

Preventing Perinatal Hepatitis B

ACIP & CDC Guidelines for Labor and Delivery and Newborn Nursery Units

Santa Clara Department of Public Health and Asian Liver Center at Stanford University

AT THE TIME OF ADMISSION

- Review the hepatitis B surface antigen (HBsAg) status of all pregnant women
- Refer to laboratory report for documentation of hepatitis B status
(handwritten notes are subject to transcription errors)
- Perform HBsAg testing ASAP if there is no documentation of HBsAg status
- Women who test negative in early pregnancy (>6 months before delivery) may need retesting if they have engaged in behaviors that place them at risk for acquiring hepatitis B infection during pregnancy
(eg. recent intravenous drug use, HBsAg-positive sex partner, multiple sex partners, recent treatment for a sexually transmitted disease)

AFTER DELIVERY

Recommended Administration of Birth Dose Hepatitis B Vaccine and Hepatitis B Immunoglobulin (HBIG) to be Given within 12 Hours of Birth

Maternal HBsAg [§] Status	Recommendation			
	Infants ≥ 2,000 grams		Preterm infants < 2,000 grams	
	Birth Dose HBV Vaccine	HBIG	Birth Dose HBV Vaccine [†]	HBIG
HBsAg positive	✓	✓	✓	✓
HBsAg status unknown or pending	✓	Wait for HBsAg result*	✓	✓
HBsAg negative	✓		✓ @ 1 month	

§ Hepatitis B surface antigen

* May give up to 7 days after birth

† Because of the potentially decreased immunogenicity of vaccine in preterm infants weighing <2,000grams, the birth dose vaccine should not be counted as part of the 3 doses received to complete the HBV vaccine series. A total of 4 doses should be given.

Hepatitis B Vaccines Acceptable for Birth Dose Administration: Single-Antigen Vaccine

- Recombivax HBV
- Engerix-B

AT HOSPITAL DISCHARGE

- Give infant's immunization record to mother and remind her to take it to infant's first pediatrician visit
- Encourage mother to make sure her infant completes 3-shot HBV vaccination series within 6 months
- Notify Perinatal Hepatitis B Prevention Program of Santa Clara County Public Health Department of all births to women with positive or unknown HBsAg status by faxing the "Hospital Report" form within 24 hours to (408)885-2413. Forms can be obtained at www.sccphd.org/perinatalhepb

For more information, visit: <http://liver.stanford.edu> or www.cdc.gov/mmwr/PDF/rr/rr5416.pdf

Guidelines are abridged from the recommendations set forth by the Advisory Committee on Immunization Practices (ACIP) in the Morbidity and Mortality Weekly Report (MMWR), published by the Centers for Disease Control and Prevention (CDC), Coordinating Center for Health Information and Service, U.S. Department of Health and Human Services. MMWR 2005;54(No.RR-16)