

# Preventing Perinatal Hepatitis B

## Guidelines for Pediatric Care Providers



### HEPATITIS B PROPHYLAXIS AT BIRTH

- Infants born to mothers who are hepatitis B surface antigen (**HBsAg**) **positive** should receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) <12 hours of birth.
- Infants born to mothers whose **HBsAg status is unknown** should receive hepatitis B vaccine <12 hours of birth.
  - Preterm infants weighing <2,000 g should receive HBIG <12 hours of birth.
  - Term infants weighing  $\geq 2,000$  g should receive HBIG as soon as possible if the mother is determined to be **HBsAg positive**, but not >7 days after birth.
- Medically stable infants weighing  $\geq 2,000$  g born to **HBsAg negative** mothers should receive the first dose of hepatitis B vaccine before hospital discharge.
- Preterm infants weighing <2,000 g and born to **HBsAg negative** mothers should receive the first dose of hepatitis B vaccine 1 month after birth.
- Single-antigen hepatitis B vaccine must be used in infants <6 weeks of age.

### AFTER THE BIRTH DOSE

- All infants should complete the hepatitis B vaccine series using either single-antigen or combination vaccine, according to the ACIP recommended vaccination schedule: [www.sccgov.org/sites/phd-p/Diseases/hep-b/Documents/infant-schedule.pdf](http://www.sccgov.org/sites/phd-p/Diseases/hep-b/Documents/infant-schedule.pdf)
- The last dose in the vaccine series should not be administered before age 24 weeks (164 days).

### POST VACCINE SEROLOGIC TESTING (PVST)

- Infants of HBsAg positive mothers should be tested for both **HBsAg** and **anti-HBs (HBsAb) 1-2 months after completing the vaccine series, but not before 9 months of age** to avoid detection of anti-HBs from HBIG administered during infancy.

Note: For most infants born to HBsAg positive mothers, PVST should be done between 9 and 12 months. PVST that is delayed after series completion can lead to falsely negative anti-HBs test results.
- The anti-HBs test should allow determination of a protective level of anti-HBs, i.e.,  $\geq 10$  mIU/ml.
- HBsAg negative infants with anti-HBs levels <10 mIU/mL should be revaccinated with a single dose of hepatitis B vaccine and retested 1-2 months later. Infants whose anti-HBs remains <10 mIU/mL following single dose vaccination should receive two additional doses of Hepatitis B vaccine\*, followed by PVST 1-2 months later.

Note: Based on clinical circumstances or family preference, HBsAg-negative infants with anti-HBs <10 mIU/mL may be revaccinated with a second, complete 3-dose series\*, followed by PVST performed 1-2 months after the final dose of vaccine.

\*If a complete second 3 dose series is administered it should be given on the usual schedule of 0, 1 and 6 months (may be given on a 0, 1, and 4 month or a 0, 2 and 4 month schedule).
- HBsAg positive infants should receive appropriate medical follow-up and should be reported to Public Health Department using a Confidential Morbidity Report (CMR) available at [www.sccgov.org/sites/phd-p/report/Pages/report-home.aspx](http://www.sccgov.org/sites/phd-p/report/Pages/report-home.aspx).
- Pediatric care providers should inform local health department of infants born to HBsAg positive mothers using the "Notification of HBsAg-exposed Infant/Child" form available at [www.sccgov.org/sites/phd-p/Diseases/hep-b/Pages/infant-care.aspx](http://www.sccgov.org/sites/phd-p/Diseases/hep-b/Pages/infant-care.aspx).