

11. Leu HS. Infection Control-II [in Chinese]. Taipei: I-Shen Publication; January 1993.
12. Department of Health. A prevalence survey of nosocomial infections in Taiwan. Republic of China (Taiwan); June 1988.
13. Chou MY, Wang YW, Chu ML, et al. The study of infection surveillance and control program for nosocomial infection: basic data of nosocomial infection incidence and outbreaks: antibiotics usage of hospital patients. Department of Health, the Republic of China (Taiwan), June 1993.
14. Emori TG, Culver DH, Horan TC, et al. National Nosocomial Infections Surveillance (NNIS) system: description of surveillance methods. *Am J Infect Control* 1991;19:19-35.
15. Emori TG, Haley RW, Stanley RC. The infection control nurse in US hospitals, 1976-1977: characteristics of the position and its occupant. *Am J Epidemiol* 1980;111:592.
16. Cohen LS, Fekety FR, Cluff LE. Studies of the epidemiology of staphylococcal infection. V: the reporting of hospital-acquired infection. *JAMA* 1962;180:805-808.
17. Rosenblatt MR, Zizza F, Beck I. Nosocomial infections. *Bull NY Acad Med* 1969;45:10-21.
18. Haley RW, Schaberg DR, Von Allmen SD, McGowan JE. Estimating the extra charges and prolongation of hospitalization due to nosocomial infections: a comparison of methods *J Infect Dis* 1980;141:248-257.
19. Leu HS, Kaiser DL, Mori M, Woolson RF, Wenzel RP Hospital-acquired pneumonia: attributable mortality and morbidity. *Am J Epidemiol* 1989;129:1258-1267.
20. Wey SB, Mori M, Pfaller MA, Woolson RF, Wenzel RP Hospital-acquired candidemia: the attributable mortality and excess length of stay. *Arch Intern Med* 1988;148:2642-2645.

Clarification of Hepatitis B Vaccine Dose for Infants

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CDC's recently published Recommended Childhood Immunization Schedule-United States, January 1995, stated that infants born to hepatitis B surface antigen (HBsAg)-positive mothers should receive immunoprophylaxis with 0.5 mL of hepatitis B immune globulin and 0.5 mL of hepatitis B vaccine administered at separate sites. (See *MMWR* 1994;43[51]:959-960.) Hepatitis B vaccines licensed in the US are pro-

duced by Merck and Co, Inc. (Rathway, NJ), and SmithKline Beecham (Philadelphia, PA) and are available in various concentrations. The recommended dose of hepatitis B vaccine for infants varies by manufacturer and HBsAg status of mother (Table 1). Merck and Co, Inc, recommends 2.5 mg of Recombivax HB R for infants of HBsAg-negative mothers and 5.0 mg for infants of HBsAg-positive mothers. SmithKline Beecham recommends 10 mg of Engerix-B R regardless of the mother's HBsAg status. Providers

should know the HBsAg status of an infant's mother and should consult the product package insert for the recommended vaccine dose.

Providers also should be aware that the Food and Drug Administration recently lowered the age-appropriate dose of Engerix-B R from 20 mg to 10 mg for adolescents from 11 to 19 years of age.

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TABLE

RECOMMENDED DOSES OF CURRENTLY LICENSED HEPATITIS B VACCINES, BY AGE OR RISK GROUP

Group	Recombivex HB	Engerix- B
Infants of HBsAg-negative mothers	2.5 mg	10.0 mg
Infants of HBsAg-positive mothers	5.0 mg	10.0 mg
Children		
Age 1 to 10 years	2.5 mg	10.0 mg
Adolescents		
Aged 11 to 19 years	5.0 mg	10.0 mg
Adults		
Age \geq 20 years	10.0 mg	20.0 mg
Dialysis patients and other immunocompromised persons	40.0 mg	40.0 mg