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**Question:** Should hepatitis B immunoglobulin at birth versus placebo or no intervention be used for the prevention of hepatitis B virus infection?

**Setting:** General population (global)

**Conclusion:** Moderate quality evidence to support effectiveness of HBIG given at birth to prevent HBV infection.

Quality assessment						Summary of Findings	Importance
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Quality	
<b>hepatitis B infection (follow-up mean 15 months; HBsAg, HBeAg, anti-HBc)</b>							
1 <sup>1</sup>	randomized trials	serious <sup>2</sup>	no serious inconsistency	no serious indirectness <sup>3</sup>	no serious imprecision	⊕⊕⊕O <sup>3</sup> MODERATE	CRITICAL

<sup>1</sup> One RCT was found that addressed the issue of efficacy of hepatitis B immunoglobulin (HBIG) given "at birth" compared with placebo/no intervention for the prevention of hepatitis B virus infection.

<sup>2</sup> Randomization generation unclear and allocation concealment unclear.

<sup>3</sup> Number of patients HBIG versus control: 66/139 (47.5%) vs 68/73 (93.2%). Relative effect (95% CI): RR 0.50 (0.41 to 0.60).

### **Bibliography:**

Beasley RP, Hwang LY, Stevens CE, Lin CC, Hsieh FJ, Wang KY, et al. Efficacy of hepatitis B immune globulin for prevention of perinatal transmission of the hepatitis B virus carrier state: final report of a randomized double-blind, placebo-controlled trial. *Hepatology* 1983; 3(2):135–41.

Beasley RP, Hwang LY, Szmuness W, Stevens CE, Lin CC, Hsieh FJ, et al. HBIG prophylaxis for perinatal HBV infections - final report of the Taiwan trial. *Developmental Biology Standard* 1983;54:363–75.