

incidence of HBV infection increases rapidly during adolescence ([American Academy of Pediatrics, 2015](#)). It is recommended that newborns receive HepB before hospital discharge if the mother is hepatitis B surface antigen (HBsAg) negative. Monovalent HepB should be given as the birth dose, whereas combination vaccine containing HepB may be given for subsequent doses in the series. Both full-term and preterm infants born to mothers whose HBsAg status is positive or unknown should receive HepB and hepatitis B immune globulin (HBIG), 0.5 ml, within 12 hours of birth at two different injection sites. Because the immune response to HepB is not optimum in newborns weighing less than 2000 g (4.4 lbs.), the first HepB dose should be given to such infants at a chronological age of 1 month old, as long as the mother's HBsAg status is negative ([American Academy of Pediatrics, 2015](#)). In the event that the preterm infant is given a dose at birth, the current recommendation is that the infant be given the full series (three additional doses) at 1, 2, and 6 months of age. The [American Academy of Pediatrics \(2015\)](#) also encourages immunization of all children by 11 years old.

The vaccine is given intramuscularly in the vastus lateralis in newborns or in the deltoid for older infants and children. Regardless of age, avoid the dorsogluteal site because it has been associated with low antibody seroconversion rates, indicating a reduced immune response. No data exist regarding the seroconversion when the ventrogluteal site is used. The vaccine can be safely administered simultaneously at a separate site with DTaP, MMR, and Hib vaccines.

Hepatitis A Virus

Hepatitis A has been recognized as a significant child health problem, particularly in communities with unusually high infection rates. HAV is spread by the fecal-oral route and from person-to-person contact, by ingestion of contaminated food or water, and, rarely, by blood transfusion. The illness has an abrupt onset, with fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice being the most common clinical signs of infection. In children younger than 6 years old, who represent approximately one third of all cases of hepatitis A, the disease may be asymptomatic, and jaundice is rarely evident.