



Perinatal hepatitis B intervention is necessary.

Perinatal transmission of hepatitis B surface antigen (HBsAg) from mother to infant at birth is very efficient.

In the absence of post-exposure prophylaxis, there is a 70-90% chance that the infant of a pregnant woman who tests positive for HBsAg and HBeAg will become infected with the hepatitis B virus. 90% of those infected infants will develop chronic hepatitis B infection.

If not infected at birth, the infant remains at risk of infection from the mother or another member of the household during early childhood.

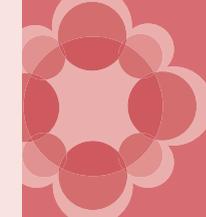
The Advisory Committee on Immunization Practices (ACIP), American College of Obstetrics and Gynecology, American Academy of Pediatrics and the American Academy of Family Practice recommend that all pregnant women be routinely tested for HBsAg at an early prenatal visit during every pregnancy and again during weeks 28-32 of the pregnancy.

What is the Perinatal Hepatitis B Prevention Program?

The Florida Department of Health's Perinatal Hepatitis B Prevention Program (PHBPP), in collaboration with private and public medical providers and birthing facilities, has the following objectives:

- To screen all women receiving prenatal services for HBsAg.
- To ensure that the infants of any HBsAg-positive pregnant women receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine at birth and, subsequently, complete the hepatitis B vaccine series and post-vaccine testing².
- To identify the mother's contacts and household members and provide immunization and educational services, as needed. Through the PHBPP and Vaccines for Children Program (VFC), hepatitis B vaccine and hepatitis B immune globulin are provided to hospitals to prevent transmission of the hepatitis B virus from mother to infant.
- The PHBPP coordinator at the local county health department (CHD) oversees case management and reporting. Visit www.ImmunizeFlorida.org/hepb/ for a list of the coordinators and their contact information.

1. Epidemiology and Prevention of Vaccine-Preventable Diseases 2015
2. Post-vaccination serology testing (PVST) should not be done earlier than 9 months of age. See ACIP recommendation.



Perinatal Hepatitis B Intervention



Perinatal Hepatitis B Prevention Program

Protecting Families and Babies.

For more information about the Perinatal Hepatitis B Prevention Program, contact the Florida Department of Health, Immunization Section at 850-245-4342, visit on the web at www.ImmunizeFlorida.org, or send an email to Florida_PHBPP@FLHealth.gov.



4052 Bald Cypress Way, Bin A11
Tallahassee, FL 32399-1719
Phone: 850-245-4342
Fax: 850-922-4195
www.ImmunizeFlorida.org



Perinatal Hepatitis B Prevention Program

Protecting Families and Babies.

Prenatal screening to protect health.



Recommended schedule of hepatitis B immunoprophylaxis for prevention of perinatal transmission of hepatitis B virus infection.

Schedule for infants born to HBsAg-positive² mothers:

Vaccine dose ³	Age of infant
First	Birth (within 12 hours)
HBIG ⁴	Birth (within 12 hours)
Second	1 month
Third	6 months
Post-vaccination testing (for anti-HBs and HBsAg)	9 to 15 months ⁵

- Infants born to HBsAg-positive women who weigh less than 2,000 grams at birth get a fourth dose of vaccine. The third dose should be given 1–2 months after the second, with the fourth dose at six months.
- Premature infants whose mother’s HBsAg status is unknown should receive a fourth dose, as described in the schedule for babies of lower birthweight.
- Administration of a total of 4 doses of hepatitis B vaccine is permitted when a combination vaccine containing hepatitis B is administered after the birth dose.

Schedule for infants born to mothers not screened for HBsAg:

Vaccine dose	Age of infant
First	Birth (within 12 hours)
HBIG ⁴	If mother is found to be HBsAg–positive, administer dose to infant as soon as possible, not later than 1 week after birth
Second	1-2 months ⁶
Third	6 months

1. Children between the ages of birth and 18 years who are enrolled in Medicaid; have no health insurance or whose health insurance does not include immunizations; or who are American Indian or Alaskan Native.
2. HBsAg = Hepatitis B surface antigen.
3. See ACIP recommendations for appropriate vaccine dose.
4. Hepatitis B immune globulin (HBIG)—0.5 mL administered intramuscularly at a site different from that used for vaccine.
5. Testing should not be before 9 months to avoid detection of anti-HBs from HBIG and to maximize the likelihood of detecting late HBV infections.
6. First dose = dose for infant of HBsAg-positive mother (see ACIP recommendations). If mother is found to be HBsAg–positive, continue that dose; if mother is found to be HBsAg–negative, use appropriate dose according to ACIP recommendation.
7. 381.0031 Florida Statutes (F.S.); 384.25, F.S.; Chapter 64D-3.013 (6), Florida Administrative Code (F.A.C.); Chapter 64D-3.042, F.A.C.; Title 45 Code of Federal Regulations (CFR) §164.512 through 45 CFR §164. 514.
8. A fourth dose is acceptable if the provider utilizes a combination vaccine.

The Florida law and its requirements.

Florida Law⁷ requires prenatal care providers to:

- Test all pregnant women during every pregnancy for HBsAg status at their initial visit.
- Re-test pregnant women who tested negative at their first visit for hepatitis B at 28 to 32 weeks of pregnancy.
- Test pregnant women who appear at delivery with no record of a blood test for HBsAg.
- Offer testing to household members, sexual and needle-sharing partners of HBsAg-positive maternity clients.
- Report every positive HBsAg test result in a pregnant woman to the local health department.
- Disclose personal health information related to preventing the transmission of hepatitis B virus (as one of the “reportable” communicable diseases covered by statute in Florida).

How do health care providers participate in the program?

- Report HBsAg-positive test results for pregnant women to the Perinatal Hepatitis B Prevention Program (PHBPP) coordinator at your local county health department (CHD).
- Ensure children of HBsAg-positive women are vaccinated on time and complete the series. Report vaccine dates and results of post-vaccination testing to the PHBPP coordinator.
- You may be able to enroll in the Vaccines for Children (VFC) Program if your facility has eligible clients¹. Contact the VFC Program for information at 1-800-483-2543.

