



**PREVENTION OF PERINATAL HEPATITIS B INFECTION AND
MANAGEMENT OF PREGNANT WOMEN
Guidelines for Medical Care Providers**

I. Routine Prenatal Hepatitis B Screening

A. All pregnant women are to be screened for the hepatitis B surface antigen (HBsAg) on the first prenatal visit, or within 15 days, but no later than the time of delivery, as stated in PA Code §27.99 (a).

❖ *If the patient is HBsAg negative:*

- Record status in the medical record
- Provide a copy of the original lab report to the woman's delivery hospital
- Repeat HBsAg at the time of admission to the hospital for delivery if the patient is in any of the following high-risk categories:
 - Recent or current injection drug use
 - More than one sex partner in previous 6 months
 - HBsAg + sex partner
 - Evaluation or treatment for a sexually transmitted disease
 - Symptoms of clinical hepatitis

❖ *If the patient is HBsAg positive:*

- Record status in the medical record
- Report the case to the Pennsylvania Department of Health Perinatal Hepatitis B Prevention Program by completing and submitting the **Perinatal Hepatitis B Case & Contact Report** to your local state health center or county/municipal health department, or through electronic laboratory reporting (ELR), or the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS)
- Recall patient to clinic to inform of positive status, provide education and support and order any further serologic tests and medical evaluation
- Notify hospital maternity/neonatal/pediatric services of mother's HBsAg status

B. Medical records of all pregnant women in the prenatal setting and all birthing hospitals should be reviewed for the HBsAg test when a woman is admitted for delivery.

C. If a pregnant or delivering woman is admitted to the hospital and has not been screened or the test result is unavailable, HBsAg testing should be performed immediately by the hospital at the time of admission.

D. It is recommended that all newborn infants born to mothers of HBsAg positive or unknown status receive the first dose of single-antigen hepatitis B vaccine within 12 hours of birth.

E. Full term infants who are medically stable and weigh $\geq 2,000$ g born to HBsAg negative mothers should receive the first dose of single-antigen hepatitis B vaccine before hospital discharge.

F. Preterm infants weighing less than 2,000 g born to HBsAg negative mothers should receive the first dose of single-antigen hepatitis B vaccine 1 month after birth or at hospital discharge (see Section IV).

II. Management of Infants Born to HBsAg Positive Women

❖ Vaccination series for infants of birth weight $\geq 2,000$ grams:

- Within 12 hours of birth, administer single antigen hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) at different sites
- The 2nd dose of hepatitis B vaccine should be administered at 1 or 2 months of age with a minimum of 4 weeks from the first dose.
- The 3rd dose of hepatitis B vaccine should be given no earlier than age 24 weeks but with an interval of at least 8 weeks between the 2nd and 3rd dose
- Infants should be tested for HBsAg & anti-HB after completing the hepatitis B vaccine series at age 9-18 months (3-12 mo. after the 3rd dose)

❖ Vaccination series for pre-term infants of birth weight $< 2,000$ grams:

- Within 12 hours of birth, administer single antigen hepatitis B vaccine and HBIG at different sites
- Do not count the birth dose as part of the vaccine series because of the potentially reduced immunogenicity of hepatitis B vaccine in these infants; 3 additional doses (for a total of 4 doses) should be administered
- The 2nd dose of hepatitis B vaccine should be given at the chronological age of 1-2 months
- The 3rd dose of hepatitis B vaccine should be given 1-2 months after the second
- The 4th dose of hepatitis B vaccine should be given at the chronological age of 6 months but with an interval of at least 8 weeks between the 3rd and 4th dose.
- Infants are to be tested for HBsAg & anti-HB after completing the hepatitis B vaccine series at chronological age 9-18 months (3-12 mo. after the 4th dose)

III. Management of Infants Born to Women of Unknown HBsAg Status

❖ Vaccination series for infants of birth weight $\geq 2,000$ grams:

- Within 12 hours of birth, administer single antigen hepatitis B vaccine (without HBIG)
- If the mother is determined to be HBsAg positive, her infant should receive HBIG as soon as possible but no later than age 7 days; the hepatitis B vaccine series is to be completed according to the schedule for HBsAg positive mothers
- If the mother is determined to be HBsAg negative, the hepatitis B vaccine series should be completed according to the recommended schedule for infants born to HBsAg negative mothers
- If the mother has never been tested to determine her HBsAg status, the hepatitis B vaccine series should be completed according to the recommended schedule for

infants born to hepatitis B positive mothers. Administration of HBIG is not necessary for these infants

❖ *Vaccination series for pre-term infants of birth weight < 2,000 grams:*

- Administer single antigen hepatitis B vaccine within 12 hours of birth
- If the maternal HBsAg status cannot be determined within 12 hours of birth administer HBIG (0.5mL) because the immune response is less reliable in preterm infants weighing less than 2,000 grams
- Do not count the birth dose as part of the vaccine series because of the potentially reduced immunogenicity of hepatitis B vaccine in these infants; 3 additional doses (for a total of 4 doses) should be administered beginning when the infant reaches the chronological age of 1 month
- The 2nd dose should be given at the chronological age of 1-2 months
- The 3rd dose of hepatitis B vaccine should be given 1-2 months after the second
- The 4th dose of hepatitis B vaccine should be given at the chronological age of 6 months but with an interval of at least 8 weeks between the 3rd and 4th dose
- Infants should be tested for HBsAg & anti-HB after completion of the hepatitis B vaccine series at age 9-18 months (3-12 mo. after the 4th dose)

IV. Preterm Infants weighing <2,000 g born to HBsAg Negative Mothers:

- Should have their first dose of Hepatitis B vaccine delayed until 1 month after birth or hospital discharge. For these infants, a copy of the original laboratory report indicating the mother was HBsAg negative during this pregnancy should be placed in the infant's medical record

V. For All Infants Born to HBsAg + Mothers or Mothers of Unknown Status:

- Document immunization on the PA Immunization Card with the name, dose, date of vaccine and give to the infant's parent/ guardian
- Call 1-877-PAHEALTH or your local health department for case management
- Instruct the parent/guardian to bring the PA Immunization Card to each medical appointment and update the card at each visit

VI. Testing for Post-Exposure Prophylaxis

❖ *Infants of HBsAg positive mothers should be tested for HBsAg & anti-HBs after completion of the hepatitis B vaccine series at age 9-18 months*

- Testing should be performed 3-12 months after last dose
- HBsAg negative infants with anti-HBs levels $\geq 10\text{mIU/mL}$ are protected and need no further medical management
- HBsAg negative infants with anti-HBs levels $<10\text{mIU/mL}$ should be revaccinated with a second 3-dose series and retested 1-2 months after the final dose of vaccine
- Infants who are HBsAg positive should receive appropriate follow-up
- The results are to be forwarded to the local State Health Center or county/ municipal health department

VII. Household and Sexual Contacts of HBsAg Positive Women

❖ *All close contacts of HBsAg positive women are to be included on the attached Perinatal Hepatitis B Case and Contact Report*

- List the date of birth and vaccination history
- Close contacts should be offered hepatitis B testing and vaccination
- Once this form is completed and forwarded to the state/local health department, appropriate contact and follow-up will be completed to provide hepatitis B testing and possible vaccination for the close contacts for those with no financial means