

# Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

## Routine orders for all newborns

- 1 Review a copy of the mother's original lab report to ensure that the correct serologic test (HBsAg) was ordered and that it was ordered during this pregnancy. Perform a repeat HBsAg blood test on the pregnant woman (mother) if she was HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., more than one sex partner in the previous 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection-drug use, or HBsAg-positive sex partner), or had clinical hepatitis since her previous testing.
- 2 Determine if the newborn is high risk and needs immediate postexposure prophylaxis within 12 hours of birth. The infant is high risk if the mother's HBsAg status is positive or unknown.

## For routine newborn hepatitis B vaccination: the mother is HBsAg negative

- 1 Administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, intramuscular (IM), in anterolateral thigh no later than hospital discharge. Prior to vaccination, give parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. Give the parent a record of the vaccination. If parent unwilling to give consent, notify physician ASAP. Document vaccine administration or vaccine refusal in hospital record.

## For highest-risk infants: the mother is HBsAg positive

- 1 Administer Hepatitis B Immune Globulin (HBIG) 0.5 mL, IM, in anterolateral thigh in the delivery room or ASAP within 12 hours of birth. Document HBIG administration in hospital record. Give parent a record of the HBIG dose.
- 2 At same time and in opposite anterolateral thigh, administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, IM, ASAP within 12 hours of birth. Document vaccine administration in hospital record. Give parent a record of the vaccination.
- 3 Prior to administering both HBIG and hepatitis B vaccine, give parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. If parent unwilling to give consent, notify physician ASAP. Consider notifying Child Protective Services if parent continues to refuse despite discussion with physician.
- 4 Notify the local or state health department of the infant's birth and the date and time of administration of HBIG and hepatitis B vaccine doses.
- 5 Obtain the name, address, and phone number of the newborn's primary care provider.
- 6 Notify primary care provider of newborn's birth, the date and time that HBIG and hepatitis B vaccine doses were administered, and the importance of additional on-time vaccination (infants weighing less than 2 kg (4.4 lbs) will require 4 doses of vaccine as the first dose does not "count") and postvaccination testing of the infant for HBsAg and antiHBs (antibody to HBsAg) 1–2 months after completion of the hepatitis B vaccine series and no earlier than when the infant is 9–12 months of age.



**NOTE:** The optimal timing for serologic testing to detect a vaccine response generally is 1–2 months after the final dose of the HepB vaccine series. Results of tests for HBsAg can be transiently positive for 1–18 days after vaccination. Serologic testing should be performed no earlier than age 9 months to avoid detection of passive anti-HBs from hepatitis B immune globulin administered at birth and to maximize the likelihood of detecting late HBV infection.

- 7 Provide advice to the mother. Tell her the following:
  - a That she may breast-feed her infant upon delivery, even before hepatitis B vaccine and HBIG are given;
  - b It is critical for her infant to complete the full hepatitis B vaccine series on the recommended schedule;

CONTINUED ON THE NEXT PAGE ►

- c Blood tests (HBsAg and anti-HBs) will need to be obtained from the infant 1–2 months after completion of the hepatitis B vaccine series (at 9–12 months of age) to determine if the infant developed a protective immune response to vaccination or needs additional management;
- d About modes of HBV transmission and the need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts;
- e She and other infected contacts need to have medical evaluations for chronic hepatitis B, including assessment to determine if they are candidates for antiviral treatment.

### For high-risk infants: the mother's HBsAg status is unknown

- 1 Administer single-antigen hepatitis B vaccine (0.5 mL, IM) within 12 hours of birth. For infants weighing less than 2 kg (4.4 lbs) at birth, also administer hepatitis B immune globulin (HBIG 0.5 mL, IM) within 12 hours. Do not wait for test results to return before giving this dose of vaccine (and HBIG for infants weighing less than 2 kg [4.4 lb]). Document vaccine administration in the hospital record. Give the parent a record of the vaccination.
- 2 Confirm that the laboratory has received blood for the mother's HBsAg test.
- 3 Verify when the mother's HBsAg result will be available and that it will be reported to the newborn unit ASAP.
- 4 If the laboratory test indicates the mother's HBsAg test result is positive, do the following:
  - a Administer HBIG 0.5 mL, IM, ASAP to the newborn weighing 2 kg (4.4 lb) or more. (Those weighing less than 2 kg (4.4 lb) at birth should have already received HBIG.) (Hepatitis B vaccine should have been given within 12 hours of birth to all infants of mothers with unknown HBsAg status.)
  - b Follow steps 4–7 of the previous section (see "For highest-risk infants: the mother is HBsAg positive").

#### REFERENCES

1. *A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Part 1: Immunization of Infants, Children and Adolescents.* *MMWR*, December 23, 2005, Vol. 54(RR-16):1-39, at [www.cdc.gov/mmwr/pdf/rr/rr5416.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5416.pdf).
2. CDC. Update: Shortened interval for postvaccination serologic testing of infants born to hepatitis B-infected mothers, *MMWR*, 2015;64:1118–20 at [www.cdc.gov/mmwr/pdf/wk/mm6439.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6439.pdf).

► For additional detailed information about text that you might incorporate into newborn admission orders, including orders for premature infants, refer to *Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission* available at [www.immunize.org/catg.d/p2130.pdf](http://www.immunize.org/catg.d/p2130.pdf).