**Alert**

All neonates (preterm or term) born to hepatitis B positive mothers must be given a dose of hepatitis B vaccine AND hepatitis B immunoglobulin at birth.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Primary immunisation of ALL infants against infection caused by the hepatitis B virus.</th>
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<tbody>
<tr>
<td>Action</td>
<td>Stimulates the production of antibodies to confer protection against the hepatitis B virus.</td>
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<tr>
<td>Drug Type</td>
<td>Vaccine.</td>
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<tr>
<td>Trade Name</td>
<td>H-B-Vax-II– for immunisation at birth. Infanrix Hexa– for immunisation at 2, 4 and 6 months of age. Engerix-B– for immunisation at birth, 2, 4 and 6 months of age.</td>
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</tbody>
</table>
| Presentation | HB-Vax-II– 5 microg/0.5 mL  
Infanrix Hexa– 10 microg/0.5 mL  
Engerix-B Thiomersal Free Paediatric Formulation– 10 microg/0.5 mL |
| Dosage / Interval | 0.5 mL IM.  
Should be given to all infants as soon as possible after birth.  
The greatest benefit is seen when the first dose is administered within 24 hours. **The first dose must be given within 7 days.**  
A total of four doses should be administered at either:  
– Birth, 2 months, 4 months and 6 months OR  
– Birth, 2 months, 4 months and 12 months  

Babies born at < 32 weeks gestation or with a birth weight < 2000 g, are recommended to have their vaccine given at 0, 2, 4 and 6 months of age and either:  
– Measure hepatitis B antibodies at 7 months of age and give a booster at 12 months of age if antibody titre is < 10 mUnits/mL OR  
– Give a booster at 12 months without measuring antibody titre.  

Record details of vaccination in patient’s Personal Health Record (‘Blue Book’) and complete Australian Community Immunisation Register records and complete a NSW Neonatal Hepatitis B Vaccination Program Form.  
Record vaccine batch number on the medication chart. |
| Route | IM |
| Administration | IM injection. Shake well before use.  
Give at a separate site from other concurrently administered vaccines/IM injections. |
| Monitoring | Hepatitis B surface antigens and hepatitis B surface antibodies should be measured in infants born to mothers with chronic hepatitis B infection 3 to 12 months after completing the primary vaccine course. |
| Contraindications | Postpone vaccination in significant acute illness or temperature > 38.5°C. IM injections should not be given if there is severe thrombocytopenia or a coagulation disorder. |
| Adverse Reactions | Swelling, tenderness. Fever can occur in 0.6–3.7% of cases. |
| Storage | Store between 2 and 8°C. Do NOT freeze as this reduces potency. Storage above or below the recommended temperature may decrease potency. |
| Special Comments | Preterm neonates < 2000 g or < 32 weeks do not respond as well to hepatitis B vaccine as full term babies. They should have the usual dosing schedule and then consider a booster dose at 12 months.  
If the birth dose is not administered within 7 days of life a primary 3-dose course should be administered at 2, 4 and 6 months of age; no catch up dose is required. |
Due to concerns regarding aluminium content in hepatitis B vaccines, practitioners may elect not to give hepatitis B vaccine at birth for infants < 28 weeks.

Evidence summary

To be updated

References

2. MIMS Australia, H-B-Vax II paediatric, full product information (accessed 17/09/2014).