

The Role of Pediatric Primary Care Providers in Preventing Perinatal Hepatitis B

FOR PEDIATRIC PRIMARY CARE PROVIDERS

Pediatric primary care providers must ensure that:

- All infants complete the hepatitis B vaccination series.
- All infants born to hepatitis B surface antigen (HBsAg)-positive persons receive postexposure prophylaxis and have postvaccination serology drawn.

Action steps:

1. For all infants to whom you provide care:

- Write a standing order for hepatitis B vaccination within 24 hours of birth in the infant's hospital record. For infants less than 2,000 grams, refer to [Hepatitis B Vaccination and Serology Schedule for Preterm Infants \(less than 2,000g\)](#) (www.health.state.mn.us/diseases/hepatitis/b/perinatal/preterminfantvaxserology.pdf).
- Identify the birthing parent's HBsAg status.
- Complete the recommended three-dose hepatitis B vaccine series.
- Record all infants' vaccinations in the Minnesota Immunization Information Connection (MIIC) registry.

2. For all infants born to HBsAg-positive people:

- Write a standing order in the infant's hospital record for hepatitis B vaccination and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- Complete the recommended three-dose hepatitis B vaccine series listed in [Hepatitis B Vaccination Schedule and PVS Guidance for Infants Born to Hepatitis B Positive Pregnant Persons](#) (www.health.state.mn.us/diseases/hepatitis/b/perinatal/pedsvaxserology.pdf). If the infant is preterm follow [Preterm Infant Hepatitis B Vaccination and Serology Schedule](#) (www.health.state.mn.us/diseases/hepatitis/b/perinatal/preterminfantvaxserology.pdf).
- Enter the date of each vaccination and the vaccine brand into MIIC.
 - Complete post-vaccination serology, including HBsAg and hepatitis B surface antibody (anti-HBs) 1-2 months after final dose and no earlier than 9 months of age.
- If the infant is HBsAg-negative and anti-HBs negative, administer an additional dose of hepatitis B monovalent vaccine followed by HBsAg and anti-HBs testing 1-2 months after the additional dose. If the anti-HBs result is still negative, then administer two more doses of vaccine on the appropriate schedule to complete a full three-dose second series. Recheck serology again 1-2 months after the final dose is administered. If the infant is HBsAg-positive and anti-HBs negative, counsel the family and consult with a liver specialist for ongoing follow-up and care, and report positive HBsAg result to MDH.

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3. Enter the infant's hepatitis B vaccine administration dates into MIIC and fax post-vaccination serology results to the perinatal hepatitis B coordinator at the public health agency in the county or city where the birthing parent resides. For household contacts of HBsAg-positive birthing parents and their infants:
 - Assist in testing household contacts of the HBsAg-positive birthing parent for HBsAg and anti-HBs, if they have not been previously tested.
 - Report serology testing results of household contacts to the perinatal hepatitis B coordinator at the public health agency in the county or city where the birthing parent resides.
 - Vaccinate susceptible household contacts to whom you provide primary care.
 - Give hepatitis B vaccine and conduct post-vaccination serology of any susceptible contacts to whom you provide care.
 - Record all vaccinations in MIIC.
 - Report hepatitis B vaccination and post-vaccination serology results to the perinatal hepatitis B coordinator at the public health agency in the county or city where the birthing parent resides.
 - Counsel the infected birthing parent about the need for all identified HBsAg-positive contacts to be referred for appropriate follow-up and care.
4. Refer to the [American Academy of Pediatrics Immunization Schedule](https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf) (<https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf>).

Local public health tracks infants' and contacts' vaccinations and post-vaccination serology to ensure they are completed on time.

The cost of vaccine should never be a barrier.

- MnVFC covers uninsured and underinsured children at most pediatric and family practice clinics.
- Uninsured and underinsured adults can get free or low-cost shots at certain clinics across the state. Visit [Vaccination Clinics Serving Uninsured and Underinsured Adults](http://www.health.state.mn.us/people/immunize/basics/uuavsearch.html) (www.health.state.mn.us/people/immunize/basics/uuavsearch.html) for more information.

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12/22/2025

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