

2026 VPDCP Office Hours

- World Cup Readiness
- VFC Program Updates
- Hantavirus
- Perinatal Hepatitis B

Vaccine Preventable Disease Control Program
Los Angeles County Department of Public Health

June 3, 2026

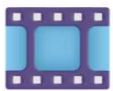
Housekeeping



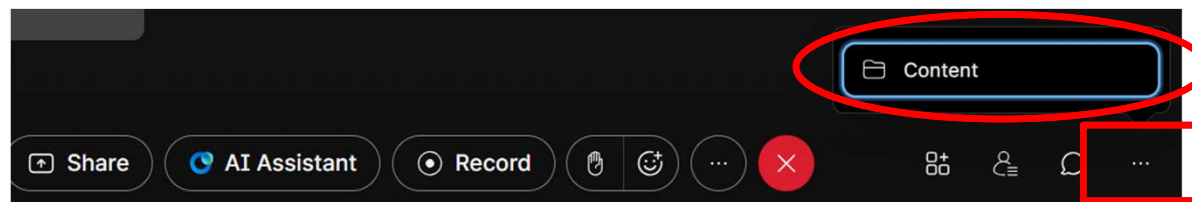
All participants are muted during the presentation.



This session is being recorded but will not be shared.



Slides for today's presentation can be downloaded during this session. Also, slides will be posted on [VPDCP Provider Information Hub](#) shortly after the Office Hours



Submit questions in the chat. Questions will be answered at the end of the presentation.



If you experience technical issues, check your computer audio configuration, try refreshing your browser or re-joining the webinar again.

2026 VPDCP Office Hours

Description: Monthly Office Hours hosted by the Los Angeles County Department of Public Health's Vaccine Preventable Disease Control Program (VPDCP) provide VFC providers and immunization partners with timely updates on immunizations. Each session covers rotating topics relevant to Los Angeles County, offering guidance, resources, and opportunities for discussion with VPDCP staff.

First Wednesday of the month

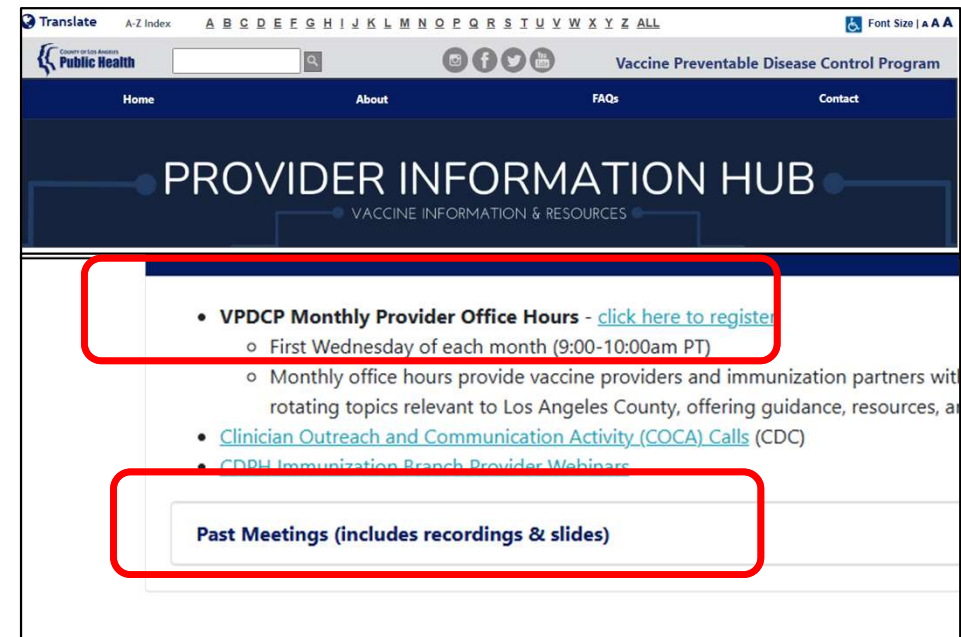
12:00 – 1:00 pm

[Registration link](#)

Reminders



Please share the registration information for the future sessions with your colleagues or refer them to the [VPDCP Provider Information Hub](http://publichealth.lacounty.gov/ip/index.htm)



<http://publichealth.lacounty.gov/ip/index.htm>



Agenda

Announcements	<i>Michelle Shishkin</i>
Preparing for the World Cup: Public Health & Travel-Related Disease Updates	<i>Annabelle De St Maurice</i>
VFC Updates	<i>Jerusalem Theodros</i>
Hantavirus Update	<i>Zuelma Contreras</i>
Perinatal Hepatitis B: A Primer for Testing, Prevention, and Reporting	<i>Faith Washburn</i>
Quick Poll	<i>All attendees</i>
Q&A session	<i>All panelists</i>

Announcements





Afternoon TEAch:

Strengthening Provider Readiness: Childhood IZ Updates, Back-to-School & Seasonal Planning

Thursday, June 18, 2026

12:00 – 1:00 pm

[Registration Link](#)

Preparing for the World Cup: Public Health & Travel-Related Disease Updates

Annabelle De St Maurice MD MPH,
Unit Director, Community Outbreak Team and
Syndromic Surveillance Team



Agenda

- World Cup Events and Dates
- Public Health Concerns

104 MATCHES



v	v	v	v	1B v 3 EFGJ
v	v	v	v	2D v 2G
v	v	v	v	1J v 2H
v	v	v	v	3K v 3 DELJ
v	v	v	v	W73 v W75
v	v	v	v	W76 v W77
v	v	v	2A v 2B	W76 v W78
v	v	v	1C v 2F	W79 v W80
v	v	v	1E v 3 ABCDF	W83 v W84
v	v	v	1F v 2G	W81 v W82
v	v	v	2E v 2I	W86 v W88
v	v	v	3I v 3 COFGH	W85 v W87
v	v	v	1A v 3 CEFGH	W89 v W90
v	v	v	3L v 3 EHLK	W93 v W94
v	v	v	1G v 3 ADHLJ	W91 v W92
v	v	v	1D v 3 DEFLJ	W95 v W96
v	v	v	3H v 2J	W97 v W98
v	v	v	2K v 2L	W99 v W100
v	v	v	BRONZE FINAL R103 v R102	
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v	v	v		

FIFA World Cup 2026

- The 2026 FIFA World Cup will be hosted by 11 cities in the United States, 2 cities in Canada, and 3 cities in Mexico:
 - **United States:** Atlanta, Boston, Dallas, Houston, Kansas City, Los Angeles, Miami, New York/New Jersey, Philadelphia, San Francisco/Bay Area, and Seattle
 - **Canada:** Toronto and Vancouver
 - **Mexico:** Guadalajara, Mexico City, and Monterrey
- Tournament goes from June 11-July 19, 2026



