

Table 1: Prioritisation of individuals/groups

Prioritisation	Exposure type		Examples of individuals in this category (note this is not exhaustive but for illustration only)
1 Highest risk and urgency	Post exposure	Substantial exposure to infected blood from a known hepatitis B infected source	Infants born to hepatitis B infected mothers
2	Post exposure	Other exposure to a known hepatitis B infected source	Needlestick or other sharps injury from known positive person, sexual exposure to an acute case of hepatitis B
3	Post exposure	Exposure to an unknown source	Needlestick injury from discarded needle in community, sexual assault, mass casualties from a major incident
	Pre-exposure	Priming for unavoidable, high and imminent risk	Clinical health care workers with regular blood exposure, particularly those performing exposure prone procedures (e.g. surgeons, dentists), and those working in certain settings (e.g. renal units, hospital laboratory workers). Other first responders required to attend major trauma with likely blood contamination.
	Pre-exposure	Priming for unavoidable, high and imminent risk, with high risk of onward transmission and co-circulating viruses e.g. HIV, HDV	Sex workers, MSM with multiple partners, PWID, prisoners, people travelling to endemic countries for medical treatment, patients on renal dialysis units.
4	Pre-exposure	Priming for those at lower risk and those that can access advice in the event of a recognised exposure	Household contacts of people with hepatitis B, most other health care workers and ancillary staff in UK healthcare settings, other occupations at risk of percutaneous exposures.
	Pre-exposure	Priming for those at lower risk or where risk may be avoided or delayed	Other travel to medium and high endemicity countries. Individuals with cirrhotic liver disease.
5 Lowest risk and urgency	Pre-exposure	Boosting and reinforcing doses	For healthy individuals who have completed a primary course of immunisation (three doses).