YOUR PATIENTS RELY ON YOU TO PROTECT THEIR BABIES FROM HEPATITIS B.

New Recommendations from the Advisory Committee on Immunization Practices (ACIP) December 2005:

- Perform early routine testing of **all** pregnant women for hepatitis B surface antigen (HBsAg) with **each pregnancy**, even if they have been previously vaccinated or tested.
- Administer **birth dose** of hepatitis B vaccine to all medically stable infants who weigh more than 2,000 grams (4.4 lbs.) at birth.
- Infants, who weigh more than 2,000g, born to **HBsAg-positive** women should receive the hepatitis B (HBV) vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- Infants, who weigh more than 2,000g, born to **HBsAg status unknown** women should receive the HBV vaccine within 12 hours of birth. Administer HBIG (within 7 days of birth) if the mother tests HBsAg positive.
- Infants who weigh less than 2,000g have special considerations:
  - Infants, who weigh less than 2,000g, born to **HBsAg negative** women should have their first vaccine dose delayed until 1 month after birth or until hospital discharge.
  - Infants, who weigh less than 2,000g, born to **HBsAg positive** women should receive HBIG and HBV vaccine within 12 hours of birth. This dose of HBV vaccine will not count as part of the primary series and must be repeated 4 weeks from the first dose.
  - Infants, who weigh less than 2,000g, born to **HBsAg status unknown** women should receive the hepatitis B vaccine and HBIG within 12 hours of birth.
- Provide counseling and referral for medical management to HBsAg-positive persons.
- Implement birth hospital policies, procedures, and case-management programs to increase birth dose administration and improve identification of infants born to HBsAg-positive and HBsAg status unknown mothers at time of delivery.

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FOR MORE INFORMATION

If you have questions,
please call your healthcare provider or the
Iowa Department of Public Health at
1-800-831-6293.

For information about the
Iowa Perinatal Hepatitis B Prevention Program:
http://www.idph.state.ia.us/adper/hepatitis.asp
or call 1-800-831-6293 ext. 7

For additional information
on vaccines and diseases please visit:
www.idph.state.ia.us/adper/immunization.asp
www.immunize.org • www.cdc.gov/nip
www.vaccine.chop.edu • www.aap.org

Thomas J. Vilsack
Governor, State of Iowa

Mary Mincer Hansen
Director, Iowa Department of Public Health

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Perinatal Hepatitis B
Health Care Provider Guide

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BIRTH DOSE – A STANDARD OF CARE

The first dose of hepatitis B vaccine (birth dose) should be administered to all medically stable infants at birth as a standard of care. Unvaccinated infants exposed to hepatitis B have a 90% chance of becoming chronic HBV carriers. Of those infants infected, 25% will eventually develop HBV-related hepatocellular carcinoma or cirrhosis.

In rare circumstances the first dose of hepatitis B vaccine can be delayed until after hospital discharge for an infant weighing more than 2,000g (4.4 lbs.) at birth born to a hepatitis B surface antigen (HBsAg) negative mother. When a decision is made to delay the birth dose, a physician's order to withhold the vaccine and a copy of the lab report indicating that the mother is HBsAg negative during pregnancy should be placed in the infant's medical record.

TESTING, PROPHYLAXIS & CASE REPORTING

All pregnant women should be routinely tested for HBsAg status with each pregnancy during an early prenatal visit, even if they have been previously tested or treated. Women who were not screened during pregnancy and those at high risk for HBV infection should be tested upon admission to the birth hospital or center.

All HBsAg test results should be included on medical forms used to document care during pregnancy (hard copy, electronic) and sent to other practitioners caring for the woman as well as the anticipated birth hospital or center and the baby's health care provider.

HBsAg POSITIVE PATIENTS:

- Inform patients of their HBsAg test status and advise them to notify hospital delivery staff.
- Document that a copy of the original lab report showing HBsAg positive test result was transferred from the prenatal care provider to the birth hospital or center.
- Vaccinate the infant with the hepatitis B vaccine and HBIG within **12 hours** of birth.
- Complete the hepatitis B vaccination series by **6 months** of age
- Test the child (anti-HBs and HBsAg labs) 3-9 months after completion of the vaccine series (typically at the **12 month** appointment) to ensure protection.

HBsAg STATUS UNKNOWN AT DELIVERY:

- Test the patient as soon as possible after admission for delivery.
- Give the infant hepatitis B vaccine within 12 hours of birth.
- If the mother's results are HBsAg positive, give the infant HBIG as soon as possible but no later than one week of age.
- If the woman's status is never determined, her infant should continue to receive hepatitis B vaccine according to schedule but does not need HBIG.
- If the woman's status is not determined prior to discharge and the infant is less than 2,000g the baby should receive HBIG and HBV vaccine. If the child is greater than 2,000g HBIG is not necessary. After discharge, infants should continue to receive hepatitis B vaccine series according to schedule.

HBsAg positive cases must be reported to the Iowa Department of Public Health within one week of diagnosis per Iowa Administrative Code 614.1. The case may be reported by phone (1-800-362-2763), by secure fax (515-281-5698), or in writing. The form for reporting a Hepatitis B case is located in the Epidemiology Manual, Hepatitis B section at:
http://www.idph.state.ia.us/adper/common/pdf/epi_manual/hepatitis_b.pdf