

<b>Alert</b>	<b>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.</b>
<b>Indication</b>	Primary immunisation of ALL infants against infection caused by the hepatitis B virus.
<b>Action</b>	Stimulates the production of antibodies to confer protection against the hepatitis B virus.
<b>Drug Type</b>	Vaccine.
<b>Trade Name</b>	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.
<b>Presentation</b>	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
<b>Dosage / Interval</b>	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. <b>The first dose must be given within 7 days.</b> 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.
<b>Route</b>	IM
<b>Administration</b>	IM injection. Shake well before use. Give at a separate site from other concurrently administered vaccines/IM injections.
<b>Monitoring</b>	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.
<b>Contraindications</b>	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.
<b>Adverse Reactions</b>	Swelling, tenderness. Fever can occur in 0.6–3.7% of cases.
<b>Storage</b>	Store between 2 and 8°C. Do NOT freeze as this reduces potency. Storage above or below the recommended temperature may decrease potency.
<b>Special Comments</b>	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.
<b>Evidence summary</b>	To be updated
<b>References</b>	1. Australian Technical Advisory Group on Immunisation. The Australian Immunisation Handbook. 10th ed. Canberra: Australian Government Department of Health, 2013. 2. MIMS Australia, H-B-Vax II paediatric, full product information (accessed 17/09/2014).

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<b>Approval by: As per Local Policy</b>	<b>Approval: RHW Quality &amp; Patient Safety Committee 19/11/15</b>