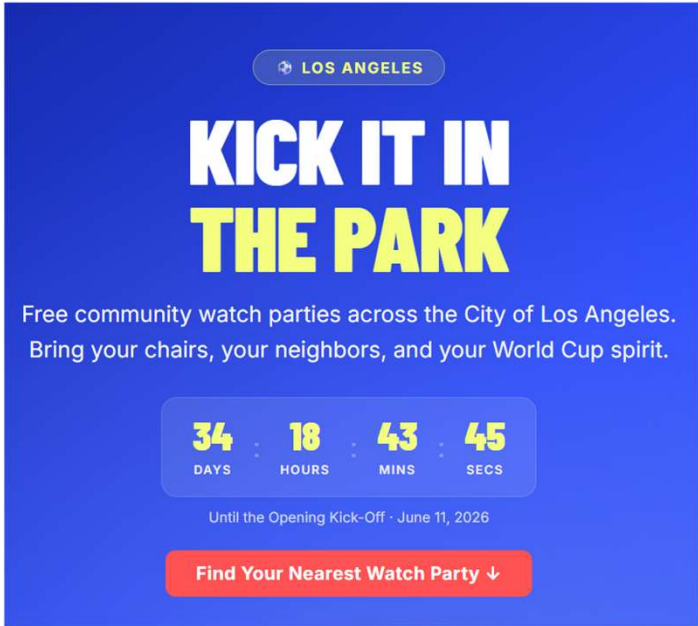
FIFA World Cup 2026

- First match June 11: Mexico City
- 8 games at SoFi Stadium (re-branded Los Angeles Stadium):
 - June 12: USA vs. Paraguay (1st match in US)
 - June 15: Iran vs. New Zealand
 - June 18: Switzerland vs. Bosnia & Herzegovina
 - June 21: Belgium vs. Iran
 - June 25: USA vs. Turkey
 - June 28: Round of 32 Knockout match
 - July 2: Round of 32 Knockout match
 - July 10: Quarter-Final match
- Final Match July 19: New Jersey/New York



World Cup Related Events

- FIFA Sponsored Events
- LA City Parks
 - Kick in the Park
<https://kickit.lacity.gov/>
 - 18 Park sites, 100+ screenings
- Unofficial watch parties
- Possible Protests



LOS ANGELES

KICK IT IN THE PARK

Free community watch parties across the City of Los Angeles.
Bring your chairs, your neighbors, and your World Cup spirit.

34 DAYS : **18** HOURS : **43** MINS : **45** SECS

Until the Opening Kick-Off · June 11, 2026

[Find Your Nearest Watch Party ↓](#)

World Cup Planning Updates: Fan Festival

- LA Coliseum
- June 11 – 14, 2026
- Anticipated hours of operation:
9 am – 9 pm
- Ticketed events
- Anticipated ~40K people/day
 - Live match broadcasts on giant screens
 - Food, live music, and entertainment



FIFA
FAN FESTIVAL™
LOS ANGELES
2026

10 Fan Zones Across LA County

Live match viewing and
“immersive fan experiences”



1. The Original Farmers Market: June 18 – 21
2. City of Downey: June 20
3. Heart of the City - Union Station & LA Plaza de Cultura y Artes: June 25-28
4. Hansen Dam Lake: July 2 – 5
5. LA County’s Earvin “Magic” Johnson Park: July 4 – 5
6. LA County Whittier Narrows: July 9 – 11
7. Venice Beach: July 11
8. Fairplex: July 14-15 & July 18-19
9. West Harbor: July 14-15 & July 18-19
10. Downtown Burbank: July 18-19

Core Public Health Responsibilities during FIFA World Cup Events

- Environmental Health
- Disease Surveillance and Control
- Emergency Management and WMD Preparedness

Mass Gatherings and Diseases

- **Communicable diseases**
 - Crowding
 - Travel related conditions
- **Non-communicable diseases**
 - Temperature extremes
 - Stampedes
 - Terrorist threats



Infectious Diseases of Concern

Measles 2026

- Canada
 - Lost measles elimination status
 - Over 800 confirmed cases
- Mexico
 - Over 10,000 confirmed measles cases and 10 deaths
 - Largest outbreak since MX achieved elimination status in 1997

Norovirus

- 2026 Winter Olympics Women's hockey team

Vector borne diseases

- Dengue

Travel associated mpox cases

- Clade I

Meningococcal disease

- Outbreaks associated with crowded settings (e.g., Hajj)

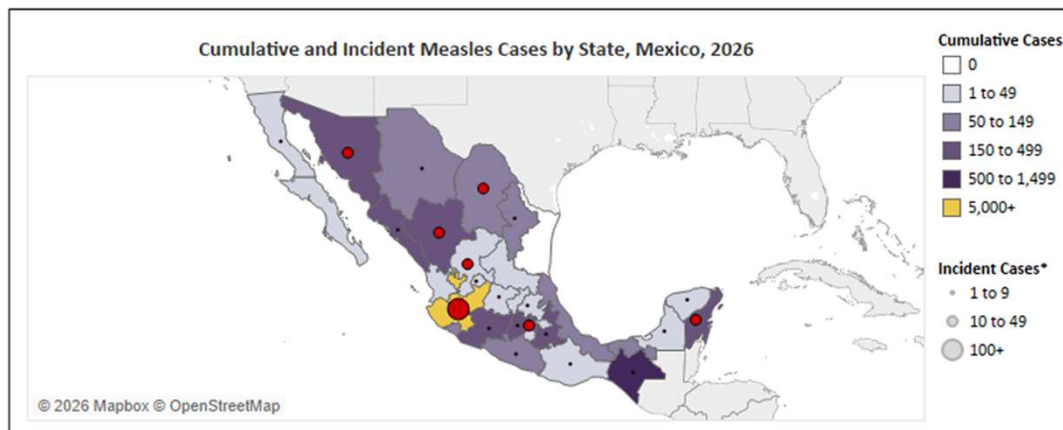


Figure Notes: Data as of April 22, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Report Outbreaks and Diseases to Public Health

REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient reside "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case. **All reports must include hospitalization status if known.**

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements *

- ☎ Report **immediately** by telephone for both confirmed and suspected cases.
- 📞 Report by telephone **within 1 working day** from identification.
- 📞 Report by telephone **within 24 hours** for both confirmed and suspected cases.
- ✉ Report by electronic transmission (including FAX or email), telephone or mail **within 1 working day** from identification.
- ✉ Report by electronic transmission (including FAX or email), telephone or mail **within 7 calendar days** from identification.
- ★ **Mandated by and reportable to the Los Angeles County Department of Public Health.**
- ± If enrolled, report electronically via the **National Healthcare Safety Network** (www.cdc.gov/nhsn/index.html). If not enrolled, use the LAC DPH CRE Case Report Form (publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
- For TB reporting: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
- For HIV/STD reporting: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm
- For laboratory reporting:** www.publichealth.lacounty.gov/lab/index.htm **For veterinary reporting:** www.publichealth.lacounty.gov/vet/index.htm

[ReportableDiseaseList.pdf](#)

