

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 **PRENATAL 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