California Department of Public Health – March 2015

Prevention of Perinatal Hepatitis B

Guidelines for Prenatal Care Providers

Timely postexposure prophylaxis of the infants of hepatitis B-infected women is very effective in preventing perinatal hepatitis B transmission. When a mother is infected with hepatitis B, her infant must be given hepatitis B immunoglobulin **(**HBIG) and hepatitis B vaccine within 12 hours of birth per the recommendation of the Advisory Committee on Immunization Practices (ACIP)[1].

TEST PREGNANT WOMEN

- **Providers are mandated to test pregnant women for hepatitis B surface antigen (HBsAg)** (California Health and Safety Code, Section 125085). The HBsAg test should be ordered at an early prenatal visit during every pregnancy.
- **Re-test an HBsAg-negative woman before delivery** if she has clinical hepatitis or if she was at risk for hepatitis B exposure during pregnancy. Risk factors include recent intravenous drug use, an HBsAg-positive sex partner, more than one sex partner in the past 6 months, or recent treatment for an STD.
- **Test HBsAg-positive pregnant women for HBV DNA** (viral load). HBV DNA ≥20,000 IU/mL is associated with an increased risk of perinatal transmission of hepatitis B virus. Refer pregnant women with high viral loads to a specialist for evaluation and possible antiviral treatment during pregnancy.
- **Laboratories** performing HBsAg testing should use a test that is approved or licensed by the FDA and should adhere to the manufacturer's directions. The list of FDA approved HBsAg and confirmation requirements can be found here: http://tinyurl.com/ov5esoo. Repeat testing and confirmation of reactive HBsAg results are required for pregnant women.

INTERPRET DISCREPANT HBsAg LABORATORY TESTING RESULTS

- Occasionally prenatal care providers receive unexpected HBsAg-positive test results for pregnant women who do not have known risk factors for hepatitis B infection. Providers should first ensure that confirmatory testing has been done and if so, may choose to retest such patients. If the patient is HBsAg-negative when retested, CDPH recommends total anti-HBc testing (such testing can be ordered with the HBsAg test). If total anti-HBc testing is negative, the woman is unlikely to be infected. If total anti-HBc testing is positive and questions still remain, consider testing for HBV DNA. Please feel free to contact the CDPH Immunization Branch at 510-620-3737 with any questions about hepatitis B testing or interpretation.

REPORT HEPATITIS B CASES

- **Laboratories and medical providers are mandated to report positive HBsAg results** to the local health department (California Code of Regulations, Section 125085, and Title 17, Section 2500 [b]).
- **Submit a copy of the laboratory report** documenting the woman's HBsAg status to the birth hospital. Notation of the woman's HBsAg status on the prenatal record is not sufficient because laboratory test results can be misinterpreted and because transcription errors can occur.

VACCINATE

- **Vaccinate** pregnant women who are at risk for hepatitis B infection if they are HBsAg-negative and are not immune (anti-HBs negative).

REFER AND INFORM

- **Inform** the HBsAg-positive woman of the importance of **postexposure prophylaxis** and **postvaccination serologic testing** for her infant and that **breastfeeding** is safe.
- **Refer** HBsAg-positive pregnant women for medical management and counseling.

For additional information, go to http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm or http://www.cdph.ca.gov/HealthInfo/discond/Pages/PerinatalHepatitisBPrevention.aspx

[1] 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 1: Immunization of Infants, Children, and Adolescents. MMWR. December 23, 2005 / 54(RR16);1-23 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e