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*Interim Director*

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
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## AFL REVISION NOTICE

Subject: Perinatal Hepatitis B Prophylaxis

Revision To: AFL 11-05

Revision Date: March 16, 2011

This notice is to inform you that the California Department of Public Health has revised AFL 11-05.

The AFL 11-05 has been updated to clarify that if documentation of the woman's HBsAg status is not available at the time of admission for delivery, the recommendations call for immediate testing of the mother and for the administration of hepatitis B vaccine to the infant within 12 hours of birth.

Please review the AFL and contact Carol Sparks at 510-620-3728 or your perinatal hepatitis B contact at your County's Department of Public Health if you have further questions.



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March 16, 2011

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AFL 11-05  
(Revised)

**TO:** General Acute Care Hospitals, Special Hospitals

**SUBJECT:** Perinatal Hepatitis B Prophylaxis

In an effort to prevent hepatitis B virus (HBV) infection in the infants of HBV-infected women, this All Facilities Letter (AFL) is being issued to advise hospitals of the Centers for Disease Control and Prevention (CDC) recommendations (attached) to ensure infants who are exposed to HBV at birth receive appropriate postexposure prophylaxis (PEP).

Timely administration of PEP has been shown to be 85-95 percent effective in preventing infection in HBV-exposed infants. Preventing perinatal HBV transmission is of great importance, since 25 percent of children or infants who become infected die prematurely from liver cancer or cirrhosis.

National standards of care for PEP were established by the CDC Advisory Committee on Immunization Practices (ACIP) in 1991.<sup>1</sup> However, errors in applying these standards continue to be made every year. Annually in California, 30-35 infants do not receive appropriate PEP and therefore have increased risk of HBV infection.

CDC/ACIP advises all delivery hospitals adopt policies and procedures to ensure the identification of infants born to HBsAg-positive mothers and infants born to mothers with unknown HBsAg status and initiate immunization for these infants.

### **CDC/ACIP Recommendations**

CDC/ACIP recommends administration of PEP with hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth to infants whose mother is hepatitis B surface antigen (HBsAg) positive. If documentation of the woman's HBsAg status is not available at the time of admission for delivery, the recommendations call for immediate testing of the mother and for the administration of hepatitis B vaccine to the infant within 12 hours of birth. If the result of the mother's test is HBsAg-positive, HBIG should be

<sup>1</sup> CDC. 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* 2005;54(RR16). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>

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administered to the infant within 12 hours of birth or as soon as possible within 7 days of birth.

Because many PEP errors result from laboratory report transcription or misinterpretation errors, it is recommended that only laboratory reports be used to ascertain the HBsAg status of women admitted for labor and delivery rather than prenatal chart notes.

Please see the attached guidelines on perinatal hepatitis B prevention. For more information, please contact Carol Sparks at 510-620-3728 or your perinatal hepatitis B contact at your County's Department of Public Health. Thank you for your assistance in preventing perinatal HBV infections.

Sincerely,

**Original Signed by Pamela Dickfoss**

Pamela Dickfoss  
Acting Deputy Director  
Center for Health Care Quality

Attachment

## PERINATAL HEPATITIS B POSTEXPOSURE PROPHYLAXIS RECOMMENDATIONS

The California Department of Public Health (CDPH) advises delivery hospitals implement the following policies and procedures as recommended by the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)<sup>1</sup>.

### Review mother's HBsAg laboratory report at the time of admission

- Review a copy of the mother's HBsAg lab report at the time of hospital admission to ensure that the correct test was performed during the current pregnancy and that the interpretation of the results is correct. Accepting results that were not issued by the lab performing the test (e.g., results written on prenatal records) is not recommended because transcription and misinterpretation errors can occur. It is recommended a copy of the lab report be filed in both the infant's and the mother's medical records.

### Test mothers with unknown HBsAg status at the time of admission

- Perform HBsAg testing immediately upon admission if there is no documentation of the mother's HBsAg status for the current pregnancy. Instruct the lab to call the labor and delivery unit as soon as results are obtained.
- Women at risk for acquiring hepatitis B infection during pregnancy (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 an HBsAg-positive sex partner) should be retested close to the time of delivery.

### Ensure appropriate administration of hepatitis B vaccine and HBIG

- HBsAg positive mothers: Administer hepatitis B vaccine and HBIG within 12 hours of birth to all infants of HBsAg positive mothers.
- HBsAg unknown status mothers:
  - Infants weighing **<2 kg** - Administer hepatitis B vaccine and HBIG within 12 hours of birth if the mother's HBsAg status is unknown.
  - Infants weighing **≥2 kg** - Administer hepatitis B vaccine within 12 hours of birth if the mother's HBsAg status is unknown. If the mother is found to be HBsAg positive, administer HBIG as soon as possible and no later than 7 days after birth. If infant has been discharged when HBsAg positive results are obtained, it is the responsibility of the hospital to inform the mother's local health department that the infant needs HBIG.
- HBsAg negative mothers: Administer hepatitis B vaccine before discharge to all infants weighing **≥2 kg** if the mother is HBsAg negative.
- Document administration of hepatitis B vaccine in the infant's immunization record and provide this record to parents.
- Federal law requires providers to give parents a Hepatitis B Vaccine Information Statement (VIS) before vaccine administration. To obtain a VIS, download it from the CDPH website at <http://www.cdph.ca.gov/programs/immunize/Pages/VaccineInformationStatements.aspx>

**Thank you for your efforts to prevent perinatal hepatitis B transmission.**

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<sup>1</sup>CDC. 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* 2005;54(RR16). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>