

HEPATITIS B SEROLOGY

Various serological markers appear and disappear during acute and chronic hepatitis B infections. Although hepatitis B serology is complex and a number of lab tests are in use, the following guidelines indicate some of the most commonly used serological tests for perinatal hepatitis B case management.

PREGNANT WOMEN	HBsAg	Hepatitis B Surface Antigen
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If a woman's HBsAg test result is positive, she is infectious whether the infection is acute or chronic, and her baby needs protection. On January 1, 1991, a California law mandated that all pregnant women be screened for hepatitis B surface antigen (HBsAg) and results be reported to the Health Department (Perinatal Hepatitis B Prevention Program).

HOUSEHOLD CONTACTS AND SEXUAL CONTACT	Anti-HBs & Anti-HBc & HBsAg	Antibody to Hepatitis B surface Antigen Antibody to Hepatitis B Core Antigen Hepatitis B Surface Antigen
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If a woman is HBsAg positive, there may still be time to protect the household members and sex partners from infection. Immediately vaccinate any persons whose anti-HBs, anti-HBc and HBsAg tests results are negative. If the HBsAg is negative and the anti-HBs test and anti-HBc are positive, the contact is immune. If the HBsAg is positive, the patient is infected and needs further medical evaluation.

INFANTS BORN TO HBsAg+ MOTHER, <u>AFTER PROPHYLAXIS</u>	Anti-HBs & HBsAg	Antibody to Hepatitis B Surface Hepatitis B Surface Antigen
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These tests, conducted 3 to 9 months after completion of the vaccine series (usually when the baby is 9 to 15 months old), indicate whether the infant has been protected by the immunoprophylaxis. If the HBsAg is negative and the anti-HBs test is positive, the infant is immune from vaccination. If the HBsAg is positive, the infant is infected and needs further medical evaluation.