

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 persons 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 persons 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 persons to the LHD within 24 hours (**even if they were previously reported**).
- Inform and counsel HBsAg-positive pregnant persons about their status, **test for HBV DNA** and refer for appropriate care.
- Assess HBsAg-negative pregnant person's risk for hepatitis B virus (HBV) and vaccinate if susceptible and high-risk.
- Counsel HBsAg-negative pregnant person on methods to prevent HBV transmission.
- **Vaccinate** pregnant person with Tdap and Flu vaccines and record in the Michigan Care Improvement Registry (MCIR).
- Inform pediatric doc, infant needs hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) w/in 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 recently delivered person's HBsAg test results.
 - If pregnant person is **HBsAg-negative and has high-risk behaviors, test them STAT** upon admission or at delivery.
 - If a pregnant person presents with an **unknown HBsAg status, test them 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 persons single-antigen hepB vaccine and HBIG **within 12 hours of birth**.
- Give **medically stable infants** weighing 2000 grams or more born to HBsAg-negative persons, single-antigen hepB vaccine **within 24 hours of birth**.
- Report hepB vaccine and HBIG administration to MCIR within 72 hours of administration.
- Record maternal HBsAg test date and result on newborn screening (NBS) card.
- Report all HBsAg-positive persons and hepB vaccine and HBIG administration information to the PHBPP. (**if you were not contacted prior to delivery, the PHBPP may not be aware of pregnant person's HBsAg status**).
- **Treat safely surrendered babies** as if they were born to an HBsAg-positive person (unless the pregnant person's HBsAg status is documented as negative); 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 delivering person is HBsAg-positive and you were not contacted, the PHBPP may not be aware of their status and will need to be notified**).
- Complete hepB vaccine series and post-vaccination serologic testing (PVST) for all infants born to HBsAg-positive persons.
 - 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 (at 1 & 6 months) and repeat blood test 1-2 months after second series.
 - If a doctor chooses, 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 and **report hepB administration and PVST results to the PHBPP**.
- **Treat all safely surrendered babies** as if pregnant person was HBsAg-positive, with HBIG, a complete hepB vaccine series, and PVST (unless pregnant person's HBsAg is documented to be negative).

If you provide **HEALTH CARE** to a contact of an HBsAg-positive person:

- Identify, test, and treat their 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.

PHBPP staff can be reached at 517-388-4815, 517-897-3236, or 517-242-8319 or by NEW electronic fax at 517-763-0470.