

WHAT IS YOUR ROLE?

Health Care Providers:

- Screen all pregnant women for hepatitis B surface antigen (HBsAg) at the first prenatal visit and at delivery for each pregnancy
- Report all HBsAg-positive pregnant women to your local health department or to the Department of State Health Services

Hospitals:

- Screen all pregnant women for HBsAg at delivery for each pregnancy
- Report all HBsAg-positive pregnant women to your local health department or to the Department of State Health Services
- Administer the Hep B vaccine birth dose to all babies within 12 hours of birth, regardless of the mother's HBsAg status
- Administer both the birth dose of Hep B and HBIG to babies born to HBsAg-positive mothers and HBsAg mothers of unknown status within 12 hours of birth

Pediatric Health Care Providers:

- Complete vaccine series for all babies at birth, one month, and six months
- For babies born to HBsAg-positive mothers provide post-vaccination serology testing three months after completion of vaccine series
- Repeat vaccine series if infant does not seroconvert

Department of State Health Services:

- Provide guidance and resources to health care providers and hospitals
- Provide case management for infants born to HBsAg-positive women and their families for up to 18 months
- Provide immunization and post-vaccination serology testing
- Educate families on prevention of perinatal hepatitis B

Texas Administrative Code Requires:

- Providers and hospitals to screen all pregnant women for hepatitis B surface antigen (HBsAg) at their first prenatal visit and at delivery for each pregnancy (*Texas Administrative Code Title 25, Part 1 Chapter 97, subchapter A, §97.135*)
- Perinatal hepatitis B and all positive HBsAg mothers must be reported to DSHS (*Texas Administrative Code Title 25, Part 1 Chapter 97, subchapter A, §97.3*)

Reporting forms are available online at www.TexasPerinatalHepB.org.

GIVE THE BIRTH DOSE HEPATITIS B VACCINE AT BIRTH SAVES LIVES!

DEPARTMENT OF STATE HEALTH SERVICES RECOMMENDS
THAT ALL BIRTHING HOSPITALS IMPLEMENT STANDING
ORDERS TO GIVE THE BIRTH DOSE OF HEPATITIS B
VACCINE TO ALL BABIES PRIOR TO HOSPITAL DISCHARGE.

HEP B

PROTECT BABIES FROM HEPATITIS B *for* LIFE

For more information regarding perinatal hepatitis B,
please contact your local health department or



Physical Address:

Texas Department of State Health Services
Perinatal Hepatitis B Prevention Program
1100 West 49th Street, MC1939
Austin, Texas 78756-3199

Mailing Address:

Texas Department of State Health Services
Infectious Disease Intervention and Control Branch
Attn: Perinatal Hepatitis B Prevention Program
Mail Code 1939
P.O. Box 149347
Austin, Texas 78714-9347

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PERINATAL HEPATITIS B
PREVENTION PROGRAM



Recommended Schedule for Vaccinating Infants With Monovalent Hepatitis B Vaccine by Mother's HBsAg Status

Infants Born to HBsAg-Positive Women		
Biologic	Dose	Age of Infant
HBIG	0.5 mL	Within 12 hours of birth*
Hepatitis B Vaccine—dose 1	0.5 mL	Within 12 hours of birth*
Hepatitis B Vaccine—dose 2	0.5 mL	1 month
Hepatitis B Vaccine—dose 3	0.5 mL	6 months**

* The first dose of vaccine should be given at the same time as HBIG but at a separate site. The preferred sites are the anterolateral thighs. If necessary, HBIG can be administered up to 7 days after birth.
 ** The minimum interval between dose 1 and 3 is 4 months. Infant should not receive the third dose of HB vaccine prior to 6 months of age.

Infants Born to Women Whose HBsAg Status is Unknown		
Biologic	Dose	Age of Infant
HBIG	0.5 mL	If mother is postnatally found to be HBsAg-positive, administer HBIG to infant as soon as possible, but no later than 7 days after birth.
Hepatitis B Vaccine—dose 1	0.5 mL	Within 12 hours of birth*
Hepatitis B Vaccine—dose 2	0.5 mL	1 to 2 months
Hepatitis B Vaccine—dose 3	0.5 mL	6 months**

* The first dose of vaccine should be given at the same time as HBIG but at a separate site. The preferred sites are the anterolateral thighs. If necessary, HBIG can be administered up to 7 days after birth.
 ** The minimum interval between dose 1 and 3 is 4 months. Infant should not receive the third dose of HB vaccine prior to 6 months of age.

Infants Born to HBsAg-Negative Women		
Biologic	Dose	Age of Infant
Hepatitis B Vaccine—dose 1	0.5 mL	Birth
Hepatitis B Vaccine—dose 2	0.5 mL	1 to 2 months
Hepatitis B Vaccine—dose 3	0.5 mL	6 to 18 months**

** The minimum interval between dose 1 and 3 is 4 months. Infant should not receive the third dose of HB vaccine prior to 6 months of age.

