Perinatal Hepatitis Prevention Program

What is the Perinatal Hepatitis B Prevention Program?

- A case management system that provides follow-up and support to infants born to HBsAg (hepatitis B surface antigen) positive mothers and their household contacts.
- Provides support and reminders to hospitals and physicians.

What are the goals of the program?

- Ensure that all pregnant women are screened for HBsAg during each pregnancy.
- Ensure that all infants born to HBsAg positive mothers receive HBIG (hepatitis B immune globulin) and the first dose of hepatitis B vaccine within 12 hours of birth as well as 2 additional doses of vaccine and post-vaccination testing.

How are the goals of the program achieved?

- All pregnant women should be tested for HBsAg with diagnosis of each pregnancy.
- Physicians, hospitals and laboratories must report positive results to the Oklahoma State Department of Health (OSDH), OK 310:515-1-4.
- Case management of identified infants.
- Cooperation between state and local health departments, physicians, and hospitals.
- OSDH provides hepatitis B immune globulin to the hospital.

What is the recommended treatment of infants born to HBsAg positive mothers?

- Administer HBIG and first dose of hepatitis B vaccine within 12 hours of birth.
- Administer the 2nd and 3rd doses of vaccines at 1-2 month and 6 months of age, respectively. (For infants weighing <2,000 grams see MMWR January 12, 2018 / 67(1);1-31)
- Perform post-vaccination testing 2 months after 3rd dose (usually 9-12 months of age) for HBsAg and HBsAb to ensure vaccination coverage. (fax results to OSDH @ 405-271-5149 Attn: Jennifer)
- If HBsAb is negative, contact PHBPC @ 405-271-4636.
- If HBsAg is positive counsel and refer as needed.

What is the recommended treatment of infants born to mothers whose HBsAg status is unknown at delivery?

- Administer the first dose of hepatitis B vaccine within 12 hours of birth.
- Perform a stat HBsAg on the mother.
- Administer HBIG to the infant ASAP if the mother is HBsAg positive.

What can hospitals do to help?

- Provide the first dose of hepatitis B vaccine to all infants within 24 hours of birth.
- Report all HBsAg positive mothers to the OSDH.
- As a standard of care always have a private stock HBIG.

What does OSDH offer?

- OSDH provides the HBIG. The doses for series completion by 12 months of age can be given free of charge to children without insurance, children who are Medicaid eligible, and children whose insurance does not pay for immunizations.
- Education resources for hospital staff and clients.
- Technical assistance.
- Testing and vaccination of household and sexual contacts through the local county health departments.

How are HBsAg positive cases reported?

- Enter into PHIDDO
- Or complete the Oklahoma Reportable Disease Card and send to OSDH within one business day.
  - Fax: (405) 271-6680
  - Fax: (800) 898-6734
- Forms can be found at: www.health.state.ok.us/program/cdd/bluecard.pdf
- Or call (405) 271-4636

For more information contact:
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HEALTHCARE PROVIDER RESPONSIBILITIES FOR PREGNANT WOMEN

Providers need to routinely test ALL pregnant women for hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated or tested.

IF POSITIVE

- Report results to the state health department immediately upon suspicion, diagnosis, or positive test. Test HBV-DNA for potential need of antiviral therapy.
- Notify patient of test results, counsel and provide or refer for appropriate care.
- Forward HBsAg lab results with prenatal records to delivering hospital’s labor and delivery unit with “flag” of patient’s HBsAg-positive status.

- Advocate for the baby to receive hepatitis B vaccine and hepatitis B immune globulin (HBig) within 12 hours of birth.

IF NEGATIVE

- Repeat blood test in last trimester if patient is high risk*
- Notify patient of high risk retesting results
- Assess, counsel and vaccinate if high risk*
- Forward HBsAg lab results with prenatal records to delivering hospital’s labor and delivery
- Advocate for the baby to get hepatitis B vaccine at birth**

*High risk: (e.g., immigrant from an endemic area, more than one sex partner in the previous 6 months, evaluated or treated for a sexually transmitted disease, partner of or a recent or current injection-drug user, household or sexual contact of an HBsAg-positive person, incarcerated, hemodialysis patient, or had clinical hepatitis since previous testing)

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** §310:667-13-5. Universal birth dose hepatitis B vaccination All Oklahoma birthing hospitals shall implement a procedure to ensure that the hepatitis B vaccination is administered to all live infants within twelve hours of birth and recorded in the Oklahoma State Immunization Information System. A parent or guardian may refuse hepatitis B vaccination of their newborn on the grounds of medical reasons or that such vaccination conflicts with their religious tenets or personal beliefs. A refusal based on medical reasons shall include a statement in the medical record by a physician stating that the physical condition of the newborn is such that the vaccination would endanger the life or health of the child and that the child should be exempt from the vaccination requirement. A refusal based on the parent’s or guardian’s religious tenets or personal beliefs shall be documented in the newborn’s medical record.