KNOW YOUR ROLE IN THE PERINATAL HEPATITIS B PREVENTION PROGRAM (PHBPP)

If you work in a **LABORATORY**:  
- Report all CONFIRMED hepatitis B surface antigen (HBsAg)-positive results (including repeat testing, even if results were previously reported) to the Oklahoma State Department of Health (OSDH)  
- Include pregnancy status on all HBsAg-positive results for women of childbearing age (15-50 years of age)  
- Report all HBsAg and hepatitis B surface antibody (anti-HBs) (positive, negative and indeterminate) results for children 2 years of age and younger

If you provide **PRENATAL CARE**:  
- Test all pregnant women during each pregnancy for HBsAg, even if they were previously vaccinated or tested  
- Send HBsAg test results for current pregnancy with prenatal records to the delivery hospital  
- Report all HBsAg-positive pregnant women to the OSDH within 24 hours (even if they were previously reported)  
- Inform and counsel HBsAg-positive pregnant women about their status, test for HBV DNA (follow current recommendations regarding antiviral therapy) and refer for appropriate care  
- Assess HBsAg-negative pregnant woman’s risk for hepatitis B virus (HBV) and vaccinate if susceptible and high-risk  
- Counsel HBsAg-negative pregnant woman on methods to prevent HBV transmission  
- Vaccinate pregnant women with Tdap and Flu vaccines and record in the Oklahoma State Immunization Information System (OSIIS)  
- Inform delivery hospital and pediatric doctor infant needs hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine within 12 hours of birth

If you work in the **HOSPITAL** labor and delivery unit or in the nursery unit:  
- Review maternal HBsAg test result for the current pregnancy and record results on both labor and delivery record and on infant’s delivery summary sheet and/or link to mom’s HBsAg test results  
- If pregnant woman is HBsAg-negative and has high-risk behaviors, test her STAT upon admission or at delivery  
- If a pregnant woman presents with an unknown HBsAg status, test her STAT upon admission or at delivery  
- If STAT test is HBsAg-positive, report to the OSDH within 24 hours (even if they were previously reported)  
- Give all infants born to HBsAg-positive women single-antigen hepB vaccine and HBIG within 12 hours of birth  
- Give medically stable infants weighing 2000 grams or more born to HBsAg-negative women single-antigen hepB vaccine within 12 hours of birth and record it in OSIIS  
- Record all HBsAg-positive women’s status on infant’s birth certificate  
- Report all HBsAg-positive women and the administration of HBIG and hepB vaccine to the PHBPP (if you were not contacted prior to delivery, the PHBPP may not be aware of mom’s HBsAg-positive status)  
- Treat all safely surrendered babies as if mom was HBsAg-positive; give hepB vaccine and HBIG within 12 hours of birth
If you provide **PEDIATRIC CARE**:  
- Know the maternal HBsAg status for all infants to whom you provide care (if mom is HBsAg-positive and you were not contacted, the PHBPP may not be aware of her status and will need to be notified)  
- Complete hepB vaccine series (per current ACIP recommendations) and post-vaccination serologic testing (PVST) for all infants born to HBsAg-positive women  
  - If infant weighs less than 2000g at birth and received hepB vaccine before 1 month of age, do not count birth dose of hepB vaccine as part of series, repeat hepB dose at 1-2 months and give two more doses (OSIIS does not assess for infants less than 2,000 grams; NOTE in medical record to repeat infant’s hepB birth dose at 1 month of age)  
  - Order PVST (HBsAg and anti-HBs) 1-2 months after the hepatitis B series is completed and the infant is 9-12 months of age or, if the hepatitis B series was delayed order within 1-2 months after series completion. Fax all PVST results to OSDH (405-271-5149 Attn: PHBPP)  
  - If after vaccine series, infant’s test results are HBsAg negative and anti-HBs positive (greater than 10 mIU/mL) no further recommendations  
  - If after vaccine series, infant’s test results are HBsAg and anti-HBs negative, give one additional dose of hepB vaccine and retest one month later  
    - If infant’s test results are anti-HBs positive (greater than 10 mIU/mL) after one more dose of hepB vaccine, infant is protected from HBV and no further vaccine or testing is needed  
    - If infant’s test results are anti-HBs negative (less than 10 mIU/mL) after one more dose of hepB vaccine, infant will need two more doses of hepB vaccine (in 1 & 6 months) and repeat blood test 1-2 months after second series  
    - If a doctor chooses, the infant can receive a repeat three-dose second hepB vaccine series followed by a blood test  
    - If the infant is HBsAg-positive, counsel the family and refer the infant for appropriate care  
- Record vaccine administration in OSIIS and report hepB administration to the PHBPP  
- Treat all safely surrendered babies as if mom were HBsAg-positive with a complete hepB vaccine series and PVST  
- Infants who are born to HBsAg-positive mothers and receive postexposure prophylaxis may be breastfed beginning immediately after birth.

If you provide **HEALTH CARE** to a contact of an HBsAg-positive woman:  
- Identify, test and treat her household and sexual contacts  
- Counsel HBsAg-positive contacts and refer them for appropriate care  
- Give susceptible contacts three doses of hepB vaccine and PVST and record vaccine administration in OSIIS  
- Report hepB administration and PVST results to the PHBPP

For more information call the PHBPP at (405) 271-4636  
State Department of Health (OSDH)/ Oklahoma PHBPP  
12/2019