

## Perinatal Hepatitis B Prevention Unit (PHBPU) Role

- Collaborate with healthcare providers, delivery hospitals, laboratories and the family to ensure:
- Treatment 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 healthcare providers report positive HBsAg results to public health within 7 days of diagnosis.

- Fax the confidential morbidity report (CMR) to the PHBPU to 213-351-2781 or mail to: 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 *Perinatal Hepatitis B form -Hospital Report* with the HBsAg lab report and Hospital Face Sheet, to 213-351-2781. This form is available at <http://publichealth.lacounty.gov/ip/perinatalhepB/index.htm> or call PHBPU at (213) 351-7400
- Pediatric care providers should fax immunization records & PVS results to 213-351-2781

## Information/Resources

Please contact the  
Los Angeles County Immunization Program  
Perinatal Hepatitis B Prevention Unit  
3530 Wilshire Blvd., Suite 700  
Los Angeles, CA 90010  
(213) 351-7400  
(213) 351-2781 (Fax)  
or visit our website at  
<http://publichealth.lacounty.gov/ip/perinatalhepB/index.htm>

## HEALTHCARE PROVIDER'S GUIDE

# Perinatal Hepatitis B Prevention Program



Los Angeles County Immunization Program



COUNTY OF LOS ANGELES  
**Public Health**

## Perinatal Hepatitis B

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without hepatitis B vaccine and hepatitis B immune Globulin (HBIG), 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 Unit (PHBPU) will decrease 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:

- Send a copy of the original HBsAg laboratory report to the hospital
- Report all HBsAg+ results to the PHBPU
- Provide hepatitis B prevention education to the patient (hepatitis B vaccine, HBIG, always use a condom, don't share dirty needles, clean up spilled blood immediately), cover open wounds and don't chew food for baby)
- Refer HBsAg+ patients to a liver specialist a medical evaluation. She may qualify for antiviral therapy during pregnancy

## Role of Delivery Hospitals

- Only accept original HBsAg laboratory reports as documentation of mother's hepatitis B status
- Ensure a copy of mother's HBsAg laboratory report is in the maternal and infant's medical record  
Record mother's HBsAg status on infant's discharge summary
- Perform HBsAg testing as soon as possible on women without a documented HBsAg test result or women 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 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 hepatitis B vaccine & HBIG administered to the PHBPU within 24 hours of birth

### Infants of Mothers Whose HBsAg Status is Unknown

#### Preterm infants weighing less than 2000 grams:

- Administer single-antigen hepatitis B vaccine & HBIG  $\leq 12$  hours after birth
- Record date and time of hepatitis B vaccine and HBIG in infant's medical record
- Report all women whose HBsAg status is positive or unknown to the PHBPU within 24 hours

#### Infants weighing 2,000 grams or more:

- Administer single-antigen hepatitis B vaccine (without 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 hepatitis B vaccine and HBIG in infant's medical record
- Report all women whose HBsAg status is positive or unknown to the PHBPU within 24 hours

### Infants of HBsAg-Negative Mothers

#### Infants weighing 2,000 grams or more:

Before hospital discharge administer single-antigen hepatitis B vaccine

#### Infants weighing less than 2000 grams:

At one month of age or at hospital discharge, administer single-antigen hepatitis B vaccine to medically stable infants

## 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 vaccination records and PVS results of infants born to HBsAg-positive mothers to the PHBPU