

## The Role of the Perinatal Hepatitis B Prevention Program (PHBPP):

- Collaborate with healthcare providers, delivery hospitals, and the family to ensure:
- Immunoprophylaxis of infants at birth
  - Timely hepatitis B vaccine completion
  - Post-vaccination serology (PVS) screening
  - Referral of household contacts
  - Linguistically and culturally appropriate hepatitis B education

## Reporting

CHSC 120250 & California Code of Regulations, Title 17, Section 2500 mandates all HCPs report positive HBsAg results to public health within 7 days of diagnosis.

- Fax or mail a confidential morbidity report (CMR) to the PHBPP. Fax the CMR to 213-351-2781 or mail to PHBPP, 3530 Wilshire Blvd., #700, Los Angeles, CA 90010. The CMR is available via the web at <http://www.publichealth.lacounty.gov/ip/perinatalhepB/index.htm> or obtained by calling the Morbidity Unit at (888) 397-3993.
- Delivery Hospitals should Fax the *Hospital Report, Perinatal Hepatitis B* form to 213-351-2781. This form is available at <http://publichealth.lacounty.gov/ip/perinatalhepB/index.htm> or call PHBPP at (213) 351-7400.
- Pediatric care providers should fax immunization records & PVS results to 213-351-2781.



## Resources

- Perinatal Hepatitis B Prevention Program  
3530 Wilshire Blvd., Suite 700  
Los Angeles, CA 90010
- (213) 351-7400
  - (213) 351-2781 (Fax)
  - [www.publichealth.lacounty.gov/ip/perinatalhepB/index.htm](http://www.publichealth.lacounty.gov/ip/perinatalhepB/index.htm)

Centers for Disease Control & Prevention. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP); Part I: Immunization of Infants, Children, and Adolescents. *MMWR* 2005;54 (No. RR-16)

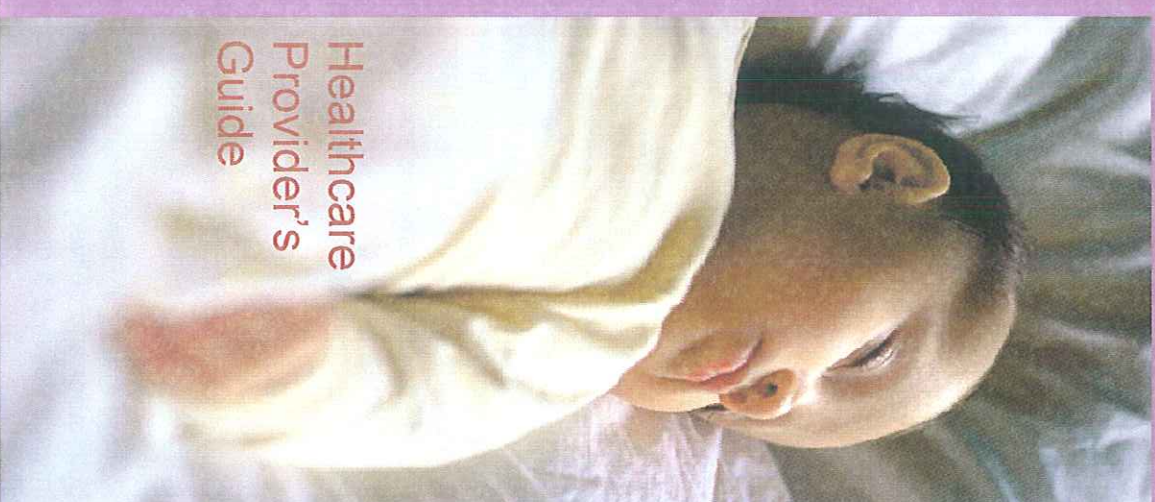
- [www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?\\_cid=rr5416a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?_cid=rr5416a1_e)

The National Quality Forum, National Consensus Standards for Perinatal Care, October 27, 2008

- [www.qualityforum.org/news/releases/102708\\_perinatal\\_FINAL.pdf](http://www.qualityforum.org/news/releases/102708_perinatal_FINAL.pdf)



## Perinatal Hepatitis B Prevention Program



Healthcare  
Provider's  
Guide

## Perinatal Hepatitis B

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without immunoprophylaxis (Hepatitis B vaccine and hepatitis B immune globulin), approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth will eventually die from chronic liver disease.

Collaboration between parents, healthcare providers (HCPs), delivery hospitals and the Perinatal Hepatitis B Prevention Program (PHBPP) will diminish the incidence of Hepatitis B and lower the risk for chronic HBV infection and chronic liver disease.

## Role of Prenatal Care

### Providers:

- California Health & Safety Codes (CHSC) 125080-125085 requires testing of all pregnant women during each pregnancy for hepatitis B surface antigen (HBsAg). Please:
  - Provide a copy of the original HBsAg laboratory report to the delivery hospital.
  - Report HBsAg+ results to the PHBPP.
  - Provide immunoprophylaxis education to the patient.
- Refer HBsAg+ patients for an evaluation.

## Role of Delivery Hospitals:

- Only accept original HBsAg laboratory reports as documentation of hepatitis B status.
- Record maternal HBsAg test results on both labor and delivery record and on infant's delivery & discharge summary sheet.

- Perform HBsAg testing as soon as possible on women without a documented HBsAg test result or at risk for HBV (e.g., >1 sex partner in the previous 6 months, recent history of a sexually transmitted disease, injection-drug use, HBsAg+ sex partner, or history of clinical hepatitis since previous testing).

## Infants of HBsAg-positive Mothers

- Administer single-antigen hepatitis B vaccine and hepatitis B immune globulin (HBIG) to all infants  $\leq 12$  hours after birth.
- Record date and time of HBIG and Hepatitis B vaccine administration in infant's medical record.
- Report all infants and immunoprophylaxis to the PHBPP within 24 hours.

## Infants of Mothers Whose HBsAg Status is Unknown

- Administer single-antigen hepatitis B vaccine to all infants (without HBIG)  $\leq 12$  hours after birth. Preterm infants with a birth weight  $< 2000$  g should also receive HBIG  $\leq 12$  hours after birth.
- If the mother is determined to be HBsAg+, administer HBIG to the infant as soon as possible (before age 7 days). Alert infant's pediatric care provider of need for HBIG if the infant has been discharged.
- Record date and time of immunoprophylaxis in infant's medical record.
- Report all women who whose HBsAg status is positive or unknown to the PHBPP within 24 hours.

## Infants of HBsAg-negative Mothers

- Before hospital discharge administer single-antigen hepatitis B vaccine to all infants weighing  $\geq 2,000$  g.
- At one month of age or at hospital discharge, administer single-antigen hepatitis B vaccine to medically stable infants weighing  $< 2000$  g.

## Role of Pediatric Care

### Providers:

- Complete the hepatitis B vaccine series. Administer the second dose at age 1 or 2 months and the third dose no earlier than 6 months of age. Use single-antigen hepatitis B vaccine for infants  $< 6$  weeks of age. Preterm infants weighing  $< 2000$ g at birth who were vaccinated at birth need a total of 4 doses to complete the vaccine series.
  - Post-vaccine serology testing (PVS): Test all infants of HBsAg+ mothers for both HBsAg and antibody to HBsAg (anti-HBs) 1-2 months after vaccine series completion, but not before 9 months of age.
  - Revaccinate HBsAg-negative infants with anti-HBs levels  $< 10$  mIU/mL with a second three-dose vaccine series and retest 1-2 months after the last vaccine dose.
  - Fax vaccinations records and PVS results of infants born to HBsAg-positive mothers to the PHBPP.
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