

October 3, 2024

Re: Updates to the Hepatitis B Protocol

The Hepatitis B Protocol (<https://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf>), section 8.2.1 Neonatal Contacts, *Unscreened Mother About to Deliver*, is updated as follows:

Current statement on Page 13 (highlighted bullet has been updated):

- Pregnant women whose hepatitis B status is unknown at time of labour/delivery should undergo blood (HBsAg) testing as soon as possible and preferably before delivery to determine their infection status (call Cadham Provincial Laboratory at 204-945-6123 to arrange).
- While awaiting test results, the infant should receive HBIG and the first dose of hepatitis B pediatric vaccine (0.5 mL) within 12 hours of birth (as described above under *Infants Born to HBsAg-Positive Mothers*).
- If the mother is found to have hepatitis B infection (i.e., HBsAg-positive), the hepatitis B pediatric vaccine series should be completed in the infant and post-immunization testing performed as described above under *Infants Born to HBsAg-Positive Mothers*. If the mother tests negative subsequent to initiation of immunoprophylaxis, completion of the hepatitis B vaccination series in the infant is still recommended; however, post-immunization testing of the infant is not necessary.

Updated statement on Page 13 (highlighted bullets):

- Pregnant women whose hepatitis B status is unknown at time of labour/delivery should undergo blood (HBsAg) testing as soon as possible and preferably before delivery to determine their infection status (call Cadham Provincial Laboratory at 204-945-6123 to arrange).
- If maternal hepatitis B status is not available within 12 hours of delivery, administer monovalent hepatitis B pediatric vaccine. In addition, consider administering HBIG while the mother's results are pending if there is any suspicion that the mother could be infected (i.e., consider the mother's risk factors).
- HBIG effectiveness following exposure decreases over time, with a significant decrease reported after 48 hours of delivery. HBIG may be provided up to seven days after delivery, but optimally within 12 to 48 hours after delivery.
- Hepatitis B vaccine effectiveness may be decreased in newborns with low birthweight (<2000g). Therefore, early administration (within 12 hours of delivery) of HBIG together with monovalent hepatitis B pediatric vaccine is recommended for newborns with low birthweight (<2000g) if there is uncertainty regarding the mother's risk of infection.
- If the mother is found to have hepatitis B infection (i.e., HBsAg-positive), the hepatitis B pediatric vaccine series should be completed in the infant and post-immunization testing performed as described above under *Infants Born to HBsAg-Positive Mothers*. If the mother tests negative subsequent to initiation of immunoprophylaxis, completion of the hepatitis B vaccination series in the infant is still recommended; however, post-immunization testing of the infant is not necessary.

Sincerely,

"Original Signed by"

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