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To: Birthing Hospitals, Vaccines for Children Providers, and Local Health Departments
From: New York State Department of Health, Bureau of Immunization
Date: November 2015

INFORMATIONAL MESSAGE:

Shortened Interval for Post Vaccination Serologic Testing of Infants Born to Hepatitis B-Infected Mothers.

The purpose of this informational message is to inform health care providers that the Centers for Disease Control and Prevention has revised the recommendation for timing of post vaccination serologic testing (PVST) of infants born to hepatitis B-infected mothers. PVST should now be ordered at age 9–12 months, or 1–2 months after receipt of the last hepatitis B (HepB) vaccine dose.

Infants born to hepatitis B-infected mothers should receive post exposure prophylaxis consisting of hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth, followed by completion of the 3-dose or 4-dose HepB vaccine series by 6 months of age. PVST assesses an infant's response to HepB vaccination and was previously recommended at age 9–18 months. The discontinuation of the vaccine Comvax and new data supporting PVST at 1–2 months after receipt of the last HepB vaccine dose has prompted the recommendation to shorten the interval for PVST from age 9–18 months to age 9–12 months.

Providers should order PVST (consisting of hepatitis B surface antigen [HBsAg] and hepatitis B surface antibody [anti-HBs]) for infants at age 9–12 months (or 1–2 months after the final dose of the vaccine series, if the series is delayed). For most infants born to HBsAg-positive mothers, PVST at age 9–12 months provides opportunities for testing at two well-child visits (i.e., 9-month and 12-month visits). An added benefit of a shortened interval to PVST is a reduction in the period during which non-responders are at risk for transmission from close contacts with hepatitis B virus infection. Earlier PVST enables prompt treatment and education for infants that need revaccination with a second 3-dose HepB vaccine series to attain protective anti-HBs levels. A shortened interval might also increase adherence with recommendations for timely completion of PVST and conserve public health resources involved in providing case management services.

For additional information please see the following resources,

- 1) Centers for Disease Control and Prevention MMWR / October 9, 2015 / Vol.64 / No.39
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm>
- 2) Centers for Disease Control and Prevention
<http://www.cdc.gov/hepatitis/partners/perihepbcoord.htm>
- 3) New York State Department of Health Perinatal hepatitis B
https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_b/perinatal/