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 >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 >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 available at www.sccphd.org/perinatalhepb.
- The last dose in the vaccine series should not be administered before age 24 weeks (164 days).

POST VACCINE SEROLOGIC TESTING

- 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: testing that is delayed after series completion can lead to falsely negative anti-HBs test results.
- Testing should be performed using a method that allows determination of a protective level of anti-HBs, i.e., >10 mlU/mL.
- HBsAg-negative infants with anti-HBs levels <10 mlU/mL should be revaccinated with a second three-dose series and retested 1-2 months after the last dose of vaccine.
- 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.sccphd.org.
- 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.sccphd.org/perinatalhepb.