Your Role in the Perinatal Hepatitis B Prevention Program (PHBPP)

If you work in a LABORATORY:
- Report all hepatitis B surface antigen-positive (HBsAg-positive) results (including repeat testing, even if results were previously reported) within 24 hours to the local health department (LHD) in the county where the patient resides
- Report all HBsAg results to the ordering physician
- Include pregnancy status on all HBsAg-positive results for women of childbearing age (10 – 60 years of age)

If you provide PREGNATAL CARE:
- Test pregnant woman during each pregnancy for HBsAg, even if they were previously vaccinated or tested
- Send a copy of the HBsAg test result for current pregnancy with prenatal records to the delivery hospital
- Report all HBsAg-positive pregnant women to the LHD within 24 hours (even if they were previously reported)
- Inform and counsel HBsAg-positive pregnant women about their status and refer for appropriate care
- Contact the pediatric provider to communicate the woman’s HBsAg-positive status and the need for hepatitis B (hepB) vaccination and hepatitis B immune globulin (HBIG) for the infant
- Assess HBsAg-negative pregnant woman’s risk for hepatitis B virus (HBV) infection and vaccinate if high-risk
- Counsel HBsAg-negative pregnant woman on methods to prevent HBV transmission
- Retest high-risk pregnant HBsAg-negative women in their last trimester
- Vaccinate pregnant women with Tdap and Flu vaccines
- Record vaccine administration in the Michigan Care Improvement Registry (MCIR)

If you work in the HOSPITAL labor and delivery unit or in the nursery unit:
- Review the 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 a woman presents with an unknown HBsAg status or with risk factors, test STAT
  - If STAT test is HBsAg-positive, report to the LHD within 24 hours (even if they were previously reported)
- Give medically stable infants weighing 2000 grams or more born to HBsAg-negative women single-antigen hepB vaccine within 24 hours of birth
- Give all infants born to HBsAg-positive women single-antigen hepB vaccine and HBIG within 12 hours of birth
- Report administration of HBIG and hepB on the electronic birth certificate (EBC) worksheet
- Record maternal HBsAg testing date and result on newborn screening (NBS) card
- 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 status)

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 and post-vaccination serology for all infants born to HBsAg-positive women
  - If infant weighed 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 (MCIR does not assess for infants less than 2,000 grams, please note in medical record to repeat infant’s hepB birth dose at 1 month of age)
  - 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 and 6 months) and a repeat blood test 1-2 months after second series
  - If the infant is HBsAg-positive, counsel the family and refer the infant for appropriate care
- Record vaccine administration in MCIR
- Report hepB administration and post-vaccination serology results to the PHBPP

If you provide HEALTH CARE to a contact of an HBsAg-positive woman:
- Identify, test and treat all household and sexual contacts of women who are HBsAg-positive
- Counsel HBsAg-positive contacts and refer them for appropriate care
- Give susceptible contacts three doses of hepB vaccine and complete post-vaccination serology
- Record vaccine administration in MCIR
- Report hepB administration and post-vaccination serology results to the PHBPP