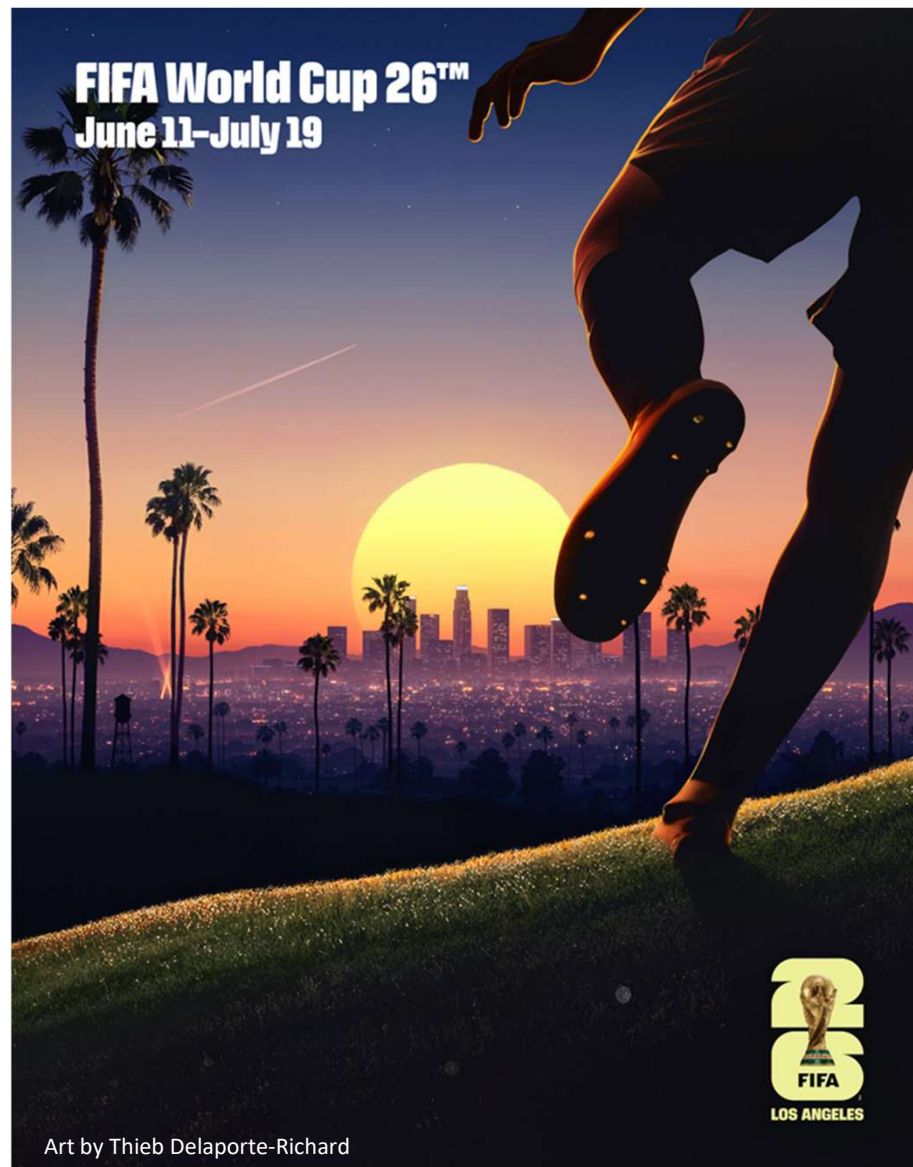
REPORTABLE COMMUNICABLE DISEASES

- | | | |
|--|---|---|
| 📞 Anaplasmosis | ☎ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source | ☎ Paralytic Shellfish Poisoning |
| ☎ Anthrax, human or animal | 📞 Giardiasis | ✉ Paratyphoid Fever |
| ✉ Babesiosis | 📞 Gonococcal Infection ■ | ✉ Pertussis (Whooping Cough) |
| ☎ Botulism, foodborne or wound | ✉ <i>Haemophilus influenzae</i> , invasive disease only, all serotypes, less than 5 years of age | ☎ Plague, human or animal |
| ☎ Botulism, infant—Reportable to CDPH IBTPP (see below [±]) | ✉ Hantavirus Infection | ☎ Poliovirus Infection |
| 📞 Brucellosis, animal; except infections due to <i>Brucella canis</i> | ✉ Hemolytic Uremic Syndrome | ✉ Psittacosis |
| ✉ Brucellosis, human | ✉ Hepatitis A, acute infection | ✉ Q Fever |
| ✉ Campylobacteriosis | 📞 Hepatitis B, specify acute, chronic, or perinatal | ☎ Rabies, human or animal |
| ✉ <i>Candida auris</i> , colonization or infection | 📞 Hepatitis C, specify acute, chronic, or perinatal | ✉ Relapsing Fever |
| 📞 Carbapenem-Resistant <i>Enterobacteriaceae</i> (CRE), including <i>Klebsiella</i> sp., <i>E. coli</i> , and <i>Enterobacter</i> sp., in acute care hospitals or skilled nursing facilities ★ ± | 📞 Hepatitis D (Delta), specify acute or chronic | 📞 Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age |
| 📞 Chagas Disease ★ | 📞 Hepatitis E, acute infection | 📞 Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses |
| 📞 Chancroid ■ | ☎ Human Immunodeficiency Virus (HIV), acute infection ■ (§2641.30-2643.20) | 📞 Rocky Mountain Spotted Fever |
| ✉ Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting) | 📞 Human Immunodeficiency Virus (HIV) infection, any stage ■* | 📞 Rubella (German Measles) |
| ✉ Chikungunya Virus Infection | 📞 Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) ■* | ✉ Rubella Syndrome, Congenital |
| ☎ Cholera | 📞 Influenza-associated deaths in laboratory | ✉ Salmonellosis, other than Typhoid Fever |
| ☎ <i>Ciguatera</i> Fish Poisoning | | ☎ Scombroid Fish Poisoning |
| | | ✉ Shiga toxin, detected in feces |
| | | ✉ Shigellosis |
| | | 📞 Silicosis |
| | | ☎ Smallpox (Variola) |

Resources

- <http://publichealth.lacounty.gov/lahan/>
- [https://admin.publichealth.lacounty.gov/media/winningst
artswith/](https://admin.publichealth.lacounty.gov/media/winningstartswith/)

Thank you!



VFC Program Updates

Jerusalem Theodros, MPH
Vaccine Program Management Unit



MMRV Access Restored for Children Younger than 4 Years

- MMRV vaccine is available again through the VFC program for children 12 months to 4 years, reversing a recent federal change.
- Commercial insurance and Medi-Cal have supported coverage for MMRV during the transition.
- 2026 immunization schedule letter sent to providers; CDPH recommends following AAP and CDC schedules.
 - VFC Communication regarding 2026 Immunization schedules and updated MMRV VFC resolution was shared with providers on May 11, May 15 and May 22 from the myvfcvaccines@cdph.ca.gov inbox.
- All recommended vaccines are available for ordering through VFC.



May 11, 2026

2026 AAP Child and Adolescent Immunization Schedule, Measles, Mumps, Rubella, and Varicella (MMRV) Vaccine Recommendations and Coverage

Dear VFC Provider,

Please read the attached letter "2026 AAP Child and Adolescent Immunization Schedule, VFC access restored to MMRV for children younger than age 4 years."

Highlights of the letter:

- CDPH continues to recommend providers to follow the 2026 American Academy of Pediatrics (AAP) Child and Adolescent Immunization Schedule.
- VFC doses of MMRV for children may be used for VFC-eligible children younger than age 4 years under the restored VFC resolution.
- Important VFC and IQIP Program reminders to support your clinic's immunization success.

RSV Pre-Book

- Pre-book for RSV monoclonal antibody doses will be available in July.
- RSV Pre-Book has several purposes:
 - Obtain individual provider preference and demand ahead of time.
 - Identify who should be prioritized for RSV doses once initial supply is made available.
 - Ability to streamline the shipment of RSV doses once supply becomes available.
- Available products:
 - Nirsevimab (Beyfortus®) 50mg and 100mg, 5-dose packaging
 - Clesrovimab (Enflonsia™) 10- and 1-dose packaging
- Discuss anticipated needs for next season.

