Follow-up Protocol for Infants Born to Hepatitis B Surface Antigen-Positive (HBsAg-positive) Women

1. Review Michigan Care Improvement Registry (MCIR), and/or Official Immunization Record to verify if infant received hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) at birth.

2. At 1-2 months of age:
   A. **GIVE** infant single-antigen hepB vaccine at 1-2 months of age, or Pediarix™ (DTaP-HepB-IPV) at 2 months of age, intramuscularly in the anterolateral thigh (at least 4 weeks after first dose).  *(If infant weighed less than 2000g at birth, and received hepB vaccine before 1 month of age, do not count birth dose of hepB vaccine as part of series, repeat the hepB dose at 1-2 months of age and give two additional doses.)*
   B. **UPDATE** MCIR record.
   C. **FLAG** infant’s chart as a reminder of when next dose is due.
   D. **ASK** parent for current telephone and address and update patient’s MCIR record.
   E. **COMPLETE** Hepatitis B Perinatal Case Report-Infant/Contact Form or Provider Reporting Form, and mail or fax to Perinatal Hepatitis B Prevention Program (PHBPP), or call/email case manager with information.
   F. **GIVE** 2nd dose of single-antigen hepB vaccine at 1-2 months of age or Pediarix™ at 2 months of age

3. If using Pediarix™, a dose of the hepB vaccine can be given at the 4 month-visit intramuscularly in the anterolateral thigh.
   A. **UPDATE** MCIR record.
   B. **FLAG** infant’s chart as a reminder of when next dose is due.
   C. **ASK** parent for current telephone and address and update patient’s MCIR record.
   D. **COMPLETE** Hepatitis B Perinatal Case Report-Infant/Contact Form or Provider Reporting Form, and mail or fax to PHBPP, or call/email case manager with information.

4. At 6 months of age:
   A. **GIVE** infant single-antigen hepB vaccine or Pediarix™ at 6 months of age, intramuscularly in anterolateral thigh (at least 8 weeks after second dose, at least 16 weeks after first, and no earlier than 24 weeks of age).
   B. **INFORM** parent that infant will need a blood test at **9-12 months of age, (1-2 months after the final dose if the vaccine series is delayed)**, to make sure baby is protected from hepatitis B virus (HBV).
   C. **UPDATE** MCIR record.
   D. **FLAG** infant’s chart as reminder of when blood test is due.
   E. **ASK** parent for current telephone and address and update patient’s MCIR record.
   F. **COMPLETE** Hepatitis B Perinatal Case Report-Infant/Contact Form or Provider Reporting Form, and mail or fax to PHBPP, or call/email case manager with information.

5. At 9 to twelve months of age (1-2 months after the final dose if the vaccine series is delayed):
   A. **DRAW** or refer infant for HBsAg and hepatitis B surface antibody (anti-HBs) testing. To arrange for free testing contact the PHBPP case manager.
      a. If HBsAg-positive, refer to specialist for follow-up care.
      b. If HBsAg and anti-HBs are negative, give one additional dose of hepB vaccine and retest in 1-2 months.
         i. If repeat HBsAg and anti-HBs are negative, give two additional doses of hepB vaccine (at 1 & 6 months later) and retest 1-2 months after completion of second hepB vaccine series.
      c. If anti-HBs-positive, no additional vaccine or testing is needed, infant is protected from the HBV.
   B. **UPDATE** MCIR record.
   C. **ASK** parent for current telephone and address and update patient’s MCIR record.
   D. **COMPLETE** Hepatitis B Perinatal Case Report-Infant/Contact Form or Provider Reporting Form, and mail or fax to PHBPP, or call/email case manager with information.

If you have questions, or need test kits, please call the Perinatal Hepatitis B Prevention Program (PHBPP) at 517-284-4893 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

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