

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

- Fax or mail a confidential morbidity report (CMR) to the Perinatal Hepatitis B Prevention Unit (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

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Wolfe S, Hamborsky J, McIntyre L, eds. 11th ed. Washington DC: Public Health Foundation, 2009.

<http://www.cdc.gov/vaccines/Pubs/pinkbook/downloads/table-of-contents-508.pdf>

Centers for Disease Control and 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)

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e

Guidelines for Standing Orders in Labor and Delivery and Nursery Units to Prevent Hepatitis B Virus Transmission to Newborns.

[http://www.cdph.ca.gov/programs/immunize/Documents/IAC%20Standing%20orders%20L%20and%20D%20\(8-07\).pdf](http://www.cdph.ca.gov/programs/immunize/Documents/IAC%20Standing%20orders%20L%20and%20D%20(8-07).pdf)

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

http://www.qualityforum.org/news/releases/102708_perinatal_FINAL.pdf



PERINATAL HEPATITIS B PREVENTION PROGRAM

HealthCare Provider's Guide



3530 Wilshire Blvd., Suite 700
Los Angeles, CA 90010
(213) 351-7400
(213) 351-2781 (Fax)
<http://publichealth.lacounty.gov/ip/perinatalhepB/index.htm>

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, 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 125080-125085 require all pregnant women to be tested 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-positive 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 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-positive 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 ≤ 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 Unknown HBsAg Status Mothers

- Administer single-antigen hepatitis B vaccine to all infants (without HBIG) ≤ 12 hours after birth. Preterm infants with a birth weight <2000 g should also receive HBIG ≤ 12 hours after birth.
- If the mother is determined to be HBsAg-positive, 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.
- Notify the PHBPP of all women whose HBsAg status is positive or unknown.

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 <2000g 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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