Flu Vaccine Expiring

- Most influenza vaccines expire on June 30, 2026.
- Continue vaccinating up until vaccine expiration if your patients have not already received the vaccine.
- [Reporting and return guidance](#)

Hantavirus Update in Los Angeles County

Zuelma Contreras

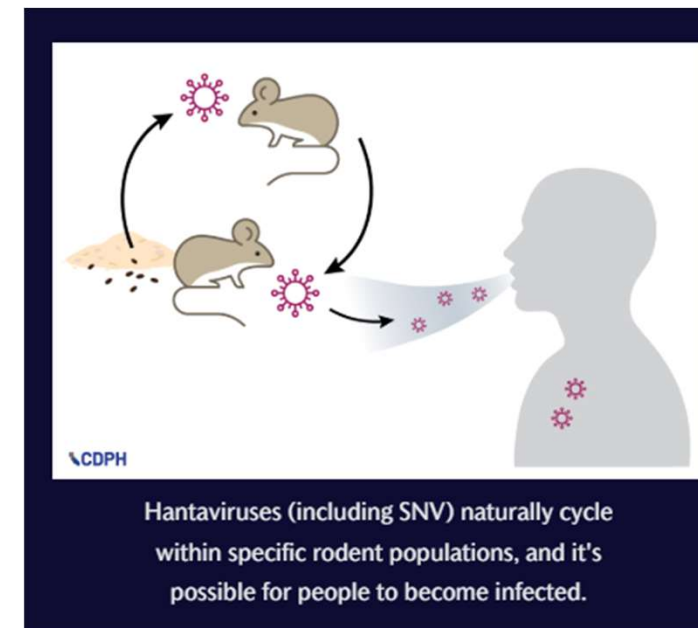
Vector-borne Disease and Infections in Pregnancy Unit
Acute Communicable Disease Control Division

Overview

- Situational update on Andes Hantavirus outbreak
- Andes transmission and infection control considerations
- Sin Nombre Virus
- Hantavirus in LA County
 - Clinical presentation
 - Diagnosis
 - Epidemiology
 - Prevention
- Key Considerations

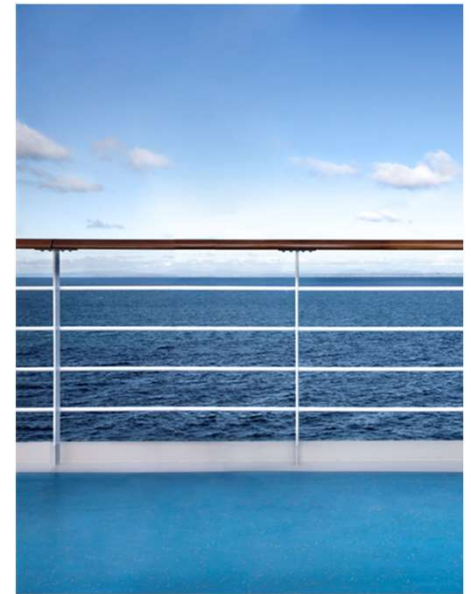
What is Hantavirus?

- Hantaviruses are a group of viruses that can cause serious illness and can be deadly.
- Hantaviruses are zoonotic viruses that naturally infect rodents and are occasionally transmitted to humans.
- People most commonly contract the virus through inhalation of rodent urine, droppings, or saliva.
- In the United States, including California, most hantavirus infections are caused by a specific type of hantavirus called Sin Nombre virus (SNV).



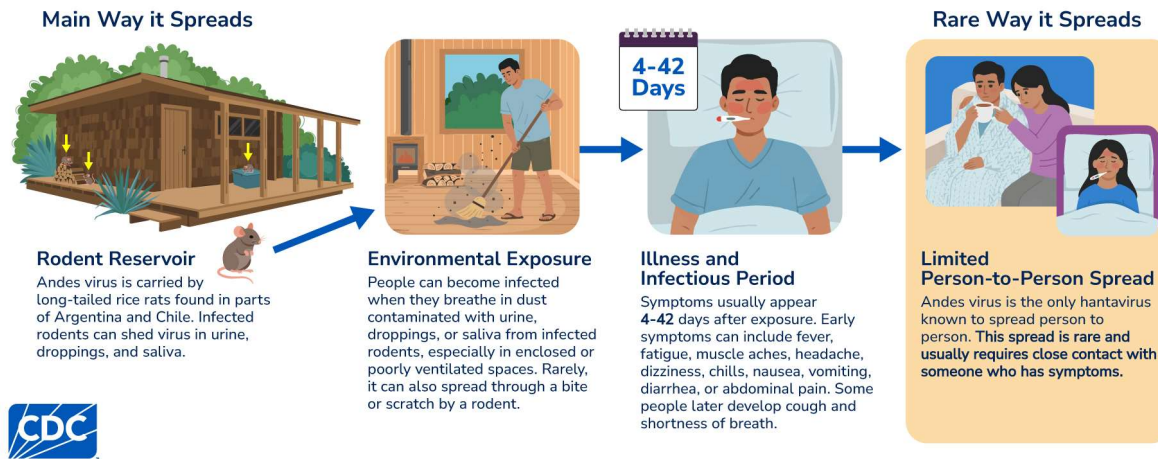
Andes Hantavirus Outbreak in M/V Hondius Cruise ship

- On 2 May 2026, a cluster of passengers with severe respiratory illness aboard a cruise ship was reported to the World Health Organization (WHO). The causative virus was subsequently identified as the [Andes hantavirus](#).
- Andes virus is a type of hantavirus found in South America.
- It is the only hantavirus that can also spread person-to-person.



How Andes Virus Spreads

Andes virus is a hantavirus carried by wild rodents in parts of South America. People can become infected after exposure to infected rodents, and in rare situations, Andes virus can spread between people through close contact with someone who is sick.



Person to person transmission of Andes requires

- Prolonged direct physical contact
- Prolonged time spent in close or enclosed spaces
- Exposure to the infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding)

Andes Hantavirus Outbreak Current Situation

As of May 26, 2026:

13 cases have been reported among nationals of multiple countries.
All are cruise ship passengers that were exposed on the ship.

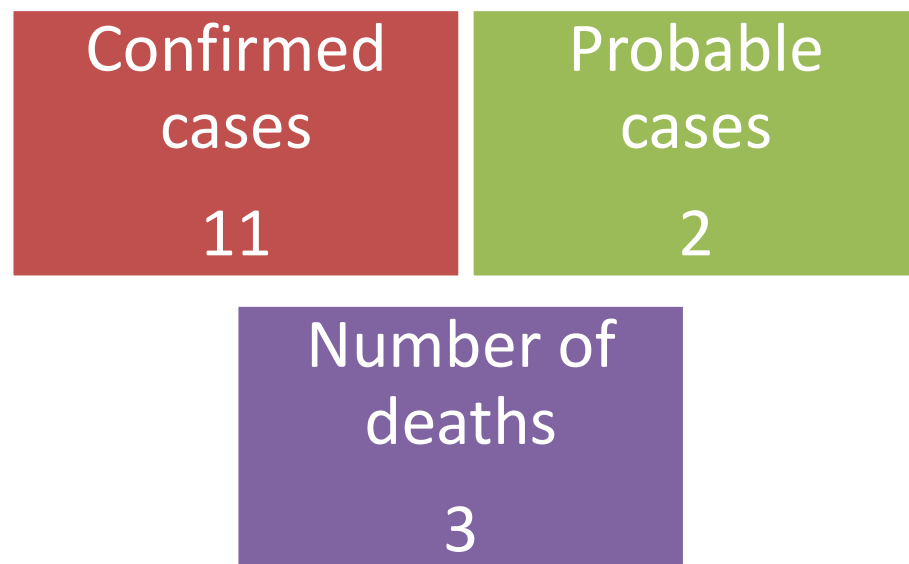
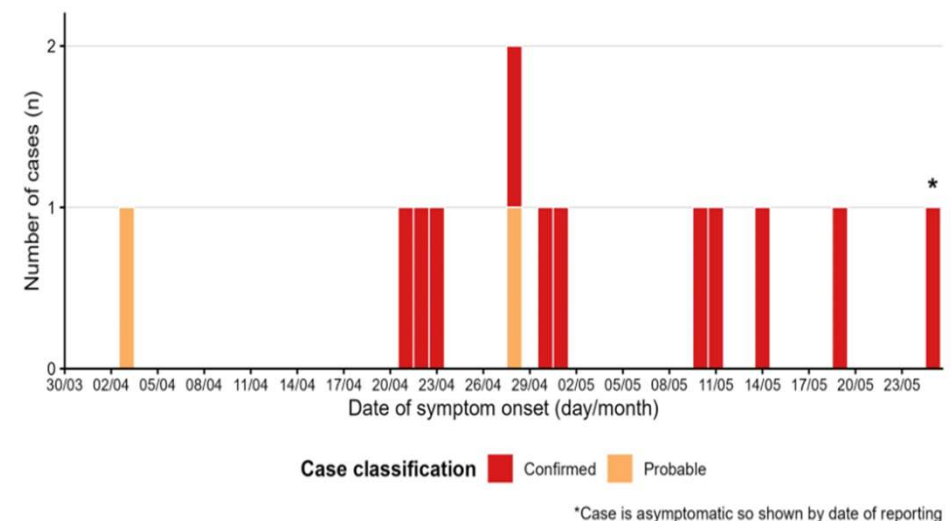


Figure 1. Epidemiological curve of Andes hantavirus cases (n = 13) reported to WHO as of 27 May 2026, 17:00.



