



## **Perinatal Hepatitis B Prevention Program Guidelines for District Offices/State Health Centers and County/Municipal Health Departments**

### **I. Identification of Prenatal Hepatitis B Surface Antigen (HBsAg) Positive Women**

- A. Pennsylvania requires all pregnant women to be screened for Hepatitis B surface antigen (HBsAg) on the first prenatal visit, or within 15 days, but no later than the time of delivery, as stated in Pennsylvania Code §27.99 (a).
- B. If the District/State Health Centers or County Municipal Health Departments are notified of a HBsAg positive result in a woman of child bearing age (12-45 years), via the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), laboratory, physician's office, or any other means, these steps are to be followed:
  1. Contact the physician who ordered the laboratory test to determine if it was ordered due to pregnancy and if the woman has been notified of her positive HBsAg status. Confirm the HBsAg test results, date of testing, expected date of delivery, and expected delivery hospital. Request that a copy of HBsAg results be sent to the delivery hospital.
  2. Initiate a Pennsylvania Department of Health (DOH) [Perinatal Hepatitis B Case and Contact Report Form](#), completing all fields as the information becomes available. Complete a hard copy of this form and fax the initial report and all subsequent updates to DOH where they will be entered in the Perinatal Hepatitis B Database by the Perinatal Hepatitis B Coordinator.

Fax to:

Perinatal Hepatitis Program Nurse Coordinator  
PA Department of Health, Division of Immunizations  
Health & Welfare Building, Room 1026  
625 Forster St., Harrisburg, PA 17120  
Phone: 717-787-5681 Fax: 717-214-7223

3. Contact the client to provide her with information and education about hepatitis B, including the importance of immunoprophylaxis for her infant, ways to prevent transmission, perinatal concerns (e.g., infants born to HBsAg positive mothers may be breastfed), substance abuse treatment (if appropriate), and the need for the mother to receive evaluation and medical management for chronic hepatitis B. Provide both verbal and written information and obtain an interpreter if necessary.
4. Stress the importance of informing her primary care providers, the birthing hospital, and her intended pediatrician about her hepatitis B status.

5. Verify the client has a record in PA-NEDSS with all information completed.
6. Obtain the names of any household and sexual contacts. They are eligible for Hepatitis B screening and vaccination from the DOH. This information must be entered on the [Perinatal Hepatitis B Case and Contact Report Form](#) and forwarded to the designated contact.

## II. Infants Born to HBsAg Positive Mothers

- A. After the client has delivered, verify the dates of Hepatitis B Immune Globulin (HBIG) and hepatitis B vaccine administration to the infant with the hospital or primary care physician. Enter the information on the infant in the case record and start a separate record in PA-NEDSS for the infant for follow-up. Keep a record using the optional [CHN Perinatal Hepatitis B Case Management Checklist](#). Include the infant's birth weight and insurance information on the case report.
- B. Contact the infant's primary care provider to ensure that the follow-up hepatitis B vaccine doses are administered according to the Advisory Committee on Immunization Practices (ACIP) guidelines for hepatitis B high-risk infants.
- C. Contact the parent/guardian prior to the second and third hepatitis B immunization (and 4<sup>th</sup> if infant was preterm, in which case the birth dose does not count towards the series) to remind them of upcoming appointments. Confirm address and telephone information during each contact.
- D. Verify the date of administration of each dose of hepatitis B vaccine with the pediatric provider or the Pennsylvania Statewide Immunization Information System (PA-SIIS). As updates are discovered they are to be forwarded to a designated staff member or the DOH Perinatal Hepatitis B Coordinator for entry into the Perinatal Hepatitis B Database.
- E. After the infant has completed the hepatitis B vaccination series, contact parent/guardian and remind them of the need for post-vaccination testing when the infant has reached the age of 9-12 months. Explain the importance of follow up testing and what the results will show. If immunity has not been obtained, a single dose of Hep B vaccine should be given as soon as possible. Serology testing should be obtained 1-2 months after the completion of the repeated series.
- F. Verify anti-HBs and HBsAg test results of infants with the pediatric provider and discuss follow-up of the infant on the basis of these results.
  - HBsAg negative infants with anti-HBs levels of >10mIU/mL or reactive results are protected and need no further medical management.
  - HBsAg negative infants with anti-HBs levels of <10mIU/mL or non-reactive results should be revaccinated with a single dose of Hep B vaccine and receive post-vaccination serologic testing 1-2 months later. Infants whose anti-HBs remains

<10mIU/mL following single dose revaccination should receive two additional doses of Hep B vaccine to complete the second series, followed by post-vaccination serologic testing 1-2 months after the final dose.

- Based on clinical circumstances or family preference, HBsAg-negative infants with anti-HBs<10mIU/ml may instead be revaccinated with a second, complete 3-dose series, followed by post-vaccination serologic testing performed 1-2 months after the final dose of vaccine.
- Infants who are HBsAg positive should be referred for medical evaluation and management of chronic hepatitis B.

G. Record vaccination dates and results of serologic/post-vaccination testing for the infant on the Data on Newborn section of the [Perinatal Hepatitis B Case and Contact Report Form](#), in PA-NEDSS and provide updates to the District Office/State Health Center designated contact or DOH Perinatal Hepatitis B Coordinator. Once the infant has been found to have immunity, the case in PA-NEDSS can be closed and the case in the Perinatal Hepatitis B database will be closed by the DOH Perinatal Hepatitis B Coordinator.

### **III. Household and sexual contacts of HBsAg positive women**

- A. Sexual partners, household contacts, and needle-sharing contacts of HBsAg-positive persons should be identified. Unvaccinated past and present sex partners, household contacts, and needle-sharing contacts should be tested for HBsAg and anti-HBc and/or anti-HBs. They should also receive the first dose of hepatitis B vaccine as soon as a blood sample for serologic testing has been collected. Susceptible persons should complete the vaccine series using an age-appropriate vaccine dose and schedule. Those who have not been vaccinated fully should complete the vaccine series. Contacts determined to be HBsAg-positive should be referred for medical care.
- B. Complete the Data on Contacts section of the [Perinatal Hepatitis B Case and Contact Report Form](#) and forward the information to the District Office/State Health Center designated contact or DOH Perinatal Hepatitis B Coordinator.