

PERINATAL HEPATITIS B PREVENTION

PEDIATRICIAN

1st Series	ENGERIX B*/ RECOMBIVAX HB* (Monovalent)	PEDIARIX* (Combination)
HBIG	*Administer within 7 days of birth (if not administered in hospital).	
HBV1	Administer monovalent if infant was not vaccinated in hospital and younger than 6 weeks.	
HBV2	Age 1 - 2 months	Age 2 months
HBV3	Age 6 months	Age 4 months
HBV4	N/A	Age 6 months
**Preterm (< 2,000g) infants: Reinitiate 1 st HBV series at 1 month of age.		
POST-VACCINATION SEROLOGIC TESTING (PVST) (9 Months of Age need both HBsAg and Anti HBs tests)		
HBsAg + (CPT Code 87340)	anti HBs - (CPT Code 86317)	Infected. Refer for medical follow up. Report to Local Health Department (LHD) within 1 work day.
HBsAg -	anti HBs +	Immune
HBsAg -	anti HBs -	Susceptible. Repeat hepatitis B vaccine(s) (on backside of badge).

Final dose of 1st HBV series must be administered on or after 6 months of age.

*** Only administer HBIG to infants born to HBsAg (+) women and women of unknown HBsAg status.**

****Preterm infants should receive a total of 4 doses (monovalent) or 5 doses (Pedarix*) of HBV.**

2nd Series for Susceptible Infants

2nd Series	Engerix® / Recombivax® (Monovalent)	
HBV1* (1st dose of 2nd series)	Immediately after PVST results received.	
HBV2 (2nd dose of 2nd series)	1 - 2 months	
HBV3 (3rd dose of 2nd series)	6 months	
POST-VACCINATION SEROLOGIC TESTING (PVST) (1 - 2 Months After Last Dose Administered)		
HBsAg +	anti HBs -	Infected. Refer to a specialist for medical evaluation. Report to LHD within 1 work day.
HBsAg -	anti HBs +	Immune
HBsAg -	anti HBs -	Susceptible. Non-responder, refer for medical follow up.

*One challenge dose of Hep B vaccine & repeat PVST 1-2 months later is also acceptable. Contact your LHD for details.

Texas Administrative Code Title 25, Chapter 97, Subchapter A, Rule § 97.2 - § 97.3, describes who shall report and what conditions and isolates to report or submit.

- Fax all hepatitis B vaccine administration records to LHD within 1 work day of administration.
- Fax all post-vaccination serologic testing results to LHD within 1 work day of notification.

(800) 252-9152

www.TexasPerinatalHepB.org



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