No cases of Andes virus have been identified in United States residents.

National Quarantine Unit, Nebraska

- CDC, in coordination with state and federal partners, repatriated 18 U.S. passengers who remained on the cruise ship on May 10. These passengers are currently at the Nebraska Quarantine Unit.
 - The National Quarantine Unit at the University of Nebraska Medical Center is the only federally funded quarantine unit in the United States, designed specifically to safely house and monitor people who may have been exposed to high-consequence infectious diseases.
- These passengers were requested to remain at the facility through May 31, 2026, which would be the 21-day mark of their monitoring period.
 - After this time, they may choose to return to their residence of record or continue to stay at the facility to complete the 42-day monitoring period.

Additional contacts in the United States are being monitored by local and state public health agencies. These include:

- Passengers that disembarked from the cruise ship prior to identification of outbreak
- People who may have been exposed during flights where a symptomatic case was present

Table of California Possible Exposures

Exposure Location	Current Location	Current Status	Number of California Residents
Onboard MV Hondius	Santa Clara County	Undergoing monitoring; asymptomatic	1
Onboard MV Hondius	Nebraska	Undergoing monitoring; asymptomatic	2
On Flight With Known International Case	Sacramento County	Undergoing monitoring; asymptomatic	1
Onboard MV Hondius	Pitcairn Islands	Undergoing monitoring; asymptomatic	1
On Flight With Known International Case	Various CA Counties	Undergoing monitoring; asymptomatic	5
		Total:	10

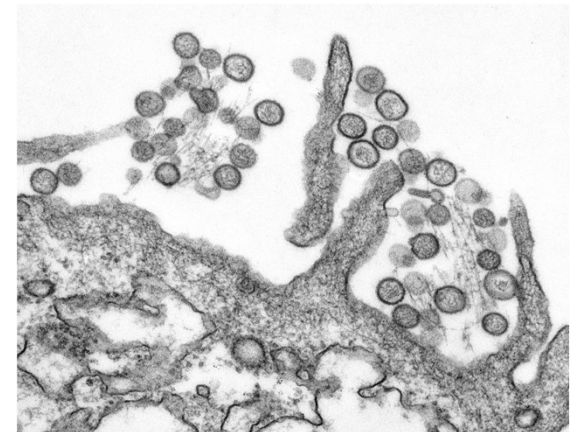
The risk of spread of Andes hantavirus to the general public remains extremely low.

Andes Infection Control Considerations

- Staff handling suspected Andes hantavirus individuals should implement transmission-based precautions in addition to standard precautions:
 - Personal Protective Equipment (PPE)
 - Solid front gowns, scrubs or coveralls
 - Two pairs of gloves
 - Protective eyewear
 - N95 or higher-level respiratory protection when aerosol risks are presents
 - Waste should be managed as infectious waste
 - Cases should be isolated in a single, well-ventilated room
- Sin Nombre hantavirus infection only needs standard precautions (cannot be transmitted person to person)

Hantavirus in California: Sin Nombre Virus

- The hantavirus found in California is the Sin Nombre Virus. SNV is carried primarily by one rodent species: the deer mouse (*Peromyscus maniculatus*)
- Deer mice are common in many parts of CA.
 - Found in wild and undeveloped areas, prefer brush, shrubs, and rocks
- Other rodents such as squirrels, chipmunks, and house mice are rarely, if ever, infected



Deer Mouse (*Peromyscus maniculatus*)

Sin Nombre Virus transmission

- Mouse urine, droppings, and nesting material can be contaminated with SNV from infected deer mice.
- When these contaminated materials are stirred up, the virus gets into the air, and people can breathe it in.
- SNV is not known to spread from one person to another.



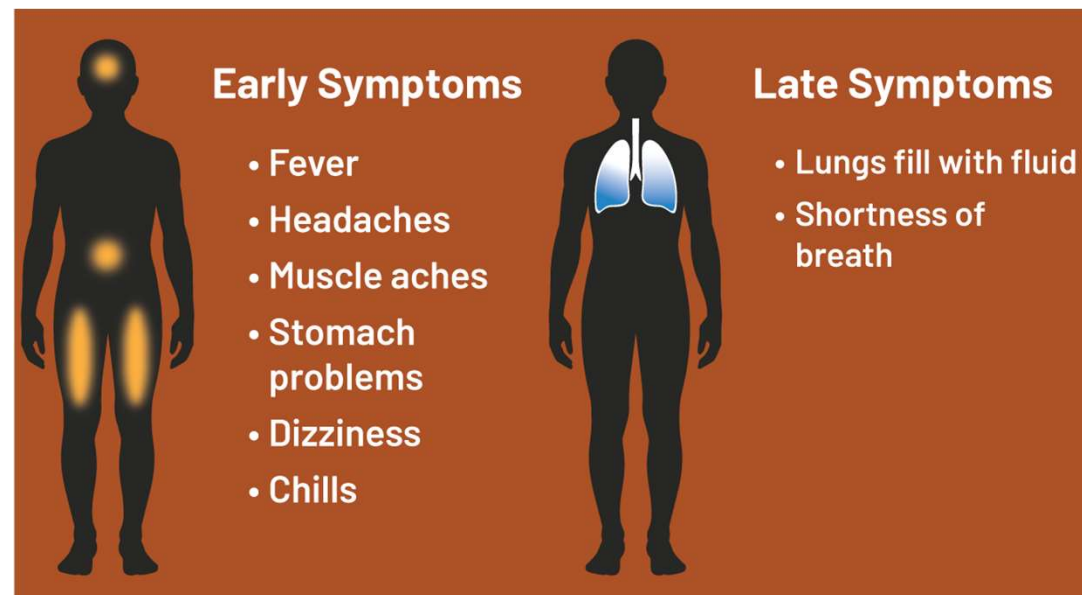
Activities that increase risk of hantavirus exposure

- Entering or working in enclosed, poorly-ventilated spaces where deer mice are present
- Disturbing or cleaning up deer mouse droppings, their nests, or other contaminated materials
- Handling deer mice



Hantavirus Pulmonary Syndrome (HPS) is the primary clinical syndrome associated with Sin Nombre and Andes hantaviruses.

- Incubation: 1-8 weeks
- After 2-7 days of these symptoms, patients develop breathing difficulties ranging from cough to shortness of breath to severe respiratory failure
- Mortality rate of 38%
- No treatment, but early supportive care can increase the chance of survival



Diagnosis for Hantavirus

	CDPH	CDC	Quest Diagnostics
PCR	✓		
Serology (IgM)		✓	✓

- All test requests for CDPH/CDC must be coordinated through LAC PHL.
- Quest assay is known to have high number of false positives, recommend additional testing at CDPH/CDC.
- Assays at Quest and CDPH were designed to detect SNV but are expected to also detect Andes.
 - CDPH can provide SNV-specific results, but Quest cannot.
- Only CDC has an assay that will differentiate between the Andes and SNV hantavirus.