Recommended Schedule for Vaccinating Infants with Monovalent Dose of Hepatitis B Vaccine at Birth Followed by Subsequent Doses of Combination Vaccine

Combination Vaccine Schedule		
Biologic	Dose	Age of Infant
Hepatitis B Vaccine—dose 1	0.5 mL	Birth (MONOVALENT hepatitis B vaccine).
COMVAX®		
Hepatitis B Vaccine—dose 2	0.5 mL	2 months
Hepatitis B Vaccine—dose 3	0.5 mL	4 months
Hepatitis B Vaccine—dose 4	0.5 mL	12 to 15 months
Combination Vaccine Schedule		
Hepatitis B Vaccine—dose 1	0.5 mL	Birth (MONOVALENT hepatitis B vaccine).
PEDIARIX®		
Hepatitis B Vaccine—dose 2	0.5 mL	2 months
Hepatitis B Vaccine—dose 3	0.5 mL	4 months
Hepatitis B Vaccine—dose 4	0.5 mL	6 months

Health care providers may be able to enroll in the Texas Vaccines for Children (TVFC) program. Contact the TVFC program for information at 1-800-252-9152 or www.ImmunizeTexas.org.

Recommended Schedule for Vaccinating Preterm Infants Weighing <2000 Grams with Monovalent Hepatitis B Vaccine by Mother's HBsAg Status

Preterm Infants Born to HBsAg-Positive Women		
Biologic	Dose	Age of Infant
HBIG	0.5 mL	Within 12 hours of birth*
Hepatitis B Vaccine—birth dose	0.5 mL	Within 12 hours of birth* (Do not count birth dose as part of the vaccine series)
Hepatitis B Vaccine—dose 1	0.5 mL	1 month
Hepatitis B Vaccine—dose 2	0.5 mL	2 months
Hepatitis B Vaccine—dose 3	0.5 mL	6 months**

* The first dose of vaccine should be given at the same time as HBIG but at a separate site. The preferred sites are the anterolateral thighs. If necessary, HBIG can be administered up to 7 days after birth.
 ** The minimum interval between dose 1 and 3 is 4 months. Infant should not receive the third dose of HB vaccine prior to 6 months of age.

Preterm Infants Born to Women Whose HBsAg Status is Unknown		
Biologic	Dose	Age of Infant
HBIG	0.5 mL	Within 12 hours of birth*
Hepatitis B Vaccine—birth dose	0.5 mL	Within 12 hours of birth* (Do not count birth dose as part of the vaccine series)
Hepatitis B Vaccine—dose 1	0.5 mL	1 month
Hepatitis B Vaccine—dose 2	0.5 mL	2 months
Hepatitis B Vaccine—dose 3	0.5 mL	6 months**

* The first dose of vaccine should be given at the same time as HBIG but at a separate site. The preferred sites are the anterolateral thighs. If necessary, HBIG can be administered up to 7 days after birth.
 ** The minimum interval between dose 1 and 3 is 4 months. Infant should not receive the third dose of HB vaccine prior to 6 months of age.

Preterm Infants Born to HBsAg-Negative Women		
Biologic	Dose	Age of Infant
Hepatitis B Vaccine—dose 1	0.5 mL	1 month
Hepatitis B Vaccine—dose 2	0.5 mL	2 months
Hepatitis B Vaccine—dose 3	0.5 mL	6 months**

** The minimum interval between dose 1 and 3 is 4 months. Infant should not receive the third dose of HB vaccine prior to 6 months of age.

Post-Vaccination Serology Testing

Post-vaccination serology is a critical component of perinatal hepatitis B prevention and should be done three months after completion of the Hep B vaccine series. Testing should include the following markers: HBsAg and anti-HBs. The purpose of post-vaccination serologic testing of infants is to determine if the vaccine was successful in preventing perinatal HBV infection.

Interpretation of Post-Vaccine Serology Test

HBsAg	Anti-HBs	Interpretation and Necessary Action
-	+	The infant is immune to HBV.
-	-	The infant is NOT immune to HBV (non-responder). In this situation, the infant must receive a second series of hepatitis B vaccine . The first dose should be given as soon as possible after post-vaccination serology results are known and follow the 0, 1, 6 month schedule for completing the series. The infant should be tested again for HBsAg and anti-HBs 1 to 2 months after completing the second vaccine series.
+	-	The vaccination effort failed. The infant is infected with HBV and is likely to become a chronic carrier. Refer the child for clinical follow-up.

FACTS ABOUT HEPATITIS B IN NEWBORNS

- Hepatitis B virus (HBV) infection can lead to cirrhosis of the liver, hepatocellular carcinoma, and even death.
- 80% of all liver cancer is attributed to HBV infection.
- Individuals who acquire HBV early in life have the greatest chance of becoming chronically infected, as illustrated in the chart below.

Age at Infection	Risk of Chronic Infection
Birth	Up to 90%
1 to 5 years	30% to 50%
>5 years	6% to 10%

- HBV transmission can occur, even when the carrier is asymptomatic.
- Because signs and symptoms of HBV are less common in children than adults, an infected child can spread the disease for many years undetected.