

South Australian Neonatal Medication Guidelines

Hepatitis B Immunoglobulin

100 unit ampoule

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Hepatitis B immunoglobulin is available through Hospital Transfusion services

Synonyms

HBIG

Dose and Indications

Passive immunisation of newborns to prevent vertical transmission of hepatitis B where mothers are hepatitis B surface antigen (HBsAg) positive

Intramuscular

100 units single dose immediately after birth

Ideally given within 12 hours of birth and certainly within 48 hours

Given at the same time as the birth dose of the Hepatitis B vaccine in the opposite thigh (see hepatitis B vaccine guideline)

Preparation and Administration

Intramuscular

Administer intramuscularly into the anterolateral thigh.

Administer at the same time as the Hepatitis B vaccine but into the opposite anterolateral thigh.

DO NOT administer intravenously.

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Adverse Effects

Common

Local tenderness and muscle stiffness at injection site

Rare

Systemic reactions such as urticaria, angio-oedema, erythema and anaphylaxis are unlikely to occur in neonates

Monitoring

- > Monitor injection site
- > Hepatitis B surface antibodies (anti-HBs) and HBsAg concentrations should be measured in all infants born to hepatitis B surface antigen positive mothers 3 months after completing the primary course (i.e. 3 months after the 6 month vaccination). **Do not test the infant before 9 months of age**, to avoid detecting anti-HBs from the HBIG given at birth.
 - > If anti-HBs levels are adequate (≥ 10 mUnit/mL) and HBsAg is negative, then the infant is considered to be protected.
 - > If anti-HBs titre is <10 mUnit/mL or HBsAg is positive, refer to Infectious Diseases

Practice Points

- > Three subsequent doses of a multivalent/combination hepatitis B vaccine should be given at 6 weeks, 4 months and 6 months of age, so that the infant is given a total of 4 doses of hepatitis B-containing vaccines. For babies born at <32 weeks gestation and/or <2000 g, a booster dose is also given at 12 months unless serology confirms infant is protected (see monitoring).
- > Use cautiously in patients with thrombocytopenia, coagulopathy or bleeding disorders who may be at risk of haemorrhage from IM injection.
- > If the mother has a known blood borne virus, clean the limbs prior to administration



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Document Ownership & History

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