Hantavirus Cases in LA County

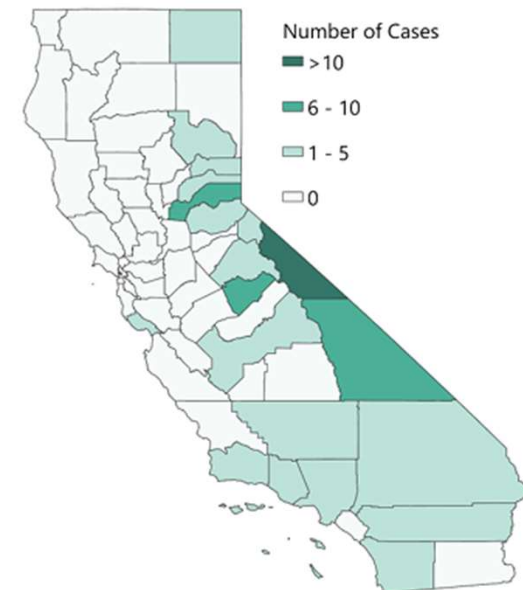
- Between 2000-2024, 9 cases of hantavirus were reported in LA County
 - 4 of the 9 cases had probable exposure in LA County
 - 4 of the 9 cases died
 - Most common in the spring/summer months



Reported Sin Nombre Virus (SNV) Hantavirus Infections in California Residents, 1980-2025

Total Infections	Infections Where County of Exposure is Known
99	85

County of Exposure for Reported SNV Hantavirus Infections in California Residents, 1980-2025 *



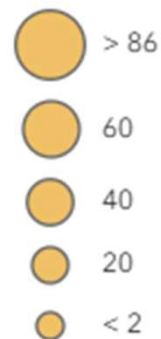
Updated May 2026

SNV-positive deer mice in LA County, 1973-2024

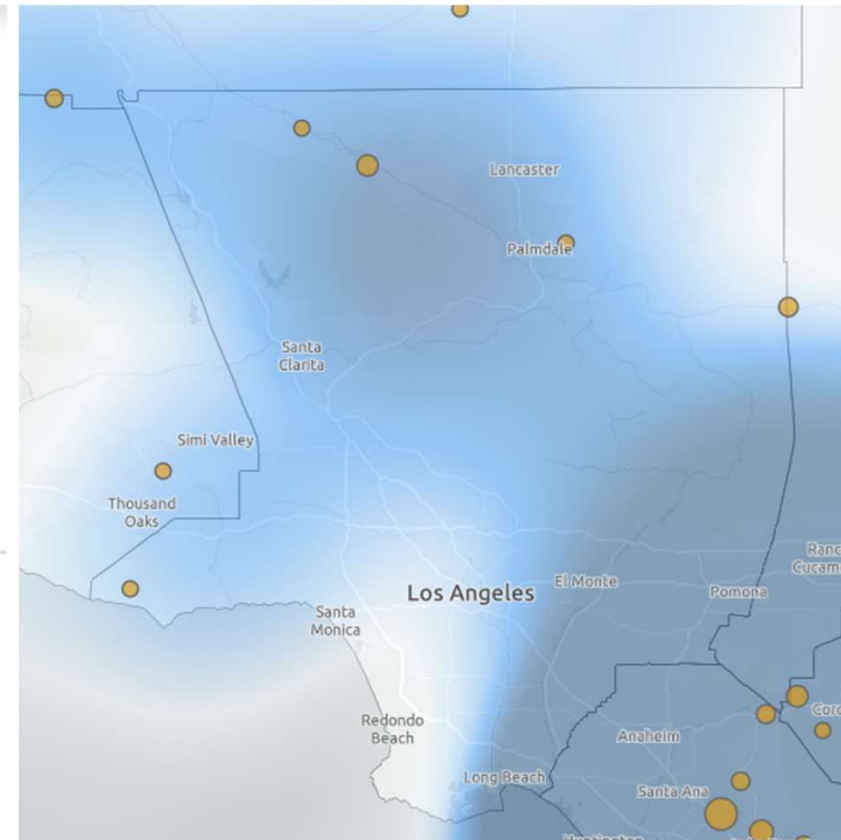
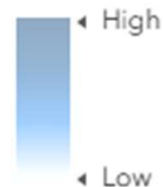
- Deer mouse seroprevalence, 1973-2024: 4.9% (23/467)

SNV Positive Deer Mice 1975-2024

Number of Positive Mice



Deer Mice Sampling Intensity



*Rodent collection is not done uniformly throughout CA
and not all collection locations are represented*

<https://cdphdata.maps.arcgis.com/apps/MapSeries/index.html?appid=31fd0ca80e264cbd9bba7d54952194de>

Hantavirus Prevention in LA County

- Avoid or eliminate contact with rodents
- Seal any openings where rodents can enter
- Trap rodents around the home
- Keep garbage in sealed containers and do not leave pet food outdoors
- Take precautions before entering/cleaning rodent-infested areas:

Important!

If you are cleaning an area that may be contaminated with live or dead mice, mouse droppings, or mouse nests, **do not sweep or vacuum the area**. This can stir up droppings or other materials contaminated with hantavirus into the air.



- Before entering a building or room that may be rodent infested, let it air out at least 30 mins
- Wear gloves
- Spray the contaminated area with the disinfectant or bleach solution until very wet and let it soak for at least 5 minutes.
- Use paper towels, sponge or mop to clean up.

Key Considerations

- Hantaviruses are a family of viruses that cause diseases like hantavirus pulmonary syndrome (HPS).
- They are spread mainly by rodents.
- The Andes virus is the only type of hantavirus that is known to spread person-to-person. This spread is usually limited to people who have close contact with the ill person.
- The current risk to the public for Andes hantavirus remains **extremely low**.
 - Andes hantavirus is not naturally found in California.
- In the western U.S. and California, the hantavirus that can make people sick is called Sin Nombre virus. Sin Nombre virus is spread by deer mice to people. No person-to-person transmission.

Slide 44

UH1

Add points about Sin Nombre virus

Aiman Halai, 2026-05-29T22:32:24.902

Thank you!

- LA County DPH Andes virus webpage:
<http://publichealth.lacounty.gov/acd/Diseases/andes-hantavirus/>
- LA County DPH Hantavirus webpage (will be updated soon):
<http://publichealth.lacounty.gov/acd/VectorHantaVirus.htm>
- California Department of Public Health webpage:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HantavirusPulmonarySyndrome.aspx>
- CDC webpage:
<https://www.cdc.gov/hantavirus/about/index.html>

Perinatal Hepatitis B: A Primer for Testing, Reporting, & Prevention

Faith Washburn, MPH

Perinatal Hepatitis B Prevention Unit

Vaccine Preventable Disease Control Program

At the end of this session, participants will be able to:

- Describe the roles of prenatal care providers; labor and delivery hospitals; and pediatricians in preventing perinatal hepatitis B transmission
- Describe which labs should be ordered to confirm or rule out hepatitis B in a pregnant person with discrepant results
- Discuss the hepatitis B birth dose vaccine recommendations for newborns
- Understand post-vaccination serology testing requirements for infants born to people with hepatitis B

Perinatal Hepatitis B: Background

- **70-90%** of infants born to people positive for HBsAg and HBeAg will become infected without proper post-exposure prophylaxis and vaccination
 - **85-90%** of infected infants will develop chronic hepatitis B
 - **1 in 4** of these chronic hepatitis B patients will die prematurely from cirrhosis or liver cancer
- **1988: ~3,500** infants born in the U.S. developed chronic hepatitis B; ACIP published recommendations to test all pregnant persons for HBsAg during an early prenatal visit
- **1990:** CDC established the Perinatal Hepatitis B Prevention Program
- **2023: Seven (7)** cases of perinatal hepatitis B reported in the entire U.S.
- **2026:** LA County's first confirmed perinatal hepatitis B case since 2019

