June 30, 2021

Dear Pediatric Health Care Provider:

The Missouri Department of Health and Senior Services (DHSS), Perinatal Hepatitis B Prevention Program (PHBPP), is dedicated to supporting the goals of the Health and Human Services’ Action plan for the elimination of mother to child transmission of hepatitis B. We urge you to join our efforts to stop perinatal hepatitis B transmission by completing the hepatitis B vaccine series and performing post-vaccination serologic testing (PVST) for all infants born to HBsAg-positive women.

**Management of Infants Born to Women Who Are HBsAg-Positive**

* All infants born to HBsAg-positive women should receive the HepB vaccine and HBIG within 12 hours of birth, administered at different injection sites (e.g., separate limbs). Only single-antigen HepB vaccine should be used for the birth dose.
* The HepB vaccine series should be completed according to the recommended schedule for infants born to HBsAg-positive mothers. The final dose in the series should not be administered before age 24 weeks (164 days). Although not indicated in the manufacturers’ package labeling, Pediarix® may be used for infants aged ≥6 weeks born to HBsAg-positive mothers to complete the vaccine series after receipt of a birth dose of single-antigen HepB vaccine and HBIG.
* For infants weighing <2,000 grams, the birth dose (i.e., the initial HepB vaccine dose) should not be counted as part of the vaccine series because of the potentially reduced immunogenicity of HepB vaccine in these infants; three additional doses of vaccine (for a total of 4 doses) should be administered beginning when the infant reaches age 1 month. The final dose in the series should not be administered before age 24 weeks (164 days).
* Post vaccination serologic testing for HBsAb and HBsAg should be performed after completion of the vaccine series at age 9–12 months (generally at the next well-child visit following completion of the HepB vaccine series). HBsAb testing should be performed using a method that allows detection of the protective concentration of HBsAb (≥10 mIU/mL). Testing should not be performed before age nine months to avoid detection of passive HBsAb from HBIG administered at birth and to maximize the likelihood of detecting late HBV infection. Anti-HBc testing of infants is not recommended because passively acquired maternal anti-HBc might be detected in infants born to HBsAg-positive mothers up to age 24 months.

Enclosed you will find a pediatric guide for caring for infants born to HBsAg-positive women. This guide includes the correct vaccination time frames for both single antigen, and the combination vaccine, Pediarix®; the post vaccination serologic tests needed, the timeframe they should be ordered, and their CPT codes. It is important that the correct tests are ordered as the HBsAb and HBsAg are the only tests that inform if the child is immune from, or infected with, hepatitis B.

If you have questions, please contact (573) 526-1465.

Regards,

Tricia Cregger, MPH

Perinatal Hepatitis B Prevention Program Coordinator