
Hepatitis B vaccine has harmful side effects	42	11 (26.19)	28 (66.67)	3 (7.14)
Don't know if hepatitis B vaccine has harmful side effects	40	2 (5)	30 (75)	8 (20)

Table 2: Post-exposure management of health care workers after occupational percutaneous and mucosal exposure to blood and body fluids, by health care workers' hepatitis B vaccination and response status.

Health care worker status	Post-exposure testing		Post-exposure prophylaxis		Post-vaccination serologic testing ^b
	Source patient (HBsAg)	HCW testing (anti-HBs)	HBIG ^a	Vaccination	
Documented responder ^c after complete series	No action needed				
Documented non-responder ^d after 2 complete series	Positive/unknown	Not indicated	HBIG x2 separated by 1 month	—	No
	Negative	No action needed			
Response unknown after complete series	Positive/unknown	< 10 mIU/mL ^e	HBIG x1	Initiate revaccination	Yes
	Negative	< 10 mIU/mL	None		
	Any result	≥ 10 mIU/mL	No action needed		
Unvaccinated / incompletely vaccinated or vaccine refusers	Positive/unknown	— ^e	HBIG x1	Complete vaccination	Yes
	Negative	—	None	Complete vaccination	Yes

anti-HBs, antibody to hepatitis B surface antigen; HBsAg, hepatitis B surface antigen; HBIG, hepatitis B immune globulin; HCW, health care workers.

^a HBIG should be administered intramuscularly as soon as possible after exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or nonintact skin exposures is unknown. HBIG dosage = 0.06 mL/kg.

^b Should be performed 1–2 months after the last dose of the hepatitis B vaccine series (and 6 months after administration of HBIG to avoid detection of passively administered anti-HBs) using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL).

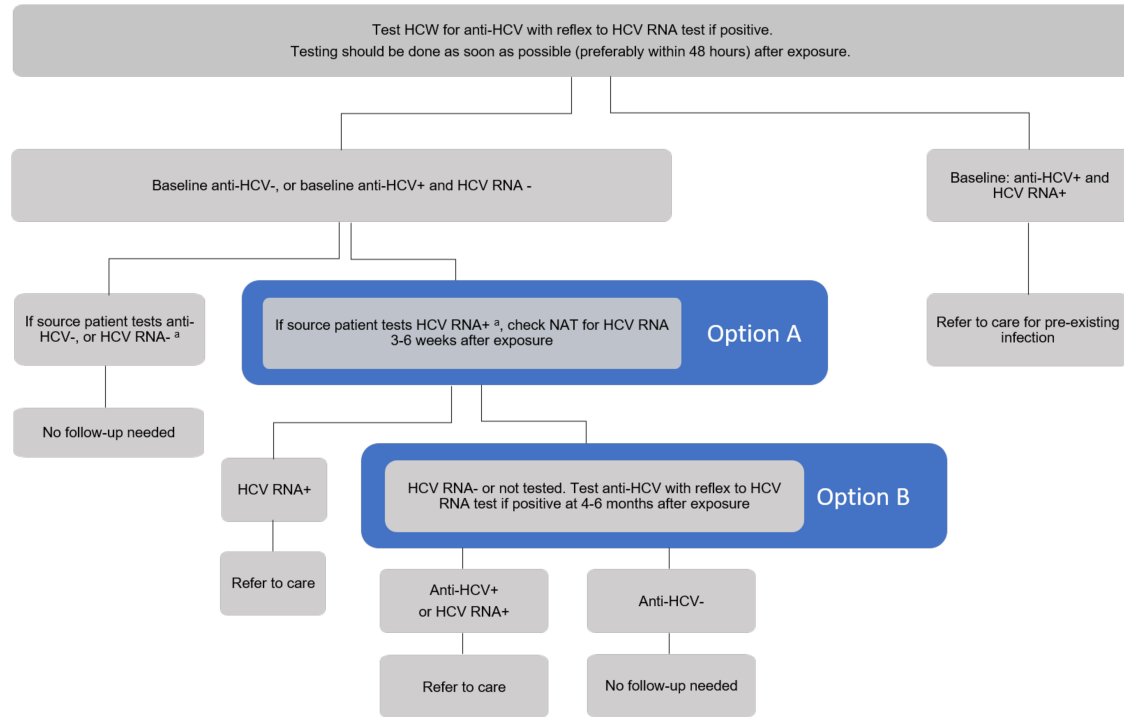
^c A responder is defined as a person with anti-HBs ≥10 mIU/mL after ≥1 complete series of hepatitis B vaccine.

^d A nonresponder is defined as a person with anti-HBs <10 mIU/mL after 2 complete series of hepatitis B vaccine.

^e HCW who have anti-HBs <10 mIU/mL, or who are unvaccinated or incompletely vaccinated, and sustain an exposure to a source patient who is HBsAg (+) or has unknown HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc; testing at ~6 months consists of HBsAg and total anti-HBc.

Adapted from Schillie S, Murphy TV, Sawyer M, et al. CDC Guidance for evaluating health-care personnel for hepatitis B virus protection and for administering postexposure management. Published December 20, 2013 Accessed April 1, 2021. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Figure 1: Hepatitis C virus post-exposure management of health care workers after occupational percutaneous and mucosal exposure to blood and body fluids



HCV, hepatitis C virus; HCW, health care workers; NAT, nucleic acid test.

^a Testing of the source patient may follow option A (preferred) or option B.

Adapted from Moorman AC, de Perio MA, Goldschmidt R, et al. Testing and clinical management of health care personnel potentially exposed to hepatitis C virus - CDC Guidance, United States, 2020. Published July 24, 2020. Accessed April 1, 2021.

https://www.cdc.gov/mmwr/volumes/69/rr/rr6906a1.htm?s_cid=rr6906a1_w