



Facts About Hepatitis B in Newborns

- **IT'S SERIOUS.** Hepatitis B virus (HBV) infection can lead to cirrhosis of the liver, hepatocellular carcinoma and even death.
- HBV is second only to tobacco among known human carcinogens.
- 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%-50%
>5 Years	6%-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.

For more information regarding hepatitis B, please contact...

Your local health department

OR

the Ohio Department of Health

The Ohio Department of Health provides hepatitis B vaccine and HBIG **FREE OF CHARGE** to all hospitals enrolled in the Universal Hepatitis B Vaccination Program to ensure every infant receives the birth dose (and HBIG if indicated), regardless of insurance status or ability to pay.



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January 2006

Your patient is relying on **YOU**



to protect her baby from

HEPATITIS B



Vaccinate all healthy infants with hepatitis B vaccine AT BIRTH!

New Recommendations of the Advisory Committee on Immunization Practices (ACIP)

In December 2005, the ACIP issued revised recommendations regarding the prevention of perinatal and early childhood hepatitis B virus (HBV) transmission.

- Perform routine testing of all pregnant women for hepatitis B surface antigen (HBsAg).
- Implement delivery hospital policies and procedures, case-management programs and laws and regulations to improve identification of infants born to HBsAg-positive mothers and to mothers with unknown HBsAg status at time of delivery.
- Administer a birth dose of hepatitis B vaccine to all medically stable infants who weigh $\geq 2,000$ grams at birth.
- Ensure administration of appropriate post-exposure immunoprophylaxis with hepatitis B vaccine and hepatitis B immune globulin (HBIG) to infants born to HBsAg-positive women and women with unknown HBsAg status.
- Provide counseling and referral for medical management to HBsAg-positive persons who are identified during implementation of immunization activities.

DON'T WAIT!


—The birth dose of hepatitis B vaccine is safe for all healthy infants



Because it is impossible to know with absolute certainty that an infant has not been—or will not be—exposed to HBV before the first office visit, the first dose of hepatitis B vaccine should be administered to ALL infants at birth.

On a case-by-case basis, and only in rare circumstances, the first dose of hepatitis B vaccine can be delayed until after hospital discharge for an infant weighing $\geq 2,000$ grams at birth and born to an 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.



Universal hepatitis B vaccination at birth is the safety net that protects against perinatal HBV transmission due to avoidable mistakes such as misinterpretation of test results and transcription errors.

Preterm infants weighing $< 2,000$ grams and born to HBsAg-negative mothers should have their first vaccine dose delayed until one month after birth or hospital discharge. For these infants, a copy of the original laboratory report indicating the mother was HBsAg-negative during this pregnancy should be placed in the infant's medical record.



Testing, Prophylaxis & Case Reporting

All pregnant women should be routinely tested for the presence of HBsAg during an early prenatal visit. Women who were not screened during pregnancy, those at high risk for HBV infection, recurrent STD infections and those with clinical hepatitis should be tested upon admission to the birth hospital.

- HBsAg test results should be included on all forms (hard copy, electronic) used by practitioners to record and transmit information regarding care during pregnancy.
- Practitioners should document that HBsAg-positive pregnant women have a copy of the original laboratory report with HBsAg test results transferred from the prenatal care provider to the delivery hospital and patients are informed of their HBsAg test status and advised to notify delivery staff.

If the woman is HBsAg-positive, her infant should receive hepatitis B vaccine and HBIG within 12 hours of birth.

If the HBsAg status of the woman is unknown, she should be tested as soon as possible after admission. Her infant should receive hepatitis B vaccine within 12 hours of birth. If the mother's results are positive for HBsAg, the infant should receive HBIG as soon as possible but no later than age one week. 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.

Report all positive and unknown HBsAg test results to the perinatal hepatitis B prevention coordinator at your local health district.