

PERINATAL HEPATITIS B PREVENTION

PEDIATRICIAN

1 ST Series	ENGERIX B */ RECOMBIVAX HB * (Monovalent)	PEDIARIX (Combination)
HBIG	*Administer within 7 days of birth (if not administered in hospital).	
HBV1	Administer monovalent if infant was not vaccinated in hospital and younger than 6 weeks.	
HBV2	Age 1-2 months	Age 2 months
HBV3	Age 6 months	Age 4 months
HBV4	N/A	Age 6 months
**Preterm (<2,000g) infants: Reinitiate 1 st HBV series at 1 month of age.		
POST-VACCINATION SEROLOGIC TESTING (PVST) (9 Months of Age)		
HBsAg +	anti HBs -	Infected. Refer for medical follow up. Report to Local Health Department (LHD) within 1 work day.
HBsAg -	anti HBs +	Immune
HBsAg -	anti HBs -	Susceptible. Initiate a 2 nd series of hepatitis B (on backside of badge).

Final dose of 1st HBV series must be administered on or after 6 months of age.

* Only administer HBIG to infants born to HBsAg (+) women and women of unknown HBsAg status.

** Preterm infants should receive a total of 4 doses (monovalent) or 5 doses (Pediatrix*) of HBV.

2nd Series

2 nd Series	Engerix*/ Recombivant * (Monovalent)	
HBV1 (1 st dose of 2 nd series)	Immediately after PVST results received.	
HBV2 (2 nd dose of 2 nd series)	1 - 2 months	
HBV3 (3 rd dose of 2 nd series)	6 months	
POST-VACCINATION SEROLOGIC TESTING (PVST) (1-2 Months After Last Dose Administered)		
HBsAg +	anti HBs -	Infected. Refer for medical follow up. Report to Local Health Department (LHD) within 1 work day.
HBsAg -	anti HBs +	Immune
HBsAg -	anti HBs -	Susceptible. Non-responder, refer for medical follow up.

During 2nd series only use Pediarix* if infant needs DTaP and IPV.

Fax all hepatitis B vaccine administration records to Local Health Department (LHD) within 1 work day of administration.

Fax all post-vaccination serologic testing results to LHD within 1 work day of notification.