Prenatal Care Providers: Test and Report

- Test **every** pregnant person:
 - with a triple panel,
 - HBsAg
 - anti-HBs
 - total anti-HBc
 - **every** pregnancy,
 - at the **first** prenatal care visit,
 - **regardless** of vaccine status or test history
- **Report** all confirmed HBsAg positive results in pregnant people:
 - VPDC-PHB@ph.lacounty.gov (or fax to 213-351-2781) **AND**
 - The pregnant person's planned delivery hospital

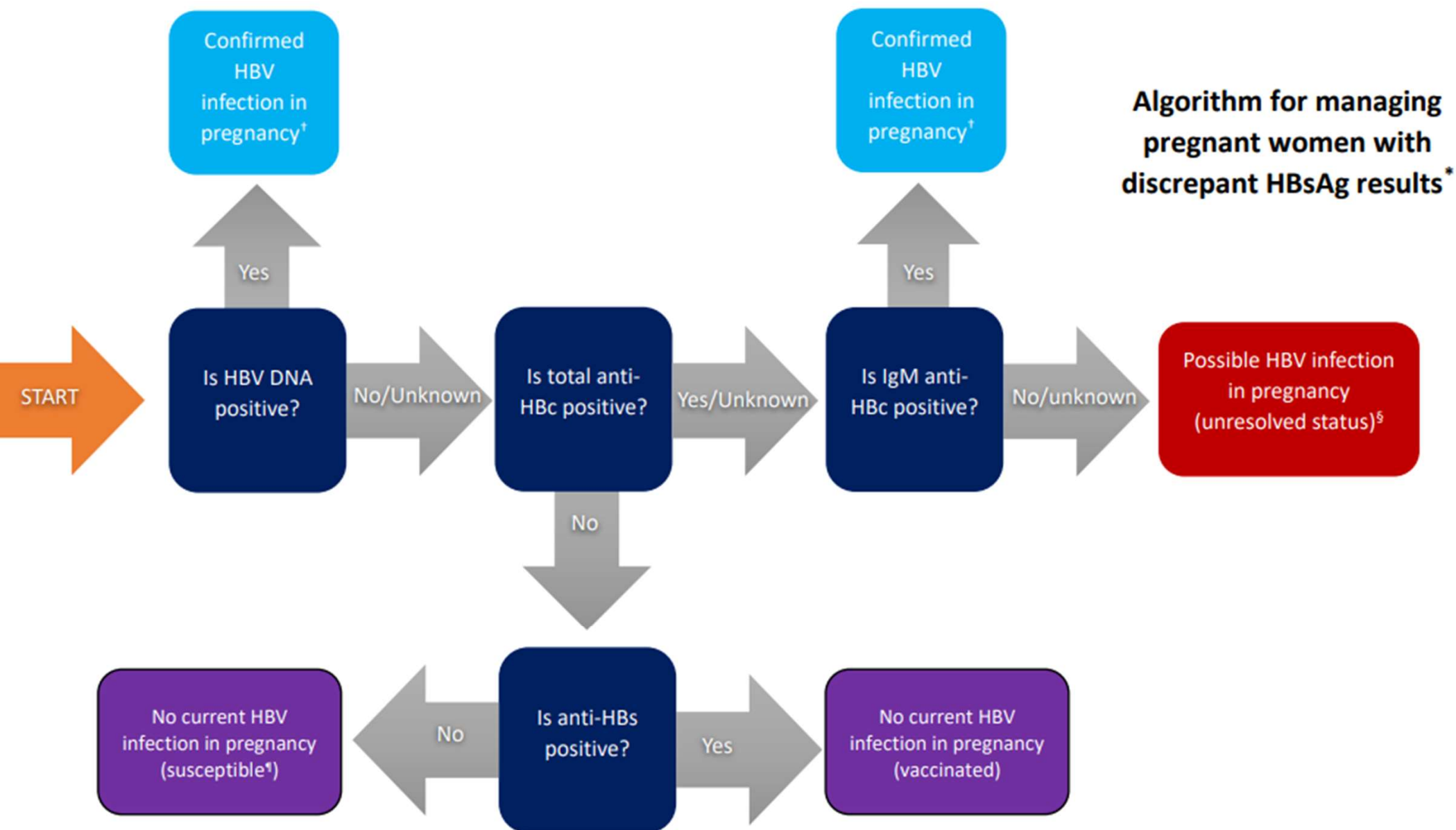
Interpreting Hepatitis B Blood Test Results

Interpretation & Action Needed	HBsAg Hepatitis B Surface Antigen	HBsAb (anti-HBs) Hepatitis B Surface Antibody	HBcAb (anti-HBc) Hepatitis B Core Antibody
Not Immune - Not Protected Has not been infected, but still at risk for possible hep B infection. Vaccine is needed.	—	—	—
*Immune Controlled - Protected Surface antibodies present due to natural infection. Has recovered from a prior hep B infection. Cannot infect others. No vaccine is needed.	—	+	+
Immune - Protected Has been vaccinated. Does not have the virus and has never been infected. No vaccine is needed.	—	+	—
Infected Positive HBsAg indicates hep B virus is present. Virus can spread to others. Find a doctor who is knowledgeable about hep B for further evaluation. More Testing Needed.	+	—	+
*Could be Infected Result unclear - possible past or current hep B infection. Find a doctor who is knowledgeable about hep B for further evaluation. More Testing Needed.	—	—	+

Inform all doctors about a prior or current hepatitis B infection and include this information as part of your health history. Talk to doctors before taking immune system suppressing medications to understand the risk for possible hep B reactivation.

Source: <https://www.hepb.org/prevention-and-diagnosis/diagnosis/understanding-your-test-results/>

- Test **every** HBsAg-positive pregnant person for HBV DNA
 - Ideally between 26-28 weeks of pregnancy
 - Refer anyone with HBV DNA >20,000 IU/mL to a liver specialist
 - Prescribe maternal antiviral treatment (TDF or TAF) for anyone with HBV DNA >200,000 IU/mL
 - Also test for **HBeAg** and **ALT** to further assess severity and transmission risk
- Order additional tests if pregnant person has HBsAg **positive** and **negative** results during the same pregnancy (AKA discrepant HBsAg results)



- Review pregnant patient's HBsAg laboratory report(s)
 - **NOTE:** Lab results **must be original reports** from an accredited **U.S. laboratory**

For your answers, please check "yes" or "no," and add check marks and your initials where indicated.

STEP 1

Check new patient's hepatitis B status	YES	NO	RN init
Was the recommended test ordered, i.e., HBsAg (not antiHBs, HBsAb, antiHBc, HBcAb)?			
Was the test result obtained during this pregnancy (and not from an earlier pregnancy)?			
Is there a copy of the original HBsAg lab report in the prenatal record (not a transcribed test result)?			

