

HIGH RISK NEONATAL HEPATITIS B IMMUNIZATION PROGRAMME

PATIENT'S NAME: _____

ADDRESS: _____

DOB: _____

PHN: _____

EDC: _____

Dear Doctor:

Your patient has tested **HBsAg Positive** on <<Posdate>>. Her baby will require a dose of Hepatitis B Immune Globulin (HBIG) and the first dose of hepatitis B vaccine at birth. This will be arranged through the hospital at which your patient is delivering. Completion of the series of hepatitis B vaccine using Infanrix hexa™ vaccine at 2, 4, and 6 months of age should be coordinated between the family physician and your patient's local public health unit.

Your patient will require appropriate counseling and medical follow-up related to this test result. In management of this patient it would be important to determine whether this result reflects an acute or a chronic hepatitis B infection. **Inform the patient that they are HBsAg positive and ask them to inform the delivery staff so that the HBIG and vaccine will be given to their child even if they deliver in another facility.**

As hepatitis B is a reportable infection, the Medical Health Officer has been notified.

If the Hospital for delivery has changed it is the physician's responsibility to send a copy of this letter to the new hospital.

To: <<hosp>> Hospital Blood Bank: Please order the HBIG from the Blood Products Distribution Department at the Canadian Blood Services. Please order hepatitis B vaccine from your local health unit.

To: <<hosp>> Hospital Case Room: Following the baby's birth, please fill-in the following information and fax a copy of this letter to the <<public health>> **with the mother/infant discharge notice.**

DATE OF BABY'S BIRTH: _____
YYYY / MM / DD

BABY'S LAST NAME: _____

HEPATITIS B IMMUNE GLOBULIN-DATE GIVEN: _____
YYYY / MM / DD LOT#

HEPATITIS B VACCINE – DATE GIVEN: _____
YYYY / MM / DD LOT

General Information:

Babies born to HBsAg positive mothers have a high risk of becoming chronic carriers of hepatitis B virus. When HBIg and hepatitis B vaccine is provided, the risk of hepatitis B infection in the infant is low. HBIg should be given immediately after birth, along with 1 dose of hepatitis B vaccine. Give hepatitis B vaccine and HBIg at the same time using separate syringes and separate limbs. Hepatitis B vaccine is also given to the infant at 2, 4, and 6 months of age as a component of Infanrix hexa™ vaccine. All infants who receive hepatitis B vaccine at birth will receive 4 doses of hepatitis B vaccine.

For further information consult the Canadian Immunization Guide, 7th Edition 2006, Health Canada. This is available on the web at: http://www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf. The BC Communicable Disease Control Guidelines for hepatitis B are available at bccdc.ca.

Transmission of hepatitis B virus may be through sexual contacts and household members. Hepatitis B vaccine is supplied to susceptible contacts of an individual with acute or chronic hepatitis B infection. Hepatitis A vaccine is also recommended for chronic hepatitis B infected individuals. Both vaccines are available at no cost through Public Health.

For laboratory inquiries call 1-877-747-2522. For BCCDC Epidemiology Services call 604-707-2510.

Yours sincerely,

Mel Kraiden, MD, FRCPC
Director, BC Hepatitis Services
Associate Director, BCCDC Laboratory Services

Jane Buxton, MBBS, FRCPC
Physician Epidemiologist
BCCDC Epidemiology Services

cc: Medical Health Officer
Public Health

NOTE TO PHYSICIAN /MEDICAL HEALTH OFFICER:

Please initiate follow-up of the baby for completion of the hepatitis B vaccine series. Also, please ensure that post-vaccination testing for HBsAg and anti-HBs is performed one month after (and no longer than six months after) completion of the vaccine series, to monitor the success of prophylaxis. It is important to ensure the infant is protected from continual exposure to hepatitis B virus and despite complete and timely post-exposure prophylaxis the infant may become infected. As the "Protocol for Viral Hepatitis Testing" is in effect (MSC and BCMA – Protocol Steering Committee), in order to obtain both tests, they should be ordered individually. If on follow-up testing the baby tests HBsAg positive OR anti-HBs less than 10 IU/L, please contact your local public health unit for additional follow up information.

