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What Role Does a Pediatric Care Provider Play in the Perinatal Hepatitis B Prevention Program?

Pediatric care providers should establish practices for ensuring appropriate follow-up of infants born to HBsAg-positive mothers and infants born to mothers with unknown HBsAg status at the time of delivery. These practices should include the following:

- For all infants, complete the hepatitis B (HepB) vaccine series according to the routine recommended schedule (birth, 1-2 months, and 6-18 months of age) and document the date of administration of each dose in the Oklahoma State Immunization Information System (OSIIS).

For information on OSIIS please contact your Immunization Field Consultant.

- **For infants born to mothers with unknown HBsAg status** at the time of delivery.
 - Obtain the mother's HBsAg test results from the delivery hospital laboratory;
 - Provide appropriate care to the infant as follows:
 - If the mother is found to be HBsAg positive, ensure that the infant received HBIG at the hospital and if not administer HBIG as soon as possible but no later than age 7 days and complete HepB vaccination on schedule at birth, 1-2 months of age and 6 months of age;
 - If the mother is found to be HBsAg negative, the vaccine series should be completed according to the routine recommended schedule.
- **For preterm infants weighing <2,000 grams at birth**, the initial vaccine dose (birth 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 four doses) should be administered beginning when the infant reaches the chronological age of 1 month.
- **For infants born to HBsAg-positive mothers**, perform post-vaccination testing for anti-HBs and HBsAg 2 months after completion of the vaccine series and when the child is at least 9 months of age. **Testing should not be performed before 9 months of age.** Infants should be managed as follows:

- HBsAg-negative infants with anti-HBs concentrations of >10 mIU/mL are protected and need no further medical management;
- HBsAg-negative infants with anti-HBs concentrations of <10 mIU/mL should be revaccinated with a second three-dose series and retested 2 months after the last dose of vaccine;
- Infants who are HBsAg positive should receive appropriate follow-up.

Test results for all infants born to HBsAg-positive mothers should be faxed to the Perinatal Hepatitis B Prevention Coordinator, Jennifer Bumgarner, at 405-271-5149 as the Oklahoma State Department of Health is required to track the management of all infants born to HBsAg-positive mothers. Your role in perinatal hepatitis B prevention is crucial to preventing chronic hepatitis B in infants born to hepatitis B infected mothers. If not managed appropriately, 90% of infants infected with hepatitis B at birth will develop chronic hepatitis B infection.

Flu Vaccine Effectiveness, 2014-15 Season

On Thursday, December 4, 2014 the Centers for Disease Control and Prevention (CDC) announced that influenza A (H3N2) flu viruses are predominant so far this season. H3N2-predominant seasons are often associated with more hospitalizations and deaths, especially in young children and older people. CDC also highlighted laboratory information indicating that about half of analyzed H3N2 viruses this season are different from the H3N2 vaccine virus; a factor which may reduce how well the vaccine protects against those drifted H3N2 viruses. Despite the detection of drifted viruses, **CDC continues to recommend flu vaccination as the best way to prevent the flu.** Also, it's possible that vaccination may still provide some protection against the drifted viruses, lessening severe flu-associated outcomes like hospitalization and death.

New VFC Requirement for 2015

Beginning January 1st 2015, all VFC providers are required to have a back-up thermometer with a calibration certificate. This back-up thermometer must not be in the refrigerator used to store vaccine unless needed. Please make sure your clinic is in compliance starting January 1st.