▲ If any question above is answered "no," fill out chart A at right, and then proceed to Steps 2 and 3. ►

- Test **any** pregnant patient with:
 - Unknown hepatitis B status
 - Risk factors for hepatitis B during pregnancy (ex. IVDA, recent STD, more than one sex partner)

- **Within 12 Hours of Birth:** Administer HBIG and Hep B birth dose to infant if parents' HBsAg is positive or unknown
 - **Hep B Birth Dose:** Single antigen (Engerix or Recombivax)
 - **HBIG:** Administer in separate limb from Hep B birth dose
- **Within 24 Hours of Birth:** Report infants born to HBsAg positive or unknown patients using the [Hospital Delivery Report](#)
- **Within 1 Week of Birth:** Report Hep B dose administration to CAIR

If HBsAg test result is positive (whether STAT or routine):	not applicable	when done, add check	RN init
Alert nursery staff that the newborn is high risk and will need postexposure prophylaxis with hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth.			
Educate mother that the baby is at risk for HBV transmission at birth and will need: • Prophylaxis beginning within 12 hours of birth and continuing through until the HepB vaccine series is completed. • Lab work after HepB series is completed to determine if infant is infected with HBV. • Referral of mother and infant to Perinatal Hepatitis B Prevention Program for follow up.			
Provide mother with language-appropriate information about hepatitis B treatment and prevention.			
Notify your Perinatal Hepatitis B Prevention Program of birth to HBsAg-positive mother.			

Hep B Dose and HBIG by Infant Weight and Maternal HBsAg Status

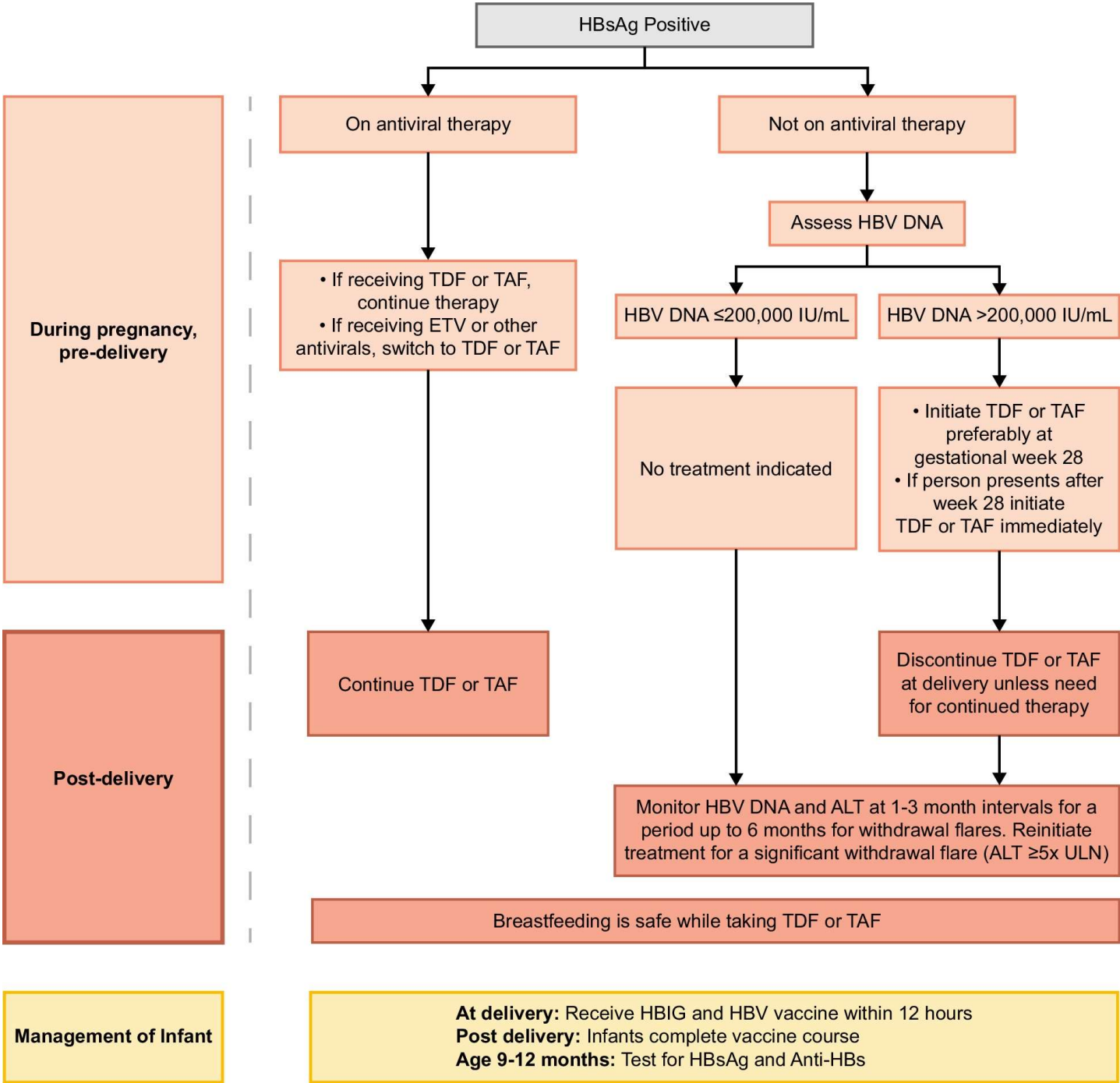
Birthweight	Maternal HBsAg Status	Hepatitis B Vaccine and HBIG Recs
≥ 2000 g	Positive	Hep B vaccine and HBIG ≤ 12 hours
	Unknown	Hep B vaccine ≤ 12 hours*
	Negative	Hep B vaccine ≤ 24 hours
< 2000 g	Positive	Hep B vaccine and HBIG ≤ 12 hours
	Unknown	Hep B vaccine and HBIG ≤ 12 hours*
	Negative	Hep B vaccine ≤ 24 hours

* Mothers should have blood drawn and tested for HBsAg as soon as possible after admission for delivery; if the mother is found to be HBsAg positive, the infant should receive HBIG as soon as possible but no later than age 7 days

Pediatricians: Vaccinate and Test

- Vaccinate **all** infants per the hepatitis B vaccine schedule
- Report **all** vaccines administered to CAIR
- Work with parents to schedule a visit for **post-vaccination serology testing** when the infant is between 9-12 months old
 - Make sure appointment is at least 1 month after the infant's final Hep B vaccine dose
 - Order both **HBsAg** and **anti-HBs** tests
 - Report **all** PVST results to VPDC-PHB@lacounty.gov or fax to **213-351-2781**

Management Algorithm for Pregnant Persons with Chronic Hepatitis B and their Newborns



Source:

https://journals.lww.com/hep/fulltext/2026/04000/aasld_idsa_practice_guideline_on_treatment_of.24.aspx

Perinatal hepatitis B prevention takes a village!



For Everyone

- [B73 Perinatal Hepatitis B](#) (LACDPH)
- [Hepatitis B Birth Dose FAQ for Providers](#) (LACDPH)
- [Perinatal Hepatitis B Information for Public & Providers](#) (LACDPH)
- [Perinatal Hepatitis B Prevention Program](#) (CDPH)

Prenatal Care

- [Preventing Perinatal Hepatitis B: Guidelines for Prenatal Care Providers](#) (CDPH)
- [Screening and Referral Workflow for Hepatitis B Virus \(HBV\) Infection Among Pregnant People](#) (CDPH)

Labor & Delivery

- [Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent HBV Transmission](#) | [Sample Text for Developing Admission Orders](#) (Immunize.org)
- [HBsAg Admission Checklist for Birthing Mother](#) (Immunize.org)
- [Perinatal Hepatitis B Post-Exposure Prophylaxis Recommendations: Guidelines for Labor and Delivery Hospitals](#) (CDPH)

Pediatrics

- [Preventing Chronic Hepatitis B in Children: Guidelines for Pediatric Providers](#) (CDPH)
- [AASLD IDSA Practice Guideline on treatment of chronic hepatitis B](#) (AASLD)

Thank you!

Questions?

Email: VPDC-PHB@ph.lacounty.gov

Phone: 213-351-7800

Fax: 213-351-2781

