



January 18, 2006

Dear Colleague:

We would like to bring to your attention revised immunization recommendations from the Advisory Committee on Immunization Practices (ACIP) to ensure that newborn infants are protected from hepatitis B virus (HBV) infection, a major cause of cirrhosis and liver cancer in the United States. The ACIP now recommends that, except on a case-by-case basis and only in rare circumstances, universal infant hepatitis B vaccination should begin at birth. Previously, the ACIP noted a preference for giving the first dose at birth, but also recommended that infants born to uninfected mothers could receive the first dose at age 1-2 months. To prevent HBV transmission among children at greatest risk for HBV infection, the ACIP also recommends that prenatal care providers, delivery hospitals, and health departments implement policies and procedures to identify and manage children born to infected mothers and mothers with unknown HBV infection status. The ACIP statement, including all of the revised recommendations, is available from CDC in the *Morbidity and Mortality Weekly Report* (<http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>). A synopsis of the updated recommendations is provided below.

Recommendations for Prenatal Care Providers

Management of all pregnant women:

- Test all pregnant women for hepatitis B surface antigen (HBsAg) during each pregnancy.
- Transfer a copy of the original laboratory report of the pregnant woman's HBsAg test result to the patient's medical record in the delivery hospital.
- Inform pregnant women of the importance of newborn hepatitis B vaccination.
- Vaccinate pregnant women who are at risk for HBV infection.

Management of pregnant women with chronic HBV infection:

- Inform HBsAg-positive women of HBV transmission risks and ways to prevent HBV infection, including the importance of postexposure prophylaxis for newborn infants and hepatitis B vaccination of household, sexual, and needle-sharing contacts.
- Refer HBsAg-positive women to an appropriate case-management program to ensure that their newborn infants receive timely postexposure prophylaxis and follow-up.

- Provide or refer HBsAg-positive women for appropriate medical management of their chronic HBV infection.

Recommendations for Delivery Hospitals

- Implement standing orders to ensure that, except in rare circumstances (see statement for additional details), all newborns with birth weights of ≥ 2 kilograms receive hepatitis B vaccine before discharge.
- Implement policies and procedures to ensure that all infants born to HBsAg-positive mothers and all infants born to mothers with unknown HBsAg status are identified and receive appropriate immunoprophylaxis. These policies and procedures should include the following standing orders:
 - Review HBsAg test results for all pregnant women at the time of admission for labor and delivery.
 - Conduct HBsAg testing as soon as possible after admission for pregnant women who do not have a documented HBsAg result and for pregnant women identified as being at risk for HBV infection during pregnancy (e.g., >1 sex partner in the previous 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection-drug use, HBsAg-positive sex partner).
 - Administer hepatitis B vaccine and hepatitis B immune globulin within 12 hours of birth to all infants born to HBsAg-positive mothers.
 - Administer hepatitis B vaccine within 12 hours of birth to all infants born to mothers with unknown HBsAg status.
 - Document on the infant's medical record the maternal HBsAg test results and the infant's hepatitis B immunization.

Recommendations for Health Departments

- Provide or assure case-management services to ensure that 1) all pregnant women are tested for HBsAg during each pregnancy, and 2) infants born to HBsAg-positive women and infants born to women with unknown HBsAg status receive recommended immunoprophylaxis and follow-up.

Before hepatitis B vaccination became routine in the United States, transmission of HBV infection perinatally and during early childhood caused an estimated 30%-40% of chronic HBV infections. Approximately 25% of chronically infected children die prematurely from cirrhosis or liver cancer. The majority of chronically infected persons remain asymptomatic until the onset of cirrhosis or end-stage liver disease.

These recommendations update the ACIP strategy to eliminate HBV transmission in the United States. This strategy has been implemented with considerable success and has resulted in a substantial decline in hepatitis B incidence in the United States. However, challenges remain to eliminate perinatal and childhood HBV transmission. In particular, CDC estimates that only about half of expected births to HBsAg-positive mothers are identified for case management, which is needed to maximize on-time delivery of postexposure immunoprophylaxis. In addition, errors in management of infants born to HBsAg-positive mothers and infants born to mothers with unknown HBsAg status have kept many of these infants from receiving appropriate immunoprophylaxis to prevent HBV infection.

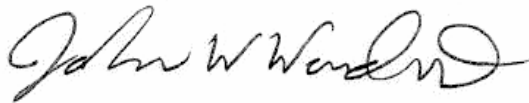
On February 2, 2006, from 12:00 pm to 1:00 pm Eastern Standard Time, CDC will host an Internet conference to discuss the new ACIP recommendations. This conference is intended for physicians, nurses, administrators, and other medical professionals, particularly hospital obstetrical and neonatal staff, prenatal care providers, professional organizations involved in perinatal care, and public health staff. The one-hour program will combine a telephone audio conference with online visual content. The session will allow for a question-and-answer segment by telephone and via the Internet. Internet access and a separate phone line are needed to participate. Please visit the following website before January 31, 2006, to register:

<http://www.cdc.gov/nip/ed/ciinc/hepatitisb.htm> If you cannot view this conference on February 2, you will be able to visit the following website for replay and viewing of the slides: <http://www.cdc.gov/nip/ed/ciinc/#archive>.

Additional resources may be found at the following website:

<http://www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm> Thank you in advance for your efforts to eliminate HBV transmission in the United States.

Sincerely,



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