North Carolina Perinatal Hepatitis B Prevention Program Guidelines and Resources

General Perinatal Hepatitis B Guidelines:

Identification of HBsAg-positive women and their infants

- Educate healthcare providers (OB/GYNs, family practitioners, hospitals, etc.) on the importance of universal screening of **all pregnant women** for **HBsAg** during **each** pregnancy and reporting positive results to the LHD and to the selected birth hospital.
- Educate healthcare providers to screen all HBsAg-positive pregnant women for HBV DNA to guide the use of maternal antiviral therapy during pregnancy for the prevention of perinatal HBV transmission. See the CDC algorithm Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection Among Pregnant Women
- Work with your local delivery hospitals to ensure that protocols are in place to identify infants born to women who are HBsAg (+) or women with unknown HBsAg status. Ensure that they have mechanisms in place to report infant births of HBsAg (+) women and any new positive results to the LHD.
- Pregnancy status should be determined for **ALL** positive HBV lab results received for women of childbearing age (**14-50 years**) and documented in NC EDSS.
- Infants born to HBsAg-positive women are **required to be reported to NC EDSS within 30 calendar days of birth** and linked to the mother's event. Provide and document control measures given to mother regarding infants born to HBsAg-positive mothers in the infant's event.

Post-exposure prophylaxis (PEP) at birth

- Work with your local delivery hospitals to ensure that they are administering proper PEP (Hepatitis B immune globulin (HBIG) **and** hepatitis B vaccine vaccine) **within 12 hours of birth** to infants whose mothers are known to be **HBsAg-positive** or have an **unknown HBsAg status**.
- Assist in training birthing hospital staff to accurately document the date and time of birth and the date and time of administration of HBIG and Hepatitis B vaccine.

Hepatitis B Vaccine Series Completion

- Follow minimum or recommended intervals for the hepatitis B vaccine series since this is a high-risk group. Following the ACIP schedule allows for timely PVST to determine if an infant is immune, susceptible or infected. If found to be susceptible, this gives the provider time to revaccinate early and retest with the hopes of preventing a chronic infection. All HBV doses must be documented in NC EDSS within the vaccine package.

Post-vaccination serological testing (PVST)

- Continue to work closely with providers to ensure that PVST recommendations are followed and that parents understand the importance of testing. Extensive effort needs to be made to educate parents and to attempt to bring infants in for testing on time (either at the LHD or the provider's office). Be proactive with providers and notify them **before** the infant is due for testing instead of when they're overdue.
- Continue to educate providers on the appropriate serological markers needed for PVST. Infants must be tested for **both HBsAg and anti-HBs**. Testing for only one serological marker and not both is considered "indeterminate", which results in the infant needing to be retested.
- PVST should be completed at **9-12 months of age** (and 1-2 months after completion of the Hepatitis B vaccine series).
- Revaccination following initial PVST: HBsAg-negative infants with anti-HBs <10 mIU/mL should be re-vaccinated with a **single dose** of Hep B vaccine and receive post vaccination serologic testing 1-2 months later. Infants whose anti-HBs remains <10 mIU/mL following single dose revaccination should receive two additional doses of Hep B vaccine, followed by PVST 1-2 months after the final dose. Based on clinical circumstances or family preference, HBsAg-negative infants with anti-HBs <10 mIU/mL may instead be revaccinated with a second, complete 3-dose series, followed by post vaccination serologic testing (PVST) performed 1-2 months after the final dose of vaccine.

Lost to Follow-Up and Relocation

- Exhaust all possible resources (WIC, Medicaid, NCIR, certified letters, phone calls, home visits, etc.) to track an infant prior to considering them as lost to follow-up. At least three different attempts should be made to contact the family and/or provider.
- If an infant relocates to a new county within NC, contact the new CD nurse by phone. Change the county of residence in NC EDSS and NCIR and initiate a "LHD to LHD transfer" in NC EDSS.
- If an infant relocates to another state, obtain and document the forwarding address and submit the even to State PCM in NC EDSS.
- If an infant relocates to another country, document the new country in NC EDSS and submit to State PCM.

Perinatal Hepatitis B Resources:

- CDC Clinical Overview of Perinatal Hep B
- Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices
- Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission from immunize.org
- Give Birth to the End of Hep B from immunize.org
- Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose from immunize.org
- CDC Pink Book - Hepatitis B Chapter
- North Carolina Hepatitis B Public Health Program Manual
- Hep B Moms: Asian Liver Center
- North Carolina Administrative Code Hepatitis B Control Measures
- Physician's Guide to Hepatitis B

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