

## 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 local health department (LHD) within 24 hours in the county where the patient resides
- **Include pregnancy status** on all HBsAg-positive results for women of childbearing age (10-60 years of age)
- Report all HBsAg and anti-HBs (positive, negative and indeterminate) results **for children 5 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 LHD within 24 hours (**even if they were previously reported**)
- Inform and counsel HBsAg-positive pregnant women about their status, **test for HBV DNA** 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 Michigan Care Improvement Registry (MCIR)
- Inform pediatric doc 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 LHD 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 24 hours of birth**
- Report administration of hepB vaccine and HBIG 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**)
- **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 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 (**MCIR 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**)
  - 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 MCIR
- Report hepB administration and PVST results to the PHBPP
- **Treat all safely surrendered babies** as if mom were HBsAg-positive with a complete hepB vaccine series and PVST

### 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 MCIR
- Report hepB administration and PVST results to the PHBPP

For more information call the PHBPP at 517-284-4893, 517-284-4885 or 1-800-964-4487