

The Role of Pediatric Primary Care Providers in Preventing Perinatal Hepatitis B

FOR PEDIATRIC PRIMARY CARE PROVIDERS

Pediatric primary care providers must ensure that:

- All infants complete the hepatitis B vaccination series.
- All infants born to hepatitis B surface antigen (HBsAg)-positive persons receive postexposure prophylaxis and have postvaccination serology drawn.

Action steps:

1. For all infants to whom you provide care:
 - Write a standing order for hepatitis B vaccination within 24 hours of birth in the infant's hospital record. (If an infant is preterm delay the first dose until one month of age.)
 - Identify the birthing parent's HBsAg status.
 - Complete the recommended three-dose hepatitis B vaccine series.
 - Record all infants' vaccinations in the Minnesota Immunization Information Connection (MIIC) registry.
2. For all infants born to HBsAg-positive people:
 - Write a standing order in the infant's hospital record for hepatitis B vaccination and hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - Complete the recommended three-dose hepatitis B vaccine series listed in [Hepatitis B Vaccination Schedule and PVS Guidance for Infants Born to Hepatitis B Positive Pregnant Persons\(www.health.state.mn.us/diseases/hepatitis/b/perinatal/pedsvaxserology.pdf\)](http://www.health.state.mn.us/diseases/hepatitis/b/perinatal/pedsvaxserology.pdf). If the infant is preterm follow [Preterm Infant Hepatitis B Vaccination and Serology Schedule \(www.health.state.mn.us/diseases/hepatitis/b/perinatal/preterminfantvaxserology.pdf\)](http://www.health.state.mn.us/diseases/hepatitis/b/perinatal/preterminfantvaxserology.pdf).
 - Enter the date of each vaccination and the vaccine brand into MIIC.
 - Complete post-vaccination serology, including HBsAg and hepatitis B surface antibody (anti-HBs) 1-2 months after final dose and no earlier than 9 months of age.
 - If the infant is HBsAg-negative and anti-HBs negative, administer an additional dose of hepatitis B monovalent vaccine followed by HBsAg and anti-HBs testing 1-2 months after the additional dose. If the anti-HBs result is still negative, then administer two more doses of vaccine on the appropriate schedule to complete a full three-dose second series. Recheck serology again 1-2 months after the final dose is administered. If the infant is HBsAg-positive and anti HBs negative, counsel the family and consult with a liver specialist for ongoing follow-up and care, and report positive HBsAg result to MDH.
3. Enter the infant's hepatitis B vaccine administration dates into MIIC and fax post-vaccination serology results to the perinatal hepatitis B coordinator at the public health agency in the county or

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city where the birthing parent resides. For household contacts of HBsAg-positive birthing parents and their infants:

- Assist in testing household contacts of the HBsAg-positive birthing parent for HBsAg and anti-HBs, if they have not been previously tested.
 - Report serology testing results of household contacts to the perinatal hepatitis B coordinator at the public health agency in the county or city where the birthing parent resides.
 - Vaccinate susceptible household contacts to whom you provide primary care.
 - Give hepatitis B vaccine and conduct post-vaccination serology of any susceptible contacts to whom you provide care.
 - Record all vaccinations in MIIC.
 - Report hepatitis B vaccination and post-vaccination serology results to the perinatal hepatitis B coordinator at the public health agency in the county or city where the birthing parent resides.
 - Counsel the infected birthing parent about the need for all identified HBsAg-positive contacts to be referred for appropriate follow-up and care.
4. Refer to the Advisory Committee on Immunization Practices (ACIP) recommendation. [A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), Part 1: Immunization of Infants, Children, and Adolescents, MMWR, December 23, 2005 \(\[www.cdc.gov/mmwr/PDF/rr/rr5416.pdf\]\(http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf\)\)](#).

Local public health tracks infants' and contacts' vaccinations and post-vaccination serology to ensure they are completed on time.

The cost of vaccine should never be a barrier.

- MnVFC covers uninsured and underinsured children at most pediatric and family practice clinics.
- Uninsured and underinsured adults can get free or low-cost shots at certain clinics across the state. [Visit Vaccination Clinics Serving Uninsured and Underinsured Adults \(\[www.health.state.mn.us/people/immunize/basics/uuavsearch.html\]\(http://www.health.state.mn.us/people/immunize/basics/uuavsearch.html\)\)](#) for more information.

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