September 18, 2017

Dear Colleagues,

In October 2016, the Advisory Committee on Immunization Practices (ACIP) implemented a national recommendation that hepatitis B vaccine be administered to newborns within 24 hours of birth for medically stable infants weighing \( \geq 2,000 \) grams, rather than before hospital discharge. This revision reflects the standard of care and has been endorsed by the American Academy of Pediatrics.\(^1\) It also highlights the importance of the timeliness of the universal birth dose to provide a safety net for infants whose mother’s hepatitis B status is either unknown or incorrectly documented. Failures in identification of infected mothers due to errors in testing, transcribing and interpreting maternal hepatitis B screening test results, delays in testing, and ordering the wrong screening test are well documented, with fatal consequences. In national surveys covering a ~3 year period, over 500 medical errors regarding perinatal hepatitis B prevention were reported.\(^2\)

In 2016, only 70% of children born in New York City received the hepatitis B vaccine within 3 days of birth and coverage varies widely by facility, ranging from 11% to 100%. Approximately 90% of infants who acquire hepatitis B infection will become chronically infected, of whom 25% will die of liver failure. The hepatitis B vaccine birth dose is up to 90% effective at preventing hepatitis B mother to child transmission, even in the absence of concurrent hepatitis B immune globulin administration. The hepatitis B birth dose also helps to prevent post-natal horizontal transmission from infected household members or caregivers. It is not an acceptable practice to encourage patients to defer the birth dose until their first outpatient evaluation.

Thank you in advance for your cooperation.

Sincerely,

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization

2. Immunization Action Coalition. States Report Hundreds of Medical Errors in Perinatal Hepatitis B Prevention: www.immunize.org